

facility location and the extent that agencies were implementing these laws and policies. In addition, the GAO report identified recommendations to be implemented by GSA. In October 2001, in response to a recommendation contained in the GAO Report, GSA agreed to issue a **Federal Register** bulletin that defines the term "rural area" and recommends that Federal agencies, having their own statutory authority to acquire real property, include a written statement in their files affirming that they have given first priority to locating in a rural area.

Dated: January 13, 2003.

**G. Martin Wagner,**

*Associate Administrator, Office of Governmentwide Policy.*

## GENERAL SERVICES ADMINISTRATION

[FMR Bulletin 2003-B1]

### Real Property

TO: Heads of Federal Agencies  
SUBJECT: Locating Federal Facilities in Rural Areas

1. *What is the purpose of this bulletin?* This bulletin is intended to assist Federal agencies, having their own statutory authority to acquire real property, in complying with the Rural Development Act of 1972.

2. *What is the effective date of this bulletin?* This bulletin is effective January 21, 2003.

3. *When does this bulletin expire?* This bulletin will remain in effect indefinitely until specifically cancelled.

4. *What is the background?*  
a. In 1972, the Rural Development Act was enacted which directed Federal agencies to develop policies and procedures to give first priority to the location of new offices and other Federal facilities in rural areas. The intent of the Act is to revitalize and develop rural areas and help foster a balance between rural and urban America.

b. In 1996, Pub. L. 104-127 eliminated the "private business enterprise" language in 7 U.S.C. 1926(a)(7) which had served to define the term "rural area" for the purpose of locating Federal facilities.

c. In July 2001, GAO issued GAO Final Report GAO-01-805, entitled "Facilities Location: Agencies Should Pay More Attention to Costs and Rural Development Act," which examined the federal laws and policies governing facility location and the extent that agencies were implementing these laws and policies. In addition, the GAO report identified recommendations to be implemented by GSA.

d. In October 2001, in response to a recommendation contained in the GAO Report, GSA agreed to issue a **Federal Register** bulletin that defines the term "rural area" and recommends that Federal agencies, having their own statutory authority to acquire real property, include a written statement in their files affirming that they have given first priority to locating in a rural area.

5. *What "rural area" definition does GSA recommend for Federal agencies having their own statutory authority to acquire real property?*

GSA recommends that Federal agencies, having their own statutory authority to acquire real property, use the following "rural area" definition: "Rural area means a city, town, or unincorporated area that has a population of 50,000 inhabitants or less, other than an urbanized area immediately adjacent to a city, town, or unincorporated area that has a population in excess of 50,000 inhabitants, as specified in 7 U.S.C. 2009."

6. *How does GSA recommend that Federal agencies, having their own real property authority, demonstrate compliance with the Rural Development Act?*

GSA recommends that Federal agencies, having their own statutory authority to acquire real property, demonstrate compliance with the Rural Development Act by including a written statement in their files affirming that they have given first priority to the location of new offices and other Federal facilities in rural areas.

7. *Who should we contact for further information regarding locating Federal facilities in rural areas?*

General Services Administration, Office of Governmentwide Policy, Real Property Policy Division, Attn: Stanley C. Langfeld, 1800 F Street, NW., Washington, DC 20405, Telephone Number: (202) 501-1737, E-mail Address: stanley.langfeld@gsa.gov.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-03-36]

### 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 the CDC Reports Clearance Officer on (404) 498-1210.

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. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

*Proposed Project:* Epidemiologic Study Of Gastrointestinal Health Effects And Exposure To Disinfection By-products Associated With Consumption Of Conventionally Treated Groundwater—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

### Background

The primary goal of drinking water treatment is the removal of microorganisms responsible for waterborne disease. The addition of disinfectants such as chlorine is one of the most important steps in pathogen inactivation and may in some cases (such as in many groundwater systems) be the only treatment employed. However, chlorine also reacts with organic compounds in the water to produce halogenated organic by-products (disinfection by-products [DBPs]). One of the most commonly measured groups of DBPs is the trihalomethanes (THMs). Human exposure to THMs has been associated with bladder and colorectal cancer. Public water providers must constantly balance the acute risks of gastrointestinal (GI) illness associated with exposure to microbial pathogens against the long-term risks associated with exposure to DBPs.

