a full Regulatory Evaluation is unnecessary.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the Coast Guard must consider whether this rule will have a significant economic impact on a substantial number of small entities. ''Small entities'' include independently owned and operated small businesses that are not dominant in their field and that otherwise qualify as ''small business concerns'' under section 3 of the Small Business Act (15 U.S.C. 632). This rule will have little impact on either vehicular or navigational traffic. Because it expects the impact of this final rule to be minimal, the Coast Guard certifies under 5 U.S.C. 605(b) that it will not have a significant economic impact on a substantial number of small entities.

Collection of Information

This rule contains no collection of information requirements under the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*).

Federalism

The Coast Guard has analyzed this rule under the principles and criteria contained in Executive Order 12612 and has determined that this rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

Environment

The Coast Guard considered the environmental impact of this rule and concluded that, under section 2.B.2 of Commandant Instruction M16475.1 (series), this proposal is categorically excluded from further environmental documentation.

List of Subjects in 33 CFR Part 117

Bridges.

Regulations

In consideration of the foregoing, Part 117 of Title 33, Code of Federal Regulations, is amended as follows:

PART 117—DRAWBRIDGE OPERATION REGULATIONS

1. The authority citation for Part 117 continued to read as follows:

Authority: 33 U.S.C. 499; 49 CFR 1.46; 33 CFR 1.05–1(g); section 117.255 also issued under the authority of Pub. L. 102–587, 106 Stat. 5039.

§ 117.491 [Amended]

2. In § 117.491, paragraph (b) is removed and (c), (d), (e) and (f) are redesignated (b), (c), (d) and (e), respectively.

Dated: July 11, 1996.

T.W. Josian,

Rear Admiral, U.S. Coast Guard, Commander, Eighth Coast Guard District.

[FR Doc. 96–19479 Filed 7–30–96; 8:45 am]

BILLING CODE 4910–14–M

DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 4

RIN 2900–AE95

Schedule for Rating Disabilities; Infectious Diseases, Immune Disorders and Nutritional Deficiencies (Systemic Conditions)

AGENCY: Department of Veterans Affairs.

ACTION: Final rule.

SUMMARY: This document amends that portion of the Department of Veterans Affairs (VA) Schedule for Rating Disabilities concerning Infectious Diseases, Immune Disorders and Nutritional Deficiencies (formerly entitled Systemic Conditions). The effect of this action is to update this portion of the rating schedule to ensure that it uses current medical terminology, unambiguous criteria, and that it reflects medical advances that have occurred since the last review.

EFFECTIVE DATE: This amendment is effective August 30, 1996.

FOR FURTHER INFORMATION CONTACT: Caroll McBrine, M.D., Consultant, Regulations Staff, Compensation and Pension Service, Veterans Benefits Administration, Department of Veterans Affairs, 810 Vermont Ave. NW, Washington DC, 20420, (202) 273–7230.

SUPPLEMENTARY INFORMATION: As part of the first comprehensive review of its Schedule for Rating Disabilities since 1945, VA published in the Federal Register of April 30, 1993 (58 FR 26083–87) a proposal to amend the portion of the Schedule for Rating Disabilities concerning Systemic Conditions. This document has renamed that portion of the rating schedule as Infectious Diseases, Immune Disorders and Nutritional Deficiencies. Interested persons were invited to submit written comments on or before June 29, 1993. We received comments from the Disabled American Veterans and the Paralyzed Veterans of America.

The final rule includes a diagnostic code (DC 6354) and diagnostic criteria (38 CFR 4.88a) for chronic fatigue syndrome. These provisions for chronic fatigue syndrome were added to the portion of the rating schedule then titled Systemic Conditions by a final rule published in the Federal Register of July 19, 1995 (60 FR 37012–13).

We proposed to reduce or eliminate the convalescence periods for several infectious diseases, and both commenters disagreed with those proposals.

We proposed to change the convalescent periods for Asiatic cholera (DC 6300), Bartonellosis (DC 6306), and scrub typhus (DC 6317) from six months to three months, noting that when treated in a straightforward manner, the active phase of the diseases resolves quickly, and need for convalescence is typically much less than six months. One commenter questioned what ''treated in a straightforward manner'' means. A second commenter felt that a shorter convalescent period for Bartonellosis is not justified because convalescence is slow, and gradual normalization of red blood cell mass begins three to six weeks after onset of disease.

