

of the information collection when making your request.

Comments regarding burden and/or the collection activity requirements should be electronically mailed to IC DocketMgr@ed.gov. Individuals who use a telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1-800-877-8339.

[FR Doc. E6-5936 Filed 4-19-06; 8:45 am]

BILLING CODE 4000-01-P

ENVIRONMENTAL PROTECTION AGENCY

[FRL-8160-2]

Proposed Reissuance of the NPDES General Permit for Oil and Gas Exploration, Development and Production Facilities Located in State and Federal Waters in Cook Inlet, AK (AKG-31-5000)

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed NPDES general permit reissuance—extension of the comment period.

SUMMARY: In response to numerous requests from the oil and gas industry, local governments, community groups, and Tribes, EPA hereby extends the comment period for an additional 30 days, from May 1, 2006 to May 31, 2006.

DATES: Comments must be received by May 31, 2006.

ADDRESSES: Comments should be sent to: Director, Office of Water and Watersheds, U.S. EPA, Region 10, 1200 Sixth Avenue, M/S OWW-130, Seattle, Washington 98101.

Comments may also be submitted via e-mail to the following address: shaw.hanh@epa.gov.

FOR FURTHER INFORMATION CONTACT: Ms. Hanh Shaw, U.S. EPA, Region 10, 1200 Sixth Avenue, M/S OWW-130, Seattle, Washington 98101. Telephone: (206) 553-0171. A copy of the Proposed Permit, the fact sheet that fully explains the proposal and a copy of EPA's Environmental Assessment (EA) and preliminary Finding of No Significant Impacts (FONSI), prepared pursuant to the National Environmental Policy Act (NEPA), may be obtained from Ms. Shaw. EPA's current administrative record on the proposal is available for examination at U.S. EPA, 1200 Sixth Avenue, Seattle, WA 98101.

Additionally, a copy of the proposed permit, fact sheet, EA, preliminary FONSI, and this **Federal Register** Notice may be obtained on the Internet at: <http://www.epa.gov/r10earth>.

The documents are also available from the EPA Alaska Operations Office, Room 537, Federal Building, 222 West 7th Avenue, Anchorage, Alaska 99513. Please contact Ms. Dianne Soderlund at (907) 271-3425 for assistance.

SUPPLEMENTARY INFORMATION: The existing permit, NPDES Permit No. AKG-28-5000 (Existing Permit), was previously reissued on April 1, 1999 and expired on April 1, 2004 (64 FR 19156). The Existing Permit will remain in effect until a new permit is reissued for those discharges which were covered at the time of expiration. The Existing Permit authorizes discharges from oil and gas exploration, development, and production facilities located in and discharging to state and Federal waters in Cook Inlet north of a line extending between Cape Douglas (at 58°51' latitude, 153°15' longitude) on the west and Port Chatham (at 59°13' latitude, 151°47' longitude) on the east. EPA proposes to replace the Existing Permit with the proposed reissued permit (Proposed Permit), renumbered as AKG-31-5000.

The following changes are proposed to be made as a part of the permit reissuance:

1. EPA proposes to expand the existing coverage area to include the recent Minerals Management Service Lease Sales Nos. 191 and 199 and the State waters adjoining those lease areas.

2. EPA proposes to authorize discharges from oil and gas exploration facilities located within the expanded coverage area, including discharges associated with the use of synthetic-based drilling fluids.

3. EPA proposes to authorize discharges from new oil and gas development and production facilities located within the expanded coverage area, including sanitary waste water, domestic waste water, deck drainage, and miscellaneous discharges such as cooling water and boiler blowdown. These new development and production facilities, however, would not be authorized to discharge produced water, drilling fluids, or drill cuttings under the Proposed Permit.

4. EPA proposes to add new whole effluent toxicity and technology-based limits for discharges that contain treatment chemicals, such as biocides and corrosion inhibitors. These discharges include, but are not limited to, water flood waste water, cooling water, boiler blowdown, and desalination unit waste water.

5. EPA proposes to add a new water quality-based effluent limit for total residual chlorine.

6. EPA proposes to change the monitoring requirements found in the

Existing Permit. The proposed changes would result in increased monitoring for facilities that violate the effluent limits, and reduced monitoring for facilities that demonstrate a good compliance record.

7. EPA proposes to expand the Existing Permit's baseline study to include all new facilities.

8. EPA proposes to include a new study that will involve collecting ambient data to determine the effect of large volume produced water discharges on Cook Inlet.

