

Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

FOR FURTHER INFORMATION CONTACT: A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street SW, Suite 6050, Washington, DC 20416, (202) 205-6734.

SUPPLEMENTARY INFORMATION: The notice of the President's major disaster declaration for the State of South Dakota, dated 06/07/2019, is hereby amended to include the following areas as adversely affected by the disaster: *Primary Counties (Physical Damage and Economic Injury Loans):* Turner Contiguous Counties (Economic Injury Loans Only): None

All other information in the original declaration remains unchanged.

(Catalog of Federal Domestic Assistance Number 59008)

James Rivera,

Associate Administrator for Disaster Assistance.

[FR Doc. 2019-14145 Filed 7-2-19; 8:45 am]

BILLING CODE 8026-03-P

SMALL BUSINESS ADMINISTRATION

[Disaster Declaration #16016 and #16017; North Carolina Disaster Number NC-00110]

Administrative Declaration of a Disaster for the State of North Carolina

AGENCY: U.S. Small Business Administration.

ACTION: Notice.

SUMMARY: This is a notice of an Administrative declaration of a disaster for the State of North Carolina dated 06/27/2019.

Incident: Flooding and Heavy Winds.
Incident Period: 06/06/2019.

DATES: Issued on 06/27/2019.

Physical Loan Application Deadline Date: 08/26/2019.

Economic Injury (EIDL) Loan Application Deadline Date: 03/27/2020.

ADDRESSES: Submit completed loan applications to: U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, TX 76155.

FOR FURTHER INFORMATION CONTACT: A. Escobar, Office of Disaster Assistance, U.S. Small Business Administration, 409 3rd Street SW, Suite 6050, Washington, DC 20416, (202) 205-6734.

SUPPLEMENTARY INFORMATION: Notice is hereby given that as a result of the

Administrator's disaster declaration, applications for disaster loans may be filed at the address listed above or other locally announced locations.

The following areas have been determined to be adversely affected by the disaster:

Primary Counties: Catawba, Mecklenburg.

Contiguous Counties:

North Carolina: Alexander, Burke, Cabarrus, Caldwell, Gaston, Iredell, Lincoln, Union.

South Carolina: Lancaster, York.

The Interest Rates are:

	Percent
<i>For Physical Damage:</i>	
Homeowners with Credit Available Elsewhere	3.875
Homeowners without Credit Available Elsewhere	1.938
Businesses with Credit Available Elsewhere	8.000
Businesses without Credit Available Elsewhere	4.000
Non-Profit Organizations with Credit Available Elsewhere ...	2.750
Non-Profit Organizations without Credit Available Elsewhere	2.750
<i>For Economic Injury:</i>	
Businesses & Small Agricultural Cooperatives without Credit Available Elsewhere	4.000
Non-Profit Organizations without Credit Available Elsewhere	2.750

The number assigned to this disaster for physical damage is 16016 6 and for economic injury is 16017 0.

The States which received an EIDL Declaration # are North Carolina, South Carolina.

(Catalog of Federal Domestic Assistance Number 59008)

Christopher Pilkerton,

Acting Administrator.

[FR Doc. 2019-14151 Filed 7-2-19; 8:45 am]

BILLING CODE 8026-03-P

SOCIAL SECURITY ADMINISTRATION

[Docket No: SSA-2019-0026]

Agency Information Collection Activities: Proposed Request

The Social Security Administration (SSA) publishes a list of information collection packages requiring clearance by the Office of Management and Budget (OMB) in compliance with

Public Law 104-13, the Paperwork Reduction Act of 1995, effective October 1, 1995. This notice includes extensions and revisions of OMB-approved information collections.

SSA is soliciting comments on the accuracy of the agency's burden estimate; the need for the information; its practical utility; ways to enhance its quality, utility, and clarity; and ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology. Mail, email, or fax your comments and recommendations on the information collection(s) to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses or fax numbers.

(OMB), Office of Management and Budget, Attn: Desk Officer for SSA, Fax: 202-395-6974, Email address: *OIRA_Submission@omb.eop.gov* (SSA), Social Security Administration, OLCA, Attn: Reports Clearance Director, 3100 West High Rise, 6401 Security Blvd., Baltimore, MD 21235, Fax: 410-966-2830, Email address: *OR.Reports.Clearance@ssa.gov*

Or you may submit your comments online through *www.regulations.gov*, referencing Docket ID Number [SSA-2019-0026].