The six-month periods of convalescence for these conditions were established prior to the modern antibiotic era, and were appropriate at the time. However, with modern therapy, the course of these infectious diseases has dramatically improved. Scrub typhus deaths are rare, and convalescence is short (''Harrison's Principles of Internal Medicine'' 760 (Jean D. Wilson, M.D., et al., eds., 12th ed. 1991)); with specific therapy, recovery is prompt and uneventful (''The Merck Manual'' 173 16th ed. 1992). Similarly, treatment for Asiatic cholera is simple, and the condition is self-limited to a few days (Harrison, 632). Bartonellosis responds rapidly to antibiotics and the red blood cells stabilize in about six weeks (Harrison, 634). While the characteristic severe anemia that occurs in an individual with Bartonellosis may require time after treatment to resolve, three months is an adequate period of convalescence in the average person. We have therefore adopted the proposed provisions, which provide for a three-month convalescent evaluation for these conditions.

The previous schedule called for a 100 percent evaluation for leprosy (DC 6302) as active disease and for one year's convalescence. We proposed to remove the one-year period of convalescence. One commenter said that a convalescent period should be retained because of the serious nature of the disease, and another questioned whether there is a medical basis for the change.

On further consideration, VA agrees that a continued 100 percent evaluation

for convalescence of leprosy is warranted because the disease is debilitating, sometimes extremely so, and a period of convalescence is warranted to allow recovery of strength. Accordingly, we have amended DC 6302 to continue the 100 percent evaluation indefinitely when the disease is no longer active. Further, the final rule amends DC 6302 to require an examination six months after the date that an examining physician has determined the leprosy is inactive. Any change in evaluation will be carried out under the provisions of § 3.105(e). This will assure that a total evaluation will continue long enough to allow recovery from the debilitating effects of the disease, and will also assure that the extent of any residual impairment is documented by examination. This method of determining the duration of the period of convalescence is consistent with the method we have used following treatment of malignancies, in previously published rules that revised other sections of the rating schedule.

The previous schedule provided a 100 percent evaluation for visceral leishmaniasis (DC 6301) as active disease and for one year's convalescence. We proposed to remove the one-year period of convalescence. One commenter questioned whether there is any medical basis for the change. Another commenter said that visceral leishmaniasis is still a debilitating disease and warrants a reasonable convalescent period.

In view of the frequency of debilitation in visceral leishmaniasis, with findings such as hepatosplenomegaly, emaciation, and pancytopenia, we have determined that a period of convalescence for DC 6302 similar to that for leprosy is appropriate. We have added a note to continue the 100 percent evaluation indefinitely when treatment for active leishmaniasis has been completed, and to require an examination six months after cessation of treatment. Any change in evaluation will be carried out under the provisions of § 3.105(e). This will assure that a total evaluation will continue long enough to allow recovery from the debilitating effects of the disease, and will also assure that the extent of any residual impairment is documented by examination.

Another commenter stated that any reduction in the convalescence period exceeds the Congressional mandate that ratings be based upon ''average impairment.''

VA does not concur. The convalescence periods adopted in this change, as discussed above, represent, in our judgment, neither the longest nor the shortest periods that any individual patient might require for recovery, but the usual or normal periods during which an average patient, under normal circumstances, would be expected to recover from a specific condition.

Although the proposed regulation made only editorial changes to the evaluation criteria for beriberi, DC 6314, both commenters argued that the evaluation criteria at the 30 and 60 percent and 60 and 100 percent levels for beriberi were nearly identical and therefore unrealistic.

We agree and have revised the evaluation criteria for beriberi to reflect the different levels of disability with specific clinical symptoms. A 100 percent evaluation requires congestive heart failure, anasarca, or Wernicke-Korsakoff syndrome. The 60 percent level requires cardiomegaly or peripheral neuropathy with footdrop or atrophy of thigh or calf muscles. The 30 percent level requires peripheral neuropathy with absent knee or ankle jerk and loss of sensation or weakness, fatigue, anorexia, dizziness, heaviness and stiffness of legs, headache or sleep disturbance. The revised criteria establish clear distinctions between the evaluation levels and will allow for more realistic and consistent evaluations.