9. EPA proposes to expand the permit's discharge prohibition near protected areas, coastal marshes, and deltas.

10. EPA proposes to change the permit number from AKG-28-5000 to AKG-31-5000.

Dated: April 17, 2006.

Michael F. Gearheard,

Director, Office of Water and Watersheds.

[FR Doc. E6-5958 Filed 4-19-06; 8:45 am]

BILLING CODE 6560-50-P

EXPORT-IMPORT BANK

[Public Notice 85]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Export-Import Bank of the U.S.

ACTION: Notice and request for comments.

SUMMARY: The Export-Import Bank, as a part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to comment on the proposed information collection, as required by the Paperwork Reduction Act of 1995. The form will be used by exporters to report and pay premiums on insured shipment to various foreign buyers. Our customers will be able to submit this form on paper or electronically.

DATES: Written comments should be received on or before May 22, 2006 to be assured of consideration.

ADDRESSES: Address all comments to David Rostker, Office of Management and Budget, Office of Information and Regulatory Affairs, NEOB, Room 10202, Washington, DC 20503, (202) 395-3897.

SUPPLEMENTARY INFORMATION:

Title and Form Number: Report of Premiums Payable for Exporters Only, EIB 92-29.

OMB Number: None.

Type of Review: Regular.

Need and Use: The information requested enables the applicant to

provide Ex-Im Bank with the information necessary to record customer utilization and manage prospective insurance liability relative to risk premiums received.

Affected Public: The form affects entities involved in the export of U.S. goods and services.

Estimated Annual Respondents: 1,600.

Estimated Time Per Respondent: 30 Minutes.

Estimated Annual Burden: 9,600.
Frequency of Reporting or Use: Monthly.

Dated: April 13, 2006.

Solomon Bush,

Agency Clearance Officer.

BILLING CODE 6690-01-M

EXPORT-IMPORT BANK--REPORT OF PREMIUMS PAYABLE FOR EXPORTERS ONLY

(please type or print all information)
 POLICY NUMBER: () - () Report for period: () (month) (day) (year) through () (month) (day) (year)
 IF NO PREMIUMS PAYABLE, CHECK HERE

USING SAME CODE? If same for all transactions check these code and rate boxes instead of those in the reporting columns below

Coverage Type _____
 Risk Type _____
 Transaction Type _____
 Term Code _____
 Premium Rate \$ _____

Date Received

POLICYHOLDER: _____
 Contact: _____
 Tel: _____ Fax: _____ E-Mail: _____
 BROKER: _____

BUYER NAME (refer to Step 1. on back)	COUNTRY	Coverage Type Code	Risk Type Code	Transaction Type Code	Term Code	TRANSACTION AMOUNT *	SHIPMENT DATE	Premium Rate Per \$100	PREMIUM DUE
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
PAGE TOTALS									
REPORT TOTALS									

* Enter financed amount for Financial Institution Supplier Credit Policy (FISC)

We hereby certify that this report is a complete and accurate declaration of all transactions required to be reported under the terms of the policy and that premiums have been correctly computed and remitted. We understand that Ex-Im Bank's acceptance of this report or the premium due is not an acknowledgement of coverage and does not constitute a waiver of any policy condition or limitation. Unless otherwise specified by us in this report, we understand Ex-Im Bank will assume that short term transactions were made with private-sector obligors on six-month open account terms, and that premium rates will be calculated accordingly. We understand that, for purposes of policy compliance, this report is not received by Ex-Im Bank until both this report and the premium due hereunder are received.

Name of Preparer: _____ Phone: () _____
 Signature: _____ Date Prepared: _____ (month) (day) (year)
 Page No. ___ of ___ pages

EIB-92-29 (0/06)

SEE REVERSE SIDE FOR ADDITIONAL NOTES AND INSTRUCTIONS ON COMPLETING THIS REPORT

COVERAGE TYPES (see Note C. on next page) **CODE**
 Comprehensive A
 Political Only B
 Sales to Your Subsidiaries or Affiliates B

RISK TYPES **CODE**
 Private Sector Buyer or Guarantor 4
 Government Sector (Non-Sovereign) Buyer or Guarantor 3
 Financial Institution Buyer or Guarantor or Letter of Credit issuer 2
 Government Sector (Sovereign) Buyer or Guarantor 1

(A "sovereign" is a national government or government entity that the insurer has determined carries the full faith and credit of the national government. Most government sector companies and/or agencies do not carry the full faith and credit of their government and are therefore considered "non-sovereign" and should be reported as such unless the insurer has determined otherwise.)