This study will estimate the risks for endemic GI illness associated with

drinking conventionally treated groundwater and evaluate exposure to THMs in the same people. We plan to recruit 900 households who report that they drink unfiltered tap water from a specific public water system that treats and distributes water from a groundwater source. This utility has agreed to collaborate on the study. The study households will be randomized into one of three groups: (1) Households drinking highly treated bottled water purchased from a bottled water company, (2) households drinking groundwater that has been conventionally treated by the collaborating utility and collected and bottled at the water treatment plant (bottled plant water), or (3) households drinking municipal tap water from the distribution system of the collaborating utility (tap water). We will administer a questionnaire at the beginning of the study to collect data about water use habits and possible exposures to

microbial pathogens and THMs. Each study household also will be called weekly for 52 weeks for a short telephone interview to document whether anyone in the household had any gastrointestinal symptoms during the past week. Blood and serum samples will be collected from a subset (50%) of adult household members at the beginning and end of the study. All household members will be asked to provide a saliva specimen each month for the duration of the one-year study. Stool specimens will be collected during episodes of GI symptoms. Blood samples will be analyzed for THMs, and serum, saliva, and stool samples will be stored for later analysis for enteric pathogens. Water samples will be collected from each participating household at the beginning and a subset (50%) of the households at the end of the study and analyzed for THMs. Water samples for microbial analysis will be taken routinely from the source, the

finished water, and designated locations in the distribution system.

The specific aims of the study are to (1) determine the risk for GI illness associated with source water quality and treatment efficacy by comparing GI illness rates in people drinking highly treated bottled water with GI illness rates in people drinking bottled plant water; (2) determine the risk for GI illness associated with the distribution system by comparing GI illness rates in people drinking bottled plant water with GI illness rates in people drinking tap water; (3) determine water concentrations and associated blood concentrations of THMs in the study population; and (4) validate and refine existing models of THM exposure using the THM data collected at the participating households and hydraulic and water quality data collected in the distribution system at the time of household recruitment. There is no cost to respondents.

| Respondents                               | Number of respondents | Number of responses/respondent | Average burden/response (in hours) | Total burden (in hours) |
|-------------------------------------------|-----------------------|--------------------------------|------------------------------------|-------------------------|
| Telephone contact .....                   | 2,500                 | 1                              | 10/60                              | 417                     |
| Household survey .....                    | 900                   | 1                              | 30/60                              | 450                     |
| Blood and serum sample collection .....   | 900                   | 2                              | 15/60                              | 450                     |
| Initial tap water sample collection ..... | 900                   | 1                              | 10/60                              | 150                     |
| Final tap water sample collection .....   | 450                   | 1                              | 10/60                              | 75                      |
| Weekly telephone interview .....          | 900                   | 52                             | 15/60                              | 780                     |
| Saliva specimen collection .....          | 900                   | 12                             | 5/60                               | 900                     |
| Stool specimen collection .....           | 900                   | 2                              | 5/60                               | 150                     |
| Total .....                               | .....                 | .....                          | .....                              | 3,372                   |

Dated: January 10, 2003.

**Thomas Bartenfeld,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*

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**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30DAY-18-03]

#### Agency Forms Undergoing Paperwork Reduction Act Review

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) 498-1210. Send written

comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503. Written comments should be received within 30 days of this notice.

*Proposed Project:* Youth Media Campaign Tracking Study—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). CDC plans to conduct ongoing monitoring of the awareness and reaction to the brand and messages of the Youth Media Campaign. In FY 2001, Congress established the Youth Media Campaign at the Centers for Disease Control and Prevention (CDC). Specifically, the House Appropriations Language said: The Committee believes that, if we are to have a positive impact on the future health of the American population, we must change the behaviors of our children and young adults by reaching them with important health messages. CDC, working in collaboration with

federal partners, is coordinating an effort to plan, implement, and evaluate a campaign designed to clearly communicate messages that will help kids develop habits that foster good health over a lifetime.

The Campaign will be based on principles that have been shown to enhance success, including: Designing messages based on research; testing messages with the intended audiences; involving young people in all aspects of Campaign planning and implementation; enlisting the involvement and support of parents and other influencers; tracking the Campaign's effectiveness and revising Campaign messages and strategies as needed.

For the Campaign to be successful, ongoing monitoring of the campaign's penetration with the target audiences is essential. Campaign planners must have mechanisms to determine the targets' awareness of, and reaction to, the campaign brand and messages as the campaign evolves. Campaign planners also need to identify which messages