The information collections below are pending at SSA. SSA will submit them to OMB within 60 days from the date of this notice. To be sure we consider your comments, we must receive them no later than September 3, 2019. Individuals can obtain copies of the collection instruments by writing to the above email address.

1. Application for Child's Insurance Benefits—20 CFR 404.350-404.368, 404.603, & 416.350-0960-0010. Title II of the Social Security Act (Act) provides for the payment of monthly benefits to children of an insured retired, disabled, or deceased worker. Section 202(d) of the Act discloses the conditions and requirements the applicant must meet when filing an application. SSA uses the information on Form SSA-4-BK to determine entitlement for children of living and deceased workers to monthly Social Security payments. Respondents are guardians completing the form on behalf of the children of living or deceased workers, or the children of living or deceased workers.

Type of Request: Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
Application for Child's Insurance Benefits/Death Claim/Paper SSA-4-BK	1,204	1	12	241
Application for Child's Insurance Benefits/Death Claim/Modernized Claims System (MCS) and Preliminary Claims System (PCS)	204,777	1	11	37,542
Application for Child's Insurance Benefits/Life Claim/Paper SSA-4-BK	3,484	1	12	697
Application for Child's Insurance Benefits/Life Claim/MCS and PCS	422,267	1	11	77,416
Totals	631,732	.....	.....	115,896

2. *Request for Hearing by Administrative Law Judge—20 CFR 404.929, 404.933, 416.1429, 404.1433, 418.1350, and 42 CFR 405.722—0960-0269.* When SSA denies applicants', claimants', or beneficiaries' requests for new or continuing disability benefits or payments, the Act entitles those applicants, claimants, or beneficiaries to request a hearing to appeal the decision. To request a hearing, individuals complete Form HA-501; the associated Modernized Claims System (MCS) or Supplemental Security Income (SSI)

Claims System interview; or the internet application (i501). SSA uses the information to determine if the individual: (1) Filed the request within the prescribed time; (2) is the proper party; and (3) took the steps necessary to obtain the right to a hearing. SSA also uses the information to determine: (1) The individual's reason(s) for disagreeing with SSA's prior determinations in the case; (2) if the individual has additional evidence to submit; (3) if the individual wants an oral hearing or a decision on the record;

and (4) whether the individual has (or wants to appoint) a representative. The respondents are Social Security disability applicants and recipients who want to appeal SSA's denial of their request for new or continued benefits for disability and non-medical hearing requests; and Medicare Part B recipients who must pay the Medicare Part B Income-Related Monthly Adjustment Amount.

Type of Request: Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
HA-501; MCS; SSI Claims System	10,325	1	10	1,721
i501 (Internet iAppeals)	653,318	1	5	54,443
Totals	663,643	.....	.....	56,164

3. *Travel Expense Reimbursement—20 CFR 404.999(d) and 416.1499—0960-0434.* The Act provides for travel expense reimbursement from Federal and State agencies for claimant travel incidental to medical examinations, and to parties, their representatives, and all reasonably necessary witnesses for

travel exceeding 75 miles to attend medical examinations; reconsideration interviews; and proceedings before an administrative law judge. Reimbursement procedures require the claimant to provide: (1) A list of expenses incurred, and (2) receipts of such expenses. Federal and state

personnel review the listings and receipts to verify the reimbursable amount to the requestor. The respondents are claimants for Title II benefits and Title XVI payments, their representatives, and witnesses.

Type of Request: Extension of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
404.99(d) & 416.1499	60,000	1	10	10,000

4. *Certificate of Coverage Request—20 CFR 404.1913—0960-0554.* The United States (U.S.) has agreements with 30 foreign countries to eliminate double Social Security coverage and taxation where, except for the provisions of the agreement, a worker would be subject to coverage and taxes in both countries. These agreements contain rules for determining the country under whose laws the worker's period of employment is covered, and to which country the

worker will pay taxes. The agreements further dictate that, upon the request of the worker or employer, the country under whose system the period of work is covered will issue a certificate of coverage. The certificate serves as proof of exemption from coverage and taxation under the system of the other country. The information we collect assists us in determining a worker's coverage and in issuing a U.S. certificate of coverage as appropriate. Per our

agreements, we ask a set number of questions to the workers and employers prior to issuing a certificate of coverage; however, our agreements with Denmark, Netherlands, Norway, and Sweden require us to ask more questions in those countries. Respondents are workers and employers wishing to establish exemption from foreign Social Security taxes.

