Evaluation of Selenium in Elk in the Southeast Idaho Phosphate Resource Area

Illinois

Belvidere Municipal Landfill #1
Bohn Heat Transfer Facility
Dixie Auto Salvage
Lincoln Limited Landfill
Smith-Douglass

Iowa

Iowa City Former Manufactured Gas Plant Site
Tails A Waggin' Pet Resort—Arsenic Soil Contamination

Kentucky

Martin County Coal Slurry Release
Rubbertown Industrial Area

Louisiana

Bayou Sorrel—Post-Hurricane Groundwater Sampling Evaluation
Combustion, Inc.—Post-Hurricane Groundwater Sampling Evaluation
Devil's Swamp Lake—A Review of Fish Data
Hurricane Response Sampling Assessment for D.L. Mud, Inc.
Hurricane Response Sampling Assessment for Gulf Coast Vacuum Services
Hurricane Response Sampling Assessment for PAB Oil & Chemical Service, Inc.
Hurricane Response Sampling Assessment for the Agriculture Street Landfill
Hurricane Response Sampling Assessment for the Southern Shipbuilding Corporation
Petro Processors of Louisiana, Inc.—Post-Hurricane Groundwater Sampling Evaluation

Maine

Contaminant Accumulation Potential in Plants and Animals Used by the Aroostook Band of Micmac Indians at the Former Loring Air Force Base
Holtrachem Manufacturing Company

Massachusetts

Environmental Data Review for Witchcraft Heights Elementary School and Nearby Properties
Former Zonolite Facility—Wemelco Way

Michigan

I–75/Caniff Area (Hamtramck) Lead Contamination (a/k/a ''Grand Haven'' Area (Hamtramck) Lead Contamination)
Little Black Creek Sediments
Little Black Creek Sediments—Floodplain Soil Sampling Results
Petersburg Mercury Site

Minnesota

Former Park Rapids Dump
Off-Site Soils: CMC Heartland Partners Lite Yard Site
St. Louis River Sediments: U.S. Steel Site—Dioxin and Polycyclic Aromatic Hydrocarbon Chemical Signatures (Fingerprints) in Sediments
St. Louis River Sediments: U.S. Steel Site—Technical Review of Discrepancies in 2002 Lacer Induced Fluorescence Data, and 2003 and 2004 Analytical Data

Missouri

Brewer Brothers Petroleum Bulk Plant
Former Cardwell Memorial Hospital
Former Zonolite Company/W.R. Grace Facility—St. Louis
Sherrill Mini Mart/Health Clinic

Nevada

Yerington Anaconda Mine Site (a/k/a Anaconda Mine)

New Hampshire

Bear Brook Villa
Cancer Incidence: Residents of Claremont, Sullivan County, New Hampshire (Wheelabrator-Claremont Site)

New Jersey

Adrow Chemical Company Site
Kiddie Kollege—Mercury Exposure Investigation
Matteo & Sons (a/k/a Matteo Iron and Metal Site)

New York

Mariners Marsh Park—Area of Concern

North Carolina

Payne Road Solvents
Sigmon's Septic Tank Service—Evaluation of Surface Water Data

Ohio

Fair Oak Park

Oregon

North Morrow and Northwest Umatilla Perchlorate Area
Salem-Keizer School District—3M Flooring

Pennsylvania

Former W.R. Grace/Zonolite Co. Facility—Investigation of Nearby Play Area
Waymart Spill Site

Tennessee

Clover Creek Workers (a/k/a Velsicol Chemical Corp.)
Cypress Creek Sub-Area III
Glover Site (a/k/a Tennessee Products)
Skyline Drive Dump

Texas

Cox Road Dump Site—Barium Health Concern
Tenaha Wood Treating
Tronox LLC, Texarkana Facility

Washington

BSB Diversified/Hexcel Corporation—Evaluation of Ground Water Contamination
DNR Triangle Gravel Pit
Gilbert Elementary School—Evaluation of Soil Contamination
Holmes Harbor
Lincoln Elementary School—Evaluation of Soil Contamination
Manson Elementary School—Evaluation of Soil Contamination
Naches Valley Intermediate School—Evaluation of Soil Contamination
Robertson Elementary School—Evaluation of Soil Contamination
Washington Elementary School—Evaluation of Soil Contamination

Wisconsin

Badger Army Ammunition Plant—Dinitrotoluene in Private Wells
Econocare Cleaners Vapor Intrusion Investigation
Redi-Quik Dry Cleaners—Vapor Intrusion in a Private Residence

Dated: December 8, 2006.

Kenneth Rose,

Acting Director, Office of Policy, Planning, and Evaluation, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–07–0641]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at 404–639–4604 or send a e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Background and Brief Description

Descriptive Epidemiology of Missed or Delayed Diagnoses for Conditions Detected by Newborn Screening—(OMB No. 0920–0641)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC). Every state in the United States and Washington, DC, has a public health program to test newborn babies for congenital metabolic and other disorders through laboratory testing of dried blood spots. These programs screen for between four and 36 different conditions including phenylketonuria (PKU) and congenital hypothroidism, with testing performed in both state laboratories and private laboratories contracted by state health departments. The screening process or system is broader than the state public health newborn screening program, which is composed only of the laboratory and follow-up personnel. Most children born with metabolic disease are identified in a timely manner and within the parameters defined by the newborn screening system of each state. These children are referred for diagnosis and treatment. However, some cases are not detected at all or the detection comes too late to prevent harm. These ''missed cases'' often result in severe morbidity such as mental retardation or death.

In this project, we will continue to collect information about missed or delayed diagnoses in order to update and expand a previous epidemiological study of missed cases of two disorders published in 1986. We will assess the number of cases of each disorder missed, and the potential reasons for the miss and legal outcomes. Data will be collected by asking state public health laboratory directors, newborn screening laboratory managers, follow-up coordinators, specialists at metabolic clinics, and parent groups with an interest in newborn screening for information regarding missed cases. An estimated 135 remaining respondents will participate in our study by completing one or two short questionnaires that ask for information regarding the details of any missed or delayed cases of which they are aware.

The survey will highlight procedures and actions taken by states and other participants in newborn screening systems to identify causes of missed cases and to modify policies and procedures to prevent or minimize recurrences. The information gleaned from this study may be used to help craft changes in the screening protocols that will make the process more organized and efficient and less likely to fail an affected child.

Respondent burden is approximately 3 minutes for the State Form and 10 minutes for the Case Report Form. There are no costs to the respondents other than their time. The total estimated annual burden hours are 28.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden (hours) per response	Total burden (hours)
Director, State Newborn Screening Laboratory.	State Form	25	1	3/60	1.3
	Case Report Form	25	1	10/60	4.2
Follow-up State Coordinator	State Form	25	1	3/60	1.3
	Case Report Form	25	1	10/60	4.2
Metabolic Clinic Employee	State Form	60	1	3/60	3
	Case Report Form	60	1	10/60	10
Parent Advocate	Case Report Form	5	1	10/60	0.8
Parent	Case Report Form	20	1	10/60	3.3

Dated: December 8, 2006.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-07–05AJ]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

National Surveillance for Severe Adverse Events Associated with Treatment of Latent Tuberculosis Infection—New—Division of Tuberculosis Elimination (DTBE), National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

As part of the national TB elimination strategy, the American Thoracic Society and CDC have published recommendations for targeted testing for TB and treatment for latent TB infection (LTBI). However, between October 2000 and September 2004, the CDC received reports of 50 patients with severe adverse events associated with the use of the two or three-month regimen of rifampin and pyrazinamide (RZ) for the treatment of LTBI; 12 (24%) patients