

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 (Wheeler-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.

[FR Doc. E6-21263 Filed 12-13-06; 8:45 am]

BILLING CODE 4163-70-P

## 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](mailto: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 hypothyroidism, 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.*

[FR Doc. 06–9723 Filed 12–13–06; 8:45 am]

**BILLING CODE 4163–18–M**

**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](mailto: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