Restoration Component, along with other activities the Council identified as priorities for potential future funding. Activities approved for funding in the FPL are included in ''Category 1;'' the priorities for potential future funding are in ''Category 2.'' In the FPL the Council approved approximately $156.6 million in Category 1 restoration and planning activities, and prioritized twelve Category 2 activities for possible funding in the future, subject to environmental compliance and further Council and public review. The Council included planning activities for Robinson Preserve in Category 1 and implementation activities for Robinson Preserve in Category 2.

The Council reserved approximately $26.6 million for implementing priority activities in the future. These reserved funds may be used to support some, all or none of the activities included in Category 2 of the FPL and/or to support other activities not currently under consideration by the Council. As appropriate, the Council intends to review each activity in Category 2 in order to determine whether to: (1) Move the activity to Category 1 and approve it for funding, (2) remove it from Category 2 and any further consideration, or (3) continue to include it in Category 2. A Council decision to amend the FPL to move an activity from Category 2 into Category 1 must be approved by a Council vote after consideration of public and Tribal comments.

II. Environmental Compliance

Prior to approving an activity for funding in FPL Category 1, the Council must comply with NEPA and other applicable Federal environmental laws. At the time of approval of the FPL, the Council had not addressed NEPA and other laws applicable to implementation of Robinson Preserve. The Council did, however, recognize the potential ecological value of Robinson Preserve, based on the review conducted during the FPL process. For this reason, the Council approved $470,910 in planning funds for Robinson Preserve, a portion of which would be used to complete any needed environmental compliance activities. As noted above, the Council placed the implementation portion of Robinson Preserve into FPL Category 2, pending the outcome of this environmental compliance work and further Council review. The estimated cost of implementation of Robinson Preserve was $1,319,636.

To comply with NEPA for Robinson Preserve, the Council is proposing to adopt the *2015 PEIS* developed by NOAA's Restoration Center. This PEIS addresses a range of restoration types including those in the Robinson Preserve implementation funding proposal. NOAA has determined that the specific implementation activities for which funding is being sought are fully covered by this PEIS, and therefore no further NEPA review would be needed.

On May 22, 2017, the U.S. Army Corps of Engineers issued a Clean Water Act (CWA) Section 404 permit for the Robinson Preserve project. NOAA has confirmed that this permit addresses its Magnuson-Stevens Act recommendations pertaining to Essential Fish Habitat. The permit also contains conditions pertaining to compliance with the Endangered Species Act and the National Historic Preservation Act. In addition, the Florida State Historic Preservation Officer and U.S. Fish and Wildlife Service have reviewed the overall Robinson Preserve project. These reviews were conducted as part of their respective reviews of a smaller Robinson Preserve restoration project which is sponsored by the Environmental Protection Agency (EPA) and is being funded separately under the Council-Selected Restoration Component.

The Council has reviewed the aforementioned environmental compliance documentation. Based on this review, the Council is proposing to adopt the PEIS to support the approval of implementation funds for Robinson Preserve, provided that the project is implemented in accordance with the terms and conditions of the CWA Section 404 permit. This permit and the associated documentation can be found here: *https://www.restorethegulf.gov/funded-priorities-list.* (See: *Robinson Preserve Wetlands Restoration—Implementation.*)

Robinson Preserve Project

If approved by the Council, the funds to implement Robinson Preserve would be used to create habitat and natural flow regimes through hydrologic connections, as well as complete exotic and invasive vegetation removal, native planting, monitoring, community outreach, restoration practitioner education, and an inventory of potential Tampa Bay watershed hydrologic restoration projects.

