TIERING OF TRU WASTE CHARACTERISTICS PROCESSES IMPLEMENTED BY CCP AT INL (BASED ON MAY 3–5, 2005 BASELINE INSPECTION)—Continued

WC process elements	INL–CCP WC process specific T1 changes	INL–CCP WC process specific T2 changes *	INL–CCP general T2 changes *
NDA	New equipment of physical modifications to approved equipment. Changes to approved calibration range for approved equipment.	Changes to software for approved equipment. Changes to operating range(s) upon CBFO approval.	Same as above.
RTR	N/A	New equipment or changes to approved equipment.	Same as above.
VE and VET	N/A	N/A	Same as above.
WWIS	N/A	N/A	Same as above.

* Upon receiving EPA approval, every three (3) months INL–CCP will report to EPA all T2 changes.

Availability of the Baseline Inspection Report for Public Comment

EPA is seeking public comment on our proposed approval of the INL CCP waste characterization program and the proposed tiering structure for changes to the INL CCP waste characterization program. EPA's inspection report of INL CCP's waste characterization program is in the public dockets described in **ADDRESSES.** This report can also be found online in EDOCKET ID No. OAR–2005–0162 and at our Web site at *http://www.epa.gov/radiation/wipp.* In accordance with 40 CFR 194.8, EPA is providing the public 45 days to comment on EPA's proposed approval and inspection report.

EPA will evaluate public comments and revise the inspection report as necessary. If appropriate, EPA will then issue a final inspection report and a letter to DOE approving the INL CCP waste characterization program for disposal of TRU waste at WIPP. Any approval letter and final inspection report will be available from the DOCKETS and from our WIPP Web site. EPA will not make a determination regarding the approval of the INL CCP waste characterization program before the end of the 45-day comment period ends.

Dated: August 3, 2005.

William L. Wehrum,

Acting Assistant Administrator for Air and Radiation.

[FR Doc. 05–17926 Filed 9–8–05; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–7966–9]

Notice of Availability of Final NPDES General Permits MAG910000 and NHG910000 for Discharges From Groundwater Remediation, Contaminated Construction De-Watering, and Miscellaneous Surface Water Discharge Activities in the States of Massachusetts and New Hampshire and Indian Country Lands in the State of Massachusetts: The Remediation General Permit (RGP)

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of availability of final NPDES general permits MAG910000 and NHG910000: The Remediation General Permit (RGP).

SUMMARY: The Director of the Office of Ecosystem Protection at the Environmental Protection Agency's New England Regional Office (EPA–NE), is issuing National Pollutant Discharge Elimination System (NPDES) general permits to cover discharges of contaminated ground and surface waters in Massachusetts (MA), New Hampshire (NH), as well as in Indian Country lands located in MA, to surface receiving waters (waters of the United States) related to the following: groundwater remediation activities; construction projects where chemical contamination is present in the water; well development or rehabilitation and aquifer pump testing at formerly contaminated sites; clean-up of industrial sumps; hydrostatic testing of pipelines and tanks; and short-term testing at dredging projects not covered by a permit issued by the Army Corps of Engineers.

The purpose of this document is to inform the public that the new general permit in Massachusetts and New Hampshire, known as the Remediation General Permit (RGP), is now available. The Notice of Availability for the draft RGP was published in the **Federal Register** on November 2, 2004 (69 FR 63531). In response to a number of requests, on December 8, 2004, EPA–NE extended the comment period from December 17, 2004, to January 18, 2005.

During the public comment period, EPA–NE received 18 sets of comments regarding the RGP. EPA–NE prepared a response-to-comments document and made a number of corresponding changes to the RGP, including, but not limited to: removing utility vaults and manholes from the applicability, allowing the use of historic data in certain circumstances, expanding the period of intermittent shutdowns from 90 to 120 days, etc. The response-to-comments document is available with the final general permit.

The final RGP establishes notification requirements, effluent limitations, monitoring requirements, and administrative requirements, as well as other standards, conditions, prohibitions, and management practices for discharges to both fresh and marine waters. The RGP does *not* cover new sources as defined under 40 CFR 122.2. Also, the final RGP does *not* cover discharges from utility vaults and manholes, as proposed. Rather, EPA plans to develop a separate general permit for that discharge category.