We proposed to delete the previous evaluation formula for filariasis, DC 6305, which provided a 100 percent evaluation for the initial infection or severe recurrences, 60 and 30 percent evaluations for the chronic form of the disease with beginning permanent deformity or while symptomatic, and a zero percent evaluation if the disease subsided after a single attack. A second set of evaluation criteria for permanent deformities of an extremity or of the genitalia provided levels of 60 percent for ''severe,'' 30 percent for ''moderate,'' and 10 percent for ''mild,'' and these evaluations for permanent deformities could be combined among themselves to cover multiple involvements. We proposed to provide a 100 percent evaluation while the disease is active, and to rate the residuals of the disease under the appropriate body system. One commenter felt that deleting the formula does not improve the schedule because the peculiarities of the disease require more detailed evaluation criteria.

We do not agree. The previous dual formula, plus the subjectivity of criteria such as ''mild'', may have resulted in inconsistent evaluations.

Any time the disease is active, it produces total disability, and this is reflected in the new criteria. The most equitable and consistent way to evaluate chronic residuals such as lymphadenitis or deformities of an extremity or of the genitalia, however, is to use evaluation criteria specifically intended for the body system affected. While allowing for the broadest possible scope of evaluations, this method will also assure more consistent evaluations because they will be based on more objective criteria.

One commenter felt that the criteria for evaluation of HIV-Related Illness, DC 6351, should be based on the 1993 revised classification system for the disease issued by the Center for Disease Control (CDC).

VA's Schedule for Rating Disabilities is designed to evaluate functional impairment (See 38 CFR 4.10), whereas the CDC classification system for HIV infection is designed to guide the medical management of persons infected with HIV and for HIV infection surveillance. Under the CDC classification system, an individual is placed in one of three categories based on the presence of clinical conditions associated with HIV infection and on T4 cell counts. The condition is always classified at the most advanced category it has reached even though the specific complication or infection warranting the classification subsequently resolves. That system is clearly not compatible with VA's Schedule for Rating Disabilities because the severity of the functional impairment caused by the conditions used to categorize the HIV infection under the CDC system varies significantly.

One commenter, noting that there were no zero percent evaluations proposed for any conditions other than HIV-Related Illness, suggested that we add zero percent evaluations for every diagnostic code in this section.

On October 6, 1993, VA revised its regulation addressing the issue of zero percent evaluations (38 CFR 4.31) to authorize assignment of a zero percent evaluation for any disability in the rating schedule when minimum requirements for a compensable evaluation are not met. In general, that regulatory provision precludes the need for zero percent evaluation criteria unless the predictable effects of a particular condition are likely to result in a situation where a rating agency must determine whether a commonly occurring finding more nearly approximates the requirements for a ten percent or zero percent evaluation. (*See* 38 CFR 4.7.) Such a situation is the presence of lymphadenopathy in an otherwise asymptomatic individual who is HIV positive. In our judgment, lymphadenopathy does not warrant a ten percent evaluation, and in order to

ensure that rating agencies consistently assign a zero percent evaluation, we have included zero percent evaluation criteria under DC 6351. For the five other conditions in this section where we have provided multiple evaluation levels, in our judgment there are no commonly occurring effects that would make it unclear as to whether a zero or higher evaluation would be warranted.

The proposed rule, which would require stomatitis, persistent diarrhea and symmetrical dermatitis for a 40 percent evaluation for pellagra, DC 6315, was substantially unchanged from the previous rule.

One commenter felt that the requirement of ''persistent diarrhea'' is too stringent. He noted that the term ''persistent'' is qualitative and suggested that it be replaced with a more reasonable, quantifiable alternative, but offered no alternate language for us to consider.