Type of Request: Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
Requests via Letter—Individuals (minus Denmark, Netherlands, Norway, Poland & Sweden)	5,833	1	40	3,889
Requests via Internet—Individuals (minus Denmark, Netherlands, Norway, Poland & Sweden)	9,761	1	40	6,507
Requests via Letter—Individuals in Denmark, Netherlands, Norway, & Sweden	284	1	44	208
Requests via Letter—Individuals in Poland	16	1	41	11
Requests via Internet—Individuals in Denmark, Netherlands, Norway, & Sweden	427	1	44	313
Requests via Internet—Individuals in Poland	25	1	41	17
Requests via Letter—Employers (minus Denmark, Netherlands, Norway, Poland & Sweden)	26,047	1	40	17,365
Requests via Internet—Employers (minus Denmark, Netherlands, Norway, Poland, & Sweden)	39,096	1	40	26,064
Requests via Letter—Employers in Denmark, Netherlands, Norway, & Sweden	1,137	1	44	834
Requests via Letter—Employers in Poland	57	1	41	39
Requests via Internet—Employers in Denmark, Netherlands, Norway, & Sweden	1,704	1	44	1,250
Requests via Internet—Employers in Poland	86	1	41	59
Totals	84,473			56,556

5. *Privacy and Disclosure of Official Records and Information; Availability of Information and Records to the Public—20 CFR 401.40(b)&(c), 401.55(b), 401.100(a), 402.130, 402.185—0960–0566.* SSA established methods for the public to: (1) Access their SSA records; (2) allow SSA to disclose records; (3)

correct or amend their SSA records; (4) consent for release of their records; (5) request records under the Freedom of Information Act (FOIA); and (6) request access to an extract of their SSN record. SSA often collects the necessary information for these requests through a written letter, with the exception of the

consent for release of records, for which we use Form SSA–3288. The respondents are individuals requesting access to, correction of, or disclosure of SSA records.

Type of Request: Extension of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
Access to Records	10,000	1	11	1,833
Designating a Representative for Disclosure of Records	3,000	1	120	6,000
Amendment of Records	100	1	10	17
Consent of Release of Records	3,000,760	1	3	150,038
FOIA Requests for Records	15,000	1	5	1,250
Respondents who request access to an extract of their SSN record	10	1	8.5	1
Totals	3,028,870			159,139

6. *Disability Report—Child—20 CFR 416.912—0960–0577—Sections 223(d)(5)(A) and 1631(e)(1) of the Act* require SSI claimants to furnish medical and other evidence to prove they are disabled. SSA uses Form SSA–3820 to collect various types of information about a child’s condition from treating

sources or other medical sources of evidence. The State Disability Determination Services evaluators use the information from Form SSA–3820 to develop medical and school evidence, and to assess the alleged disability. The information, together with medical evidence, forms the evidentiary basis

upon which SSA makes its initial disability evaluation. The respondents are claimants seeking SSI childhood disability payments.

Type of Request: Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA–3820	177,572	1	90	266,358
EDCS	1,000	1	120	2,000
i3820	176,572	1	120	353,144
Totals	355,144			621,502

7. *Request for Reconsideration*—20 CFR 404.907–404.921, 416.1407–416.1421, 408.1009, and 418.1325—0960–0622. The Act states those individuals who are dissatisfied with the results of an initial determination regarding their Title II disability; Title XVI disability (SSI); Title VIII (Special Veterans benefits); or Title XVIII (Medicare benefits), can request a

reconsideration hearing. Individuals use Form SSA–561–U2; the associated MCS or SSI Claims System interview; or the internet application (i561) to initiate a request for reconsideration of a denied claim. SSA uses the information to document the request and to determine an individual’s eligibility or entitlement to Social Security benefits (Title II); SSI payments (Title XVI); Special Veterans

Benefits (Title VIII); Medicare (Title XVIII); and for initial determinations regarding Medicare Part B income-related premium subsidy reductions. The respondents are applicants, claimants, beneficiaries, or recipients filing for reconsideration of an initial determination.