DATES: The general permit shall be effective September 9, 2005. See the general permit for specific application deadlines.

FOR FURTHER INFORMATION CONTACT: Additional information concerning the final permit may be obtained between the hours of 8 a.m. and 4 p.m., Monday through Friday, excluding holidays, from: (1) Steven Rapp (617–918–1551) or Roger Janson (617–918–1621), Office of Ecosystem Protection, EPA–NE, 1 Congress St., Suite 1100 (mail code: CMP), Boston, MA 02114–2023; e-mail: *Rapp.Steve@epa.gov* or *Janson.Roger@epa.gov*; (2) Mr. Paul Hogan or Ms. Kathleen. Keohane,

NPDES Permit Unit, MA DEP, 627 Main Street, Worcester, MA 01608; e-mail: *Paul.Hogan@state.ma.us* or *Kathleen.Keohane@state.ma.us*; and (3) Mr. Jeff Andrews, NH DES, Wastewater Engineering Bureau, P.O. Box 95, Concord, NH 03302–0095; e-mail: *jandrews@des.state.nh.us*. Additionally, the Fact Sheet, response to comments, RGP, and other information, such as the suggested notice of intent (NOI) form can be accessed on the EPA–NE Web site at: *http://www.epa.gov/region1/npdes/mass.html#dgp* and *http://www.epa.gov/region1/npdes/newhampshire.html#dgp*.

Dated: August 31, 2005.

Robert W. Varney,

Regional Administrator, Region 1.

[FR Doc. 05–17927 Filed 9–8–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–0398X]

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 404–371–5983 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

Evaluation of an Intervention to Increase Colorectal Cancer Screening in Primary Care Clinics—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description: Colorectal cancer (CRC) is the third most frequent form of cancer and the second leading cause of cancer-related deaths among both men and women in the United States. Research shows that screening can reduce both the occurrence of colorectal cancer and colorectal cancer deaths. Screening is beneficial for: (1) Detection and removal of precancerous polyps, resulting in patients recovering without progression to a diagnosis of cancer, and (2) early detection of CRC for more effective treatment and improved survival. Regular CRC screening is recommended for people aged 50 years and older. Many screening tests are widely available and screening has been shown to be effective in reducing CRC mortality. Despite this demonstrated effectiveness, CRC screening remains low. Some reasons attributed to the low screening rates include limited public awareness of CRC and the benefits of screening, failure of health care providers to recommend screening to patients, and inefficient surveillance and support systems in many health care settings.

The purpose of this study is to evaluate and understand the effect of a multi-component intervention on CRC screening rates in primary care clinics. The study will also examine the effects of the intervention conditions on behavioral outcomes (*e.g.*, clinician-patient discussions about CRC screening) and on attitudes, beliefs, opinions, and social influence surrounding CRC screening among patients, clinicians, and clinic support staff. The target population includes average-risk patients aged 50–80 years, clinicians, and clinic support staff within the primary care clinics in two managed care organizations (MCOs).

There are three tasks in this study. In Task 1, 180 primary care clinicians will complete a survey assessing demographics; opinions about preventive services; CRC screening training and practices; satisfaction with CRC screening; and CRC screening beliefs, facilitators, and barriers. The survey will be administered to primary care clinicians pre- and post-intervention. In Task 2, 180 clinic support staff will complete a survey assessing demographics; work-related responsibilities; opinions about preventive services; CRC training and practices; satisfaction with CRC screening; and CRC screening beliefs, facilitators, and barriers. The survey will be administered to clinic support staff pre- and post intervention. In Task 3, clinic patients will complete a survey assessing demographics, health status; receipt of previous CRC screening and other preventive services; knowledge and opinions about CRC and CRC screening; and social support. The survey will be administered to 4,252 patients pre-intervention baseline and 4,252 patients post-intervention follow-up. We are requesting OMB clearance for one year. There are no costs to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Clinicians	180	2	30/60	180
Clinic Support Staff	180	2	25/60	150
Patients surveyed only at baseline	3002	1	20/60	1,001
Patients surveyed at baseline and follow-up	1250	2	20/60	833
Patients surveyed only at follow-up	3002	1	20/60	1,001