The Initial FPL describes Robinson Preserve as a project to restore 140-acres of upland and wetland habitat (85 acres of upland habitat and 55 acres of created wetland and sub-tidal habitats). The actual acreage to be restored under this proposed FPL amendment would be 118.2 acres (57.6 acres of coastal upland habitat and 60.6 acres of wetland, open water sub-tidal, and open freshwater habitats). This acreage adjustment is the result of refinements in project design (in response to public input) and subtraction of acreage being restored through the complementary EPA restoration effort referenced above. The project design was reduced by 7 acres to balance public access interests, input from nearby residents and habitat suitability. The remainder of the acreage adjustment for this Robinson Preserve funding request is 14.8 acres, which is the amount of adjoining acreage that will be restored by the EPA.

While the acreage footprint of NOAA's Robinson Preserve project has decreased, the complexity and per unit cost of the project have increased. To maintain the long-term viability of the restoration design and protect existing habitats, the scope of the hydrologic restoration expanded to include more complex connections. The expanded scope also provides added benefits outside of the restoration footprint by integrating and hydrologically interconnecting the entire 632-acre preserve. NOAA has indicated that these changes, make up more than one third of the restoration implementation budget, increasing the wetland and sub-tidal creation cost per acre for the project. The total of $1,790,546 will be needed to implement this project.

Additional information on Robinson Preserve, including metrics of success, response to science reviews and more is available in an activity-specific appendix to the FPL, which can be found at *https://www.restorethegulf.gov.* Please see the table on page 25 of the FPL and click on: Robinson Preserve Wetlands Restoration (Implementation).

Will D. Spoon,

Program Analyst, Gulf Coast Ecosystem Restoration Council.

[FR Doc. 2017–18334 Filed 8–29–17; 8:45 am]

BILLING CODE 6560–58–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[60Day–17–0051; Docket No. ATSDR–2017–0004]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Agency for Toxic Substances and Disease Registry (ATSDR), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on the proposed request to extend the information collect project titled ''Assessment of Chemical Exposures (ACE) Investigations.'' The purpose of ACE Investigations is to focus on performing rapid epidemiological assessments to assist state, regional, local, or tribal health departments (the requesting agencies) to respond to or prepare for acute chemical releases.

DATES: Written comments must be received on or before October 30, 2017.

ADDRESSES: You may submit comments, identified by Docket No. ATSDR–2017–0004 by any of the following methods:

- *Federal eRulemaking Portal: Regulations.gov*. Follow the instructions for submitting comments.
- *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post all relevant comments, without change, to *Regulations.gov*, to include any personal information provided. For access to the docket to read background documents or comments received, go to *Regulations.gov*.

Please note: All public comment should be submitted through the Federal eRulemaking portal (Regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329; phone: 404–639–7570; Email: *omb@cdc.gov*.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

Proposed Project

Assessment of Chemical Exposures (ACE) Investigations (OMB Control Number 0923–0051; expiration 3/31/2018)—Revision—Agency for Toxic Substances and Disease Registry (ATSDR).

Background and Brief Description

The Agency for Toxic Substances and Disease Registry (ATSDR) is requesting to revise ''Assessment of Chemical Exposures (ACE) Investigations'' information collection project and seek a three-year OMB approval to assist state and local health departments after toxic substance spills or chemical incidents. The OMB Control number for this information collection expires 3/31/2018. We are renaming the form previously titled the Rapid Response Registry Form as the ACE Short Form. This revision better describes that we use the ACE Short Form in time-limited investigations where longer surveys are not possible. We do not use the form to establish registries. In addition, we are removing two insurance questions from the ACE Short Form, as we do not ask in the longer surveys and have never been asked as part of an ACE Investigation. There are no changes to the requested burden hours.

ATSDR has successfully completed three investigations to date. With the uses of this valuable mechanism, ATSDR would like to continue this impactful information collection. See below a brief summary of information collections approved under this tool:

- During 2015, in U.S. Virgin Islands there was a methyl bromide exposure at a condominium resort. Under this ACE investigation, awareness among pest control companies that methyl bromide currently prohibited in the homes and other residential settings. Additionally, awareness for clinicians about the toxicologic syndrome caused by exposure to methyl bromide and the importance of notifying first responders immediately when they have encountered contaminated patients.
- During 2016, ACE team conducted a rash investigation in Flint, Michigan. Persons exposed to Flint municipal water and had current or worsening rashes surveyed and referred too free dermatologist screening if desired. Findings revealed that when the city was using water from the Flint River, there were large swings in chorine, pH, and hardness, which could be one possible explanation for the eczema-related rashes.
- During 2016, ACE team also conducted a follow-up investigation for people whom been exposed to the Flint municipal water and sought care from the free dermatologists. Data analysis for this project is in process and results are pending. However, the follow-up interviews resulted in improving the exam and referral processes that were still on going at the time.