Type of Request: Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA–561 and Modernized Claims System (MCS)	330,370	1	8	40,049
I561 (Internet iAppeals)	1,161,300	1	5	96,775
Totals	1,491,670	.....	.....	136,824

8. *Request to Withdraw a Hearing Request; Request to Withdraw an Appeals Council Request for Review; and Administrative Review Process for Adjudicating Initial Disability Claims*—20 CFR parts 404, 405, and 416—0960–0710. Claimants have a statutory right under the Act and current regulations to apply for Social Security Disability Insurance (SSDI) benefits or SSI payments. SSA collects information at

each step of the administrative process to adjudicate claims fairly and efficiently. SSA collects this information to establish a claimant’s right to administrative review, and determine the severity of the claimant’s alleged impairments. SSA uses the information we collect to determine entitlement or continuing eligibility to SSDI benefits or SSI payments, and to enable appeals of these determinations.

In addition, SSA collects information on Forms HA–85 and HA–86 to allow claimants to withdraw a hearing request or an Appeals Council review request. The respondents are applicants for Title II SSDI or Title XVI SSI benefits; their appointed representatives; legal advocates; medical sources; and schools.

Type of Request: Revision of an OMB-approved information collection.

20 CFR section No.	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated annual burden (hours)
404.961, 416.1461, 405.330, and 405.366	12,220	1	20	4,073
404.950, 416.1450, and 405.332	1,040	1	20	347
404.949 and 416.1449	2,868	1	60	2,868
405.334	20	1	60	20
404.957, 416.1457, and 405.380	21,041	1	10	3,507
405.381	37	1	30	19
405.401	5,310	1	10	885
404.971 and 416.1471 .....	.....	.....	.....	.....
(HA–85; HA–86)	1,606	1	10	268
404.982 and 416.1482	1,687	1	30	844
404.987 & 404.988 and 416.1487 & 416.1488 and 405.601	12,425	1	30	6,213
404.1740(b)(1)	150	1	2	5
416.1540(b)(1)	150	1	2	5
404.1512, 404.1740(c)(4), 416.912, and 416.1540(c)(4)	150	1	2	5
405.372(c)	5,310	1	10	885
405.1(b)(5)	833	1	30	417
405.372(b) .....	.....	.....	.....	.....
405.505	833	1	30	417
405.1(c)(2)	5,310	1	10	885
405.20	5,310	1	10	885
Totals	76,300	.....	.....	22,548

9. *Request for Accommodation in Communication Method*—0960–0777. SSA allows disabled or impaired Social Security applicants, beneficiaries, recipients, and representative payees to choose one of seven alternative methods of communication they want SSA to use when we send them benefit notices and other related communications. The

seven alternative methods we offer are: (1) Standard print notice by first-class mail; (2) standard print mail with a follow-up telephone call; (3) certified mail; (4) Braille; (5) Microsoft Word file on data CD; (6) large print (18-point font); or (7) audio CD. However, respondents who want to receive notices from SSA through a

communication method other than the seven methods listed above must explain their request to us. Those respondents use Form SSA–9000 to: (1) Describe the type of accommodation they want; (2) disclose their condition necessitating the need for a different type of accommodation; and (3) explain why none of the seven methods

described above are sufficient for their needs. SSA uses Form SSA-9000 to determine, based on applicable law and regulation, whether to grant the respondents' requests for an accommodation based on their impairment or disability. SSA collects

this information electronically through either an in-person interview or a telephone interview during which the SSA employee keys in the information on our iAccommodate Intranet screens. The respondents are disabled or impaired Social Security applicants,

beneficiaries, recipients, and representative payees who ask SSA to send notices and other communications in an alternative method besides the seven modalities we currently offer.
Type of Request: Revision of an OMB-approved information collection.