TRANSACTION TYPE **CODE**
 Letters of Credit (deferred payment or sight) A
 Bank-Guaranteed (if applicable, use in lieu of any other code) B
 Drafts/Promissory Notes/CAD or SDDP* C
 Open Account D
 Pre-shipment (selective contracts) E
 Consignment F

TERM (corresponding to Transaction Type being reported) **CODE**
 Sight Letters of Credit 1
 CAD or SDDP* 2
 1-30 Days 3
 31-60 Days 4
 61-120 Days 5
 121-180 Days 6
 181-270 Days 7
 271-360 Days 8
 1 1/2 Years 9
 2 Years 10
 2 1/2 Years 11
 3 Years 12
 3 1/2 Years 13
 4 Years 14
 4 1/2 Years 15
 5 Years 16
 Over 5 Years 17

** CAD = Cash Against Documents
 SDDP = Sight Draft Documents Against Payment

MAKE CHECKS PAYABLE TO: EXPORT-IMPORT BANK OF THE UNITED STATES OR EX-IM BANK

MAIL THIS REPORT WITH YOUR PAYMENT TO: EXPORT-IMPORT BANK OF THE UNITED STATES
DEPT. 22
WASHINGTON, D.C. 20055

INSTRUCTIONS FOR REPORTING PREMIUMS PAYABLE

Complete the page heading on the front of this report-form, then follow the steps shown below to report each transaction.

(If NO premiums are payable, check the appropriate box on the front of this report-form.)

- STEP 1.** Enter the FOREIGN BUYER NAME, or if you are reporting a letter of credit transaction, the name of the bank issuing the letter of credit. (please avoid using acronyms if possible.)
- STEP 2.** Enter the COUNTRY in which the foreign buyer is located, or if you are reporting a letter of credit transaction, the COUNTRY in which the bank issuing the letter of credit is located. (Abbreviate if necessary.)
- STEP 3.** Enter the applicable COVERAGE TYPE CODE from the list given on the front of this report-form. (see Note A and Note C below.)
- STEP 4.** Enter the applicable FOREIGN BUYER TYPE CODE from the list given on the front of this report-form. (see NOTE A below.)
- STEP 5.** Enter the applicable TRANSACTION TYPE CODE from the list given on the front of this report-form. (see NOTE A and NOTE B below.)
- STEP 6.** Enter the applicable TERM CODE from the list given on the front of this report-form. (Note that the term should correspond only to the particular TRANSACTION TYPE you are recording. For example, if you are reporting a "pre-shipment" or "consignment" transaction indicate the length of the "pre-shipment" or "consignment" period only.) (see NOTE A and NOTE B below.)
- STEP 7.** Enter the AMOUNT of the transaction. (Use the contract price for short-term transactions. Use contract price, less down payment for medium term transaction.)
- STEP 8.** Enter your PREMIUM RATE. (if your policy has more than one premium rate, or if your premium rate is taken from a rate schedule, be sure to use the correct premium rate.) (see NOTE A below.)
- STEP 9.** Enter the PREMIUM DUE by applying the AMOUNT you have declared under Step #7 to the applicable PREMIUM RATE. (if you are using the same premium rate for all transactions reported on this form and have checked the box marked "USING SAME CODE", you need only show total premium due at the end of your report.)
- STEP 10.** Enter PAGE TOTALS and REPORT TOTALS for AMOUNT and for PREMIUM DUE.
- STEP 11.** Read the paragraph at the bottom of the report-form, then enter your SIGNATURE and DATE PREPARED.

ADDITIONAL NOTES

- NOTE A.** If you expect to use the same code (or rate) for each transaction recorded on this page, check the box on the front of this report-form marked "USING SAME CODE" then enter the appropriate code (or rate) in the space provided. You need not enter the code (or rate) for each transaction thereafter.
- NOTE B.** Be certain that your policy allows you to use the TRANSACTION TYPE or TERM being reported.
- NOTE C.** "Comprehensive" means commercial and political risks coverage.
"Political Only" means that coverage is restricted to political risks. Insured transactions with your subsidiaries or affiliates are covered on a "political only" basis.

SPECIAL POLICIES--REPORTING ADDITIONAL INFORMATION (If your policy has been endorsed to require you to report information not included on the front of this report-form, you may use the space provided below to report that information. Numbers to the left refer to line-item numbers on the front of this form.) **ITEM**

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

EIB-92-29 (10/05)