

Category	NAICS ¹ code	Examples of potentially affected entities
Industry	447110, 447190	Fuel Retailers.
Industry	454310	Other fuel dealers.
Industry	486910	Natural gas liquids pipelines, refined petroleum products pipelines.
Industry	493190	Other warehousing and storage—bulk petroleum storage.

¹ 2012 North American Industry Classification System (NAICS).

This table is not intended to be exhaustive, but rather provides a guide for readers regarding entities likely to be regulated by this action. This table lists the types of entities that the EPA is now aware could potentially be regulated by this action. Other types of entities not listed in the table could also be regulated. To determine whether your entity is regulated by this action, you should carefully examine the applicability criteria in the referenced regulations. If you have any questions regarding the applicability of this action to a particular entity, consult the person listed in the **FOR FURTHER INFORMATION CONTACT** section.

B. What is the Agency's authority for taking this action?

This action is issued under the authority of CAA sections 208, 211 and 301.

II. Request for Comment

A. Background

In the Renewables Enhancement and Growth Support (REGS) Rule,¹ EPA is proposing enhancements to its Renewable Fuel Standards (RFS) program and other related fuel regulations to support market growth of ethanol and other renewable fuels in the U.S. These proposed changes will provide the opportunity for increasing the production and use of renewable fuels by allowing the market to operate in the most efficient and economical way to introduce greater volumes of renewable fuels under the program. The proposed provisions for ethanol flex fuel (EFF)² in the REGS rule would provide additional flexibility to use natural gasoline as an EFF blendstock while maintaining the environmental performance of these fuels. The use of lower cost natural gasoline to make EFF may reduce the price to consumers of these fuels, thereby encouraging the use of additional ethanol and furthering the goals for the RFS program.

¹ 81 FR 80828, November 16, 2016.

² In the REGS rule, EPA is proposing that all EFF blends that contain 16 to 83 volume percent ethanol (E16–E83) would be subject to the same set of regulatory controls rather than continuing to treat E16–E50 blends as gasoline. E85 is a trade name that has historically been used for blends that contain 51 to 83 volume percent ethanol (E51–E83).

B. Request for Comment

To support the use of natural gasoline as an EFF blendstock while meeting the EPA's evaporative emission control and public health protection goals, the EPA proposed that a fuel volatility compliance tool could be used to demonstrate compliance with the proposed volatility standards for EFF. The proposed compliance tool was based on a fuel volatility model that was developed using data on the volatility of gasoline—ethanol fuel blends.³ This fuel volatility model, which is well accepted by industry, is used to estimate the volatility of ethanol blends made with gasoline and/or blendstock for oxygenate blending.⁴ At proposal, we explained why we believed that the proposed compliance tool would also be a satisfactory means of estimating ethanol blend volatility when natural gasoline is used as a blendstock even though we only had limited data that evaluated its suitability for this purpose. In sum, we reasoned that blendstock for oxygenate blending and natural gasoline blend linearly and would thus, behave as a single component in compliance tool calculations. The report that this notice adds to the docket for the REGS proposed rule, and for which we seek public comment, contains the results of a test program that compares empirical data on E51–83 blend volatility when natural gasoline is used as a blendstock to the volatility estimated by the proposed compliance tool.⁵ These test data in this report indicate that the proposed compliance tool may significantly underestimate the volatility of some higher level ethanol blends when natural gasoline is used as a blendstock. These data, therefore, contradict the assumption that blendstock for oxygenate blending and natural gasoline blend linearly and behave as a single component in

³ SAE technical paper 2007–01–4006, "A Model for Estimating Vapor Pressures of Commingled Ethanol Fuels," Sam R. Reddy. See the discussion in Section IV.F.3. of the REGS proposed rule beginning on page 81 FR 80867.

⁴ A blendstock for oxygenate blending (BOB) is formulated to manufacture compliant gasoline after the addition of ethanol.

⁵ Property Analysis of Ethanol—Natural Gasoline—BOB Blends to Make Flex Fuel, National Renewable Energy Laboratory (NREL) technical report 5400–67243, November 2016.

compliance tool calculations. The report also suggests that other aspects of the final blend may need to be taken into account for the compliance tool to provide a satisfactory estimate of ethanol blend volatility when natural gasoline is used as a blendstock. The EPA requests comment on all aspects of this report and the proposed fuel volatility compliance tool as well as how it might be modified to better estimate the effect of natural gasoline on the volatility of ethanol fuel blends. The EPA will consider the information contained in the report made available by this notice and the resulting public comments from this notice in developing a final rule from the REGS proposed rule.