We agree in principle and have revised the criteria for both pellagra and avitaminosis (DC 6313), which have the same evaluation formula. While retaining the five evaluation levels, we have removed the adjectives modifying diarrhea in the 40 and 20 percent levels, and deleted the requirement for diarrhea at the 10 percent level. Without changing the essence of the criteria, this will give the rater clear instructions as to how to evaluate the disability and eliminate qualitative adjectives from the evaluation criteria.

The previous evaluation formula for brucellosis, DC 6316, provided a 100 percent evaluation for the active febrile disease with complications such as arthritis; 50, 30 and 10 percent evaluations for the chronic form of the disease; and a Note instructing the rating specialist to rate complications separately. We proposed to revise this formula to provide a 100 percent evaluation while the disease is active, and to rate the residuals of the disease under the appropriate body system. One commenter felt that unless the previous evaluation criteria for brucellosis are retained, recurrent febrile undulation cannot be properly evaluated.

We disagree. The criteria in the previous rating schedule could lead to inconsistency in evaluations because arthritis and other complications were included as part of a 100 percent evaluation, but were also identified in the note as complications to be rated separately. By providing clear instructions to evaluate the active form of the disease as totally disabling and to rate residuals under the appropriate body system, any ambiguity is removed from this evaluation formula. The undulating or intermittent fever form of this disease is rare (Cecil, *Textbook of Medicine,* 19th edition, p.1727–8), but, in any event, it would be evaluated as the active incapacitating febrile stage and would be assigned a 100 percent evaluation.

We have revised the note proposed under DC 6350 (lupus erythematosus), to make it more clear that lupus erythematosus is evaluated either by combining the evaluations for residuals or by evaluating under the DC 6350 criteria, whichever method results in a higher evaluation.

VA appreciates the comments submitted in response to the proposed rule, which is now adopted as a final rule with the changes noted above.

The Secretary hereby certifies that this regulatory amendment will not have a significant economic impact on a substantial number of small entities as they are defined in the Regulatory Flexibility Act, 5 U.S.C. 601–612. The reason for this certification is that this amendment would not directly affect any small entities. Only VA beneficiaries could be directly affected. Therefore, pursuant to 5 U.S.C. 605(b), this amendment is exempt from the initial and final regulatory flexibility analysis requirements of sections 603 and 604.

This regulatory action has been reviewed by the Office of Management and Budget under Executive Order 12866, Regulatory Planning and Review, dated September 30, 1993.

The Catalog of Federal Domestic Assistance numbers are 64.104 and 64.109.

List of Subjects in 38 CFR Part 4

Disability benefits, Individuals with disabilities, Pensions, Veterans.

Approved: March 7, 1996.

Jesse Brown,

Secretary of Veterans Affairs.

For the reasons set out in the preamble, 38 CFR part 4 is amended as set forth below:

PART 4—SCHEDULE FOR RATING DISABILITIES

1. The authority citation for part 4 continues to read as follows:

Authority: 38 U.S.C. 1155.

Subpart B—Disability Ratings

2. The undesignated center heading appearing before § 4.88 is revised to read as follows:

Infectious Diseases, Immune Disorders and Nutritional Deficiencies

4.88 [Removed and reserved]

3. Section 4.88 is removed and that section is reserved.

4. Section 4.88b is revised to read as follows:

§ 4.88b Schedule of ratings—infectious diseases, immune disorders and nutritional deficiencies.

	Rating
6300 Cholera, Asiatic:	
As active disease, and for 3 months convalescence	100
Thereafter rate residuals such as renal necrosis under the appropriate system	
6301 Visceral Leishmaniasis:	
During treatment for active disease	100
NOTE: A 100 percent evaluation shall continue beyond the cessation of treatment for active disease. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. Rate residuals such as liver damage or lymphadenopathy under the appropriate system	
6302 Leprosy (Hansen's Disease):	
As active disease	100
NOTE: A 100 percent evaluation shall continue beyond the date that an examining physician has determined that this has become inactive. Six months after the date of inactivity, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. Rate residuals such as skin lesions or peripheral neuropathy under the appropriate system	
6304 Malaria:	
As active disease	100