The ACE investigations focus on performing rapid epidemiological assessments to assist state, regional, local, or tribal health departments (the requesting agencies) to respond to or prepare for acute chemical releases.

The main objectives for performing these rapid assessments are to:

1. Characterize exposure and acute health effects of respondents exposed to toxic substances from discrete, chemical

releases and determine their health statuses;

2. Identify needs (*i.e.,* medical and basic) of those exposed during the releases to aid in planning interventions in the community;

3. Assess the impact of the incidents on health services use and share lessons learned for use in hospital, local, and state planning for chemical incidents; and

4. Identify cohorts may be followed and assessed for persistent health effects resulting from acute releases.

Because each chemical incident is different, it is not possible to predict in advance exactly what type of and how many respondents will be consented and interviewed too effectively evaluate the incident. Respondents typically include, but are not limited to emergency responders such as police, fire, hazardous material technicians, emergency medical services, and personnel at hospitals where patients from the incident were treated. Incidents may occur at businesses or in the community setting; therefore, respondents may also include business owners, managers, workers, customers, community residents, pet owners, and those passing through the affected area.

The multidisciplinary ACE team consisting of staff from ATSDR, the Centers for Disease Control and Prevention (CDC), and the requesting agencies that will be collecting data. ATSDR has developed a quickly tailored series of draft survey forms used in the field to collect data that will meet the goals of the investigation. ATSDR collections will be administered based on time permitted and urgency. For example, it is preferable to administer the general survey to as many respondents as possible. However, if there are time constraints, the shorter household survey or the ACE Short Form may be administered instead. The individual surveys collect information about exposure, acute health effects, health services use, medical history, needs resulting from the incident, communication during the release, health impact on children and pets, and demographic data. Hospital personnel are asked about the surge, response and communication, decontamination, and lessons learned.

Depending on the situation, data collected by face-to-face interviews, telephone interviews, written surveys, mailed surveys, or on-line surveys can be consider collected. Medical and veterinary charts may also be consider for review. In rare situations, an investigation might involve collection of clinical specimens.

ATSDR anticipates up to four ACE investigations per year. The number of participants has ranged from 30–715, averaging about 300 per year. Therefore, the total annualized estimated burden will be 591 hours per year. Participation in ACE investigations is voluntary and there are no anticipated costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Residents, first responders, business owners, employees, customers.	General Survey	800	1	30/60	400
	ACE Short Form	50	1	7/60	6
Residents	Household Survey	120	1	15/60	30
Hospital staff	Hospital Survey	40	1	30/60	20
Staff from state, local, or tribal health agencies.	Medical Chart Abstraction Form	250	1	30/60	125
	Veterinary Chart Abstraction Form	30	1	20/60	10
Total					591

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–17–1190; Docket No. CDC–2017–0073]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on the proposed project titled ''ZEN Colombia Study: Zika in Pregnant Women and Children in Colombia.''

DATES: Written comments must be received on or before October 30, 2017.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2017–0073 by any of the following methods:

- *Federal eRulemaking Portal: Regulations.gov*. Follow the instructions for submitting comments.
- *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to *Regulations.gov*, including any personal information provided. For access to the docket to read background documents or comments received, go to *Regulations.gov*.

Please note: *All public comment should be submitted through the Federal eRulemaking portal (Regulations.gov) or by U.S. mail to the address listed above.*

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Leroy A. Richardson, Information Collection