Dated: December 1, 2016.

Christopher Grundler,

Director, Office of Transportation and Air Quality.

[FR Doc. 2016–29896 Filed 12–13–16; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

42 CFR Part 88

[NIOSH Docket 094]

World Trade Center Health Program; Petition 012—Atherosclerosis; Finding of Insufficient Evidence

AGENCY: Centers for Disease Control and Prevention, HHS.

ACTION: Denial of petition for addition of a health condition.

SUMMARY: On April 11, 2016, the Administrator of the World Trade Center (WTC) Health Program received two petitions (combined into Petition 012) to add atherosclerosis to the List of WTC-Related Health Conditions (List). The Program conducted a literature search for the term in response to the Petition and found no relevant studies regarding atherosclerosis among 9/11-exposed populations. Accordingly, the Administrator finds that insufficient evidence exists to request a recommendation of the WTC Health Program Scientific/Technical Advisory Committee (STAC), to publish a proposed rule, or to publish a

determination not to publish a proposed rule.

DATES: The Administrator of the WTC Health Program is denying this petition for the addition of a health condition as of December 14, 2016.

FOR FURTHER INFORMATION CONTACT:

Rachel Weiss, Program Analyst, 1090 Tusculum Avenue, MS: C-46, Cincinnati, OH 45226; telephone (855) 818-1629 (this is a toll-free number); email NIOSHregs@cdc.gov.

SUPPLEMENTARY INFORMATION:

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A. WTC Health Program Statutory Authority

Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111-347, as amended by Pub. L. 114-113), added Title XXXIII to the Public Health Service (PHS) Act,¹ establishing the WTC Health Program within the Department of Health and Human Services (HHS). The WTC Health Program provides medical monitoring and treatment benefits to eligible firefighters and related personnel, law enforcement officers, and rescue, recovery, and cleanup workers who responded to the September 11, 2001, terrorist attacks in New York City, at the Pentagon, and in Shanksville, Pennsylvania (responders), and to eligible persons who were present in the dust or dust cloud on September 11, 2001, or who worked, resided, or attended school, childcare, or adult daycare in the New York City disaster area (survivors).

All references to the Administrator of the WTC Health Program (Administrator) in this notice mean the Director of the National Institute for Occupational Safety and Health (NIOSH) or his or her designee.

Pursuant to section 3312(a)(6)(B) of the PHS Act, interested parties may petition the Administrator to add a health condition to the List in 42 CFR 88.1. Within 90 days after receipt of a petition to add a condition to the List,

¹ Title XXXIII of the PHS Act is codified at 42 U.S.C. 300mm to 300mm-61. Those portions of the James Zadroga 9/11 Health and Compensation Act of 2010 found in Titles II and III of Public Law 111-347 do not pertain to the WTC Health Program and are codified elsewhere.

the Administrator must take one of the following four actions described in section 3312(a)(6)(B) and 42 CFR 88.17: (1) Request a recommendation of the STAC; (2) publish a proposed rule in the **Federal Register** to add such health condition; (3) publish in the **Federal Register** the Administrator's determination not to publish such a proposed rule and the basis for such determination; or (4) publish in the **Federal Register** a determination that insufficient evidence exists to take action under (1) through (3) above. However, in accordance with 42 CFR 88.17(a)(4), the Administrator is required to consider a new petition for a previously-evaluated health condition determined not to qualify for addition to the List only if the new petition presents a new medical basis—evidence not previously reviewed by the Administrator—for the association between 9/11 exposures and the condition to be added.

In addition to the regulatory provisions, the WTC Health Program has developed policies to guide the review of submissions and petitions² and the analysis of evidence supporting the potential addition of a non-cancer health condition to the List.³ In accordance with the aforementioned non-cancer health condition addition policy, the Administrator directs the WTC Health Program to conduct a review of the scientific literature to determine if the available scientific information has the potential to provide a basis for a decision on whether to add the health condition to the List. A literature review includes a search for peer-reviewed, published epidemiologic studies (including direct observational studies in the case of health conditions such as injuries) about the health condition among 9/11-exposed populations; such studies are considered “relevant.” Relevant studies identified in the literature search are further reviewed for their quantity and quality to provide a basis for deciding whether to propose adding the health condition to the List. Where the available evidence has the potential to provide a basis for a decision, the scientific and medical evidence is further assessed to determine whether a

² See WTC Health Program [2014], *Policy and Procedures for Handling Submissions and Petitions to Add a Health Condition to the List of WTC-Related Health Conditions*, May 14, <http://www.cdc.gov/wtc/pdfs/WTCHPPPPetitionHandlingProcedures14May2014.pdf>.