Modality of completion	Number of respondents	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-9000/iAccommodate	5,000	1	20	1,667

10. *Report of Adult Functioning-Employer—20 CFR 404.1512 and 416.912—0960-0805.* Section 205(a), 223(d)(5)(A), 1631(d)(1), and 1631(e)(1) of the Act require claimants' applying for SSDI benefits or SSI payments to provide SSA with medical and other evidence of their disability. 20 CFR 404.1512 and 20 CFR 416.912 of the Code of Federal Regulations provides detailed requirements of the types of

evidence SSDI beneficiaries and SSI claimants must provide showing how their impairment(s) affect their ability to work (e.g., evidence of age; education and training, work experience; daily activities; efforts to work; and any other evidence). Past employers familiar with the claimant's ability to perform work activities complete Form SSA-385-BK, Report of Adult Functioning-Employer to provide SSA with information about

the employees day-to-day functioning in the work setting. SSA and Disability Determination Services use the information Form SSA-3385-BK collects as the basis to determine eligibility or continued eligibility for disability benefits. The respondents are claimants' past employers.
Type of Request: Revision of an OMB-approved information collection.

Modality of completion	Number of responses	Frequency of response	Average burden per response (minutes)	Estimated total annual burden (hours)
SSA-3385-BK	3,601	1	20	1,200

Dated: June 27, 2019.
Naomi Sipple,
Reports Clearance Officer, Social Security Administration.
 [FR Doc. 2019-14173 Filed 7-2-19; 8:45 am]
BILLING CODE 4191-02-P

obligation for the Line and arrange for any common carrier service that may be required.
 ATP certifies that its projected annual revenues as a result of this transaction will not exceed those that would qualify it as a Class III rail carrier. ATP further certifies that its acquisition of the Line does not involve any provision or agreement that would limit future interchange with a third-party connecting carrier.

Paul A. Cunningham, Harkins Cunningham, LLP, 1700 K Street NW, Suite 400, Washington, DC 20006.
 Board decisions and notices are available at www.stb.gov.
 Decided: June 28, 2019.
 By the Board, Allison C. Davis, Director, Office of Proceedings.
Jeffrey Herzig,
Clearance Clerk.
 [FR Doc. 2019-14260 Filed 7-2-19; 8:45 am]
BILLING CODE 4915-01-P

SURFACE TRANSPORTATION BOARD
[Docket No. FD 36322]

Athens Transportation Partners, LLC—Acquisition Exemption—The Athens Line, LLC

Athens Transportation Partners, LLC (ATP) has filed a verified notice of exemption under 49 CFR 1150.31 to acquire from The Athens Line, LLC (Athens Line) approximately 6.5 miles of rail line in Athens, Ga., extending between milepost F-98.8 and milepost F-105.3. (the Line).

ATP states that Athens Line recently discontinued service over the Line¹ and has agreed, subject to closing, to convey the Line and the appurtenant rights thereof to ATP pursuant to a Purchase and Sale Agreement. ATP states that it will assume the common carrier

The transaction may be consummated on or after July 20, 2019, the effective date of the exemption (30 days after the verified notice was filed).

If the verified notice contains false or misleading information, the exemption is void ab initio. Petitions to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the effectiveness of the exemption. Petitions to stay must be filed no later than July 12, 2019 (at least seven days before the exemption becomes effective).

All pleadings, referring to Docket No. FD 36322, must be filed with the Surface Transportation Board either via e-filing or in writing addressed to 395 E Street SW, Washington, DC 20423-0001. In addition, a copy of each pleading must be served on ATP's representative,

SUSQUEHANNA RIVER BASIN COMMISSION

Public Hearing

AGENCY: Susquehanna River Basin Commission.
ACTION: Notice.

SUMMARY: The Susquehanna River Basin Commission will hold a public hearing on August 1, 2019, in Harrisburg, Pennsylvania. At this public hearing, the Commission will hear testimony on the projects listed in the **SUPPLEMENTARY INFORMATION** section of this notice. Such projects are intended to be scheduled for Commission action at its next business meeting, tentatively scheduled for September 6, 2019, which will be

¹ See *Athens Line—Discontinuance of Serv. Exemption—in Oconee & Clarke Cty.s., Ga.*, AB 1274X (STB served Apr. 25, 2019).