³ See WTC Health Program [2016], *Policy and Procedures for Adding Non-Cancer Conditions to the List of WTC-Related Health Conditions*, May 11, http://www.cdc.gov/wtc/pdfs/WTCHPP_PPetitionAddingNonCancerConditionsRevision11May2016.pdf.

causal relationship between 9/11 exposures and the health condition is supported. A health condition may be added to the List if peer-reviewed, published, direct observational or epidemiologic studies provide substantial support⁴ for a causal relationship between 9/11 exposures and the health condition in 9/11-exposed populations. If the evidence assessment provides only modest support⁵ for a causal relationship between 9/11 exposures and the health condition, the Administrator may then evaluate additional peer-reviewed, published epidemiologic studies, conducted among non-9/11-exposed populations, evaluating associations between the health condition of interest and 9/11 agents.⁶ If that additional assessment establishes substantial support for a causal relationship between a 9/11 agent or agents and the health condition, the health condition may be added to the List.

B. Petition 012

On April 11, 2016, the Administrator received a petition from a New York City Police Department (NYPD) responder who worked at Ground Zero, and a second, related petition which requested the addition of “atherosclerosis (plaque in arteries),” and “atherosclerosis—arterial plaque,” respectively, to the List; the petitions provided references to the same medical basis, a study by Mani *et al.* [2013]. The petitions together are considered Petition 012 as permitted by 42 CFR 88.17(a)(3).⁷

In accordance with WTC Health Program policy, the medical basis for a potential addition to the List may be demonstrated by reference to a peer-reviewed, published, epidemiologic study about the health condition among 9/11-exposed populations or to clinical case reports of health conditions in WTC responders or survivors.⁸ Both of

⁴ The substantial evidence standard is met when the Program assesses all of the available, relevant information and determines with high confidence that the evidence supports its findings regarding a causal association between the 9/11 exposure(s) and the health condition.

⁵ The modest evidence standard is met when the Program assesses all of the available, relevant information and determines with moderate confidence that the evidence supports its findings regarding a causal association between the 9/11 exposure(s) and the health condition.

⁶ 9/11 agents are chemical, physical, biological, or other agents or hazards reported in a published, peer-reviewed exposure assessment study of responders or survivors who were present in the New York City disaster area, at the Pentagon site, or at the Shanksville, Pennsylvania site, as those locations are defined in 42 CFR 88.1.

⁷ See Petition 012, WTC Health Program: Petitions Received, <http://www.cdc.gov/wtc/received.html>.

⁸ See *supra* note 2.

the submissions considered in the current petition, Petition 012, presented the same single reference to support the request to add "Atherosclerosis (plaque in arteries)" to the List. The reference, a study by Mani *et al.* [2013],⁹ is a pilot study of the ability of diagnostic imaging to evaluate differences in atherosclerosis profiles in WTC responders exposed to high levels (as found in the initial dust cloud) and low levels (found after September 13, 2001) of particulate matter. The study evaluated the feasibility of using dynamic contrast enhanced MRI, a relatively new imaging method, to evaluate atherosclerosis among 31 law enforcement personnel who responded at Ground Zero (19 with self-reported high exposures and 12 with self-reported low exposures). The study population examined in Mani *et al.* [2013] is small and is not fully representative of the greater 9/11 population, including other non-law enforcement responders and survivors. Although the study has attributes of an epidemiologic study, the small subset of law enforcement personnel sampled and the non-random manner in which the sample was obtained prevent extrapolation of the findings of Mani *et al.* [2013] to the whole 9/11-exposed population. Moreover, the study does not investigate the causal link between 9/11 exposures and atherosclerosis. Therefore, the Administrator has determined that while the inclusion of this peer-reviewed and published study in the submissions provides sufficient medical basis to be considered a valid petition, Mani *et al.* [2013] is not an epidemiologic study, cannot be considered relevant, and is not further reviewed below.

C. Review of Scientific and Medical Information and Administrator Determination

In response to Petition 012, and pursuant to Program policy,¹⁰ the Program conducted a review of the scientific literature on atherosclerosis to determine if the available evidence has the potential to provide a basis for a decision on whether to add atherosclerosis to the List.¹¹ The literature search identified one citation for atherosclerosis;¹² upon review,

⁹Mani V, Wong S, Sawit S, *et al.* [2013], *Relationship between Particulate Matter Exposure and Atherogenic Profile in "Ground Zero" Workers as Shown by Dynamic Contrast Enhanced MR Imaging*, *Int J Cardiovasc Imaging* 29:827–833.

¹⁰*Supra* note 3.

¹¹Databases searched include: CINAHL, Embase, PsycINFO, PubMed, and Scopus.

¹²Landrigan PJ, Wright RO, Cordero JF, *et al.* [2015], *The NIEHS Superfund Research Program:*

however, it was found not to be relevant because it was not a study of atherosclerosis among the 9/11-exposed population.

Since the literature review did not identify any relevant studies of atherosclerosis in the 9/11-exposed population, in accordance with the Program policy discussed above, the Program was unable to further evaluate Petition 012.

D. Administrator's Final Decision on Whether To Propose the Addition of Atherosclerosis to the List

Finding no relevant studies with regard to Petition 012, the Administrator has accordingly determined that insufficient evidence is available to take further action at this time, including either proposing the addition of atherosclerosis to the List (pursuant to PHS Act, sec. 3312(a)(6)(B)(ii) and 42 CFR 88.17(a)(2)(ii)) or publishing a determination not to publish a proposed rule in the **Federal Register** (pursuant to PHS Act, sec. 3312(a)(6)(B)(iii) and 42 CFR 88.17(a)(2)(iii)). The Administrator has also determined that requesting a recommendation from the STAC (pursuant to PHS Act, sec. 3312(a)(6)(B)(i) and 42 CFR 88.17(a)(2)(i)) is unwarranted.

For the reasons discussed above, the request made in Petition 012 to add atherosclerosis to the List of WTC-Related Health Conditions is denied.

Studies have not yet demonstrated whether 9/11 exposures, including inhalational dust/debris exposures or psychological exposures of the duration and magnitude experienced on and in the aftermath of September 11, 2001, could cause the development of atherosclerosis in an individual WTC responder or survivor several years later. The Administrator looks forward to more definitive studies that directly evaluate the causal association between 9/11 exposures, especially inhalational dust exposures, and atherosclerosis.

E. Approval To Submit Document to the Office of the Federal Register

The Secretary, HHS, or her designee, the Director, Centers for Disease Control and Prevention (CDC) and Administrator, Agency for Toxic Substances and Disease Registry (ATSDR), authorized the undersigned, the Administrator of the WTC Health Program, to sign and submit the

25 Years of Translational Research for Public Health, *Environ Health Perspect* 123(10):909–918. This manuscript describes the successes of the Superfund Research Program; although the key terms "atherosclerosis" and "World Trade Center" are both mentioned, they are not discussed in relation to each other.

document to the Office of the Federal Register for publication as an official document of the WTC Health Program. Thomas R. Frieden, M.D., M.P.H., Director, CDC, and Administrator, ATSDR, approved this document for publication on December 2, 2016.

Dated: December 8, 2016.

John Howard,

Administrator, World Trade Center Health Program and Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services.

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DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

50 CFR Part 17

[Docket No. FWS–HQ–ES–2016–0076; 4500030115]

RIN 1018–BB33

Endangered and Threatened Wildlife and Plants; Listing Determinations for Five *Poecilotheria Tarantula* Species From Sri Lanka

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Proposed rule.

SUMMARY: We, the U.S. Fish and Wildlife Service (Service), announce a proposal to list the following five tarantula species under the Endangered Species Act of 1973, as amended (Act): *Poecilotheria fasciata*, *P. ornata*, *P. smithi*, *P. subfusca*, and *P. vittata*. This document also serves as the 12-month finding on a petition to list these species. After review of the best available scientific and commercial information, we find that listing each of these species is warranted and propose listing all of them as endangered species.

DATES: We will accept comments received or postmarked on or before February 13, 2017. Comments submitted electronically using the Federal eRulemaking Portal (see **ADDRESSES** below) must be received by 11:59 p.m. Eastern Time on the closing date. We must receive requests for public hearings, in writing, at the address shown in **FOR FURTHER INFORMATION CONTACT** by January 30, 2017.

ADDRESSES: You may submit comments by one of the following methods:

(1) *Electronically:* Go to the Federal eRulemaking Portal: <http://www.regulations.gov>. In the Search box,