	Rating
NOTE: The diagnosis of malaria depends on the identification of the malarial parasites in blood smears. If the veteran served in an endemic area and presents signs and symptoms compatible with malaria, the diagnosis may be based on clinical grounds alone. Relapses must be confirmed by the presence of malarial parasites in blood smears	
Thereafter rate residuals such as liver or spleen damage under the appropriate system	
6305 Lymphatic Filariasis:	
As active disease	100
Thereafter rate residuals such as epididymitis or lymphangitis under the appropriate system	
6306 Bartonellosis:	
As active disease, and for 3 months convalescence	100
Thereafter rate residuals such as skin lesions under the appropriate system	
6307 Plague:	
As active disease	100
Thereafter rate residuals such as lymphadenopathy under the appropriate system	
6308 Relapsing Fever:	
As active disease	100
Thereafter rate residuals such as liver or spleen damage or central nervous system involvement under the appropriate system	
6309 Rheumatic fever:	
As active disease	100
Thereafter rate residuals such as heart damage under the appropriate system	
6310 Syphilis, and other treponemal infections:	
Rate the complications of nervous system, vascular system, eyes or ears. (See DC 7004, syphilitic heart disease, DC 8013, cerebrospinal syphilis, DC 8014, meningovascular syphilis, DC 8015, tabes dorsalis, and DC 9301, dementia associated with central nervous system syphilis)	
6311 Tuberculosis, miliary:	
As active disease	100
Inactive: See §§ 4.88c and 4.89.	
6313 Avitaminosis:	
Marked mental changes, moist dermatitis, inability to retain adequate nourishment, exhaustion, and cachexia	100
With all of the symptoms listed below, plus mental symptoms and impaired bodily vigor	60
With stomatitis, diarrhea, and symmetrical dermatitis	40
With stomatitis, or achlorhydria, or diarrhea	20
Confirmed diagnosis with nonspecific symptoms such as: decreased appetite, weight loss, abdominal discomfort, weakness, inability to concentrate and irritability	10
6314 Beriberi:	
As active disease:	
With congestive heart failure, anasarca, or Wernicke-Korsakoff syndrome	100
With cardiomegaly, or; with peripheral neuropathy with footdrop or atrophy of thigh or calf muscles	60
With peripheral neuropathy with absent knee or ankle jerks and loss of sensation, or; with symptoms such as weakness, fatigue, anorexia, dizziness, heaviness and stiffness of legs, headache or sleep disturbance	30
Thereafter rate residuals under the appropriate body system.	
6315 Pellagra:	
Marked mental changes, moist dermatitis, inability to retain adequate nourishment, exhaustion, and cachexia	100
With all of the symptoms listed below, plus mental symptoms and impaired bodily vigor	60
With stomatitis, diarrhea, and symmetrical dermatitis	40
With stomatitis, or achlorhydria, or diarrhea	20
Confirmed diagnosis with nonspecific symptoms such as: decreased appetite, weight loss, abdominal discomfort, weakness, inability to concentrate and irritability	10
6316 Brucellosis:	
As active disease	100
Thereafter rate residuals such as liver or spleen damage or meningitis under the appropriate system	
6317 Typhus, scrub:	
As active disease, and for 3 months convalescence	100
Thereafter rate residuals such as spleen damage or skin conditions under the appropriate system	
6318 Melioidosis:	
As active disease	100
Thereafter rate residuals such as arthritis, lung lesions or meningitis under the appropriate system	
6319 Lyme Disease:	
As active disease	100
Thereafter rate residuals such as arthritis under the appropriate system	
6320 Parasitic diseases otherwise not specified:	
As active disease	100
Thereafter rate residuals such as spleen or liver damage under the appropriate system	
6350 Lupus erythematosus, systemic (disseminated):	
Not to be combined with ratings under DC 7809 Acute, with frequent exacerbations, producing severe impairment of health	100
Exacerbations lasting a week or more, 2 or 3 times per year	60
Exacerbations once or twice a year or symptomatic during the past 2 years	10
NOTE: Evaluate this condition either by combining the evaluations for residuals under the appropriate system, or by evaluating DC 6350, whichever method results in a higher evaluation	
6351 HIV-Related Illness:	
AIDS with recurrent opportunistic infections or with secondary diseases afflicting multiple body systems; HIV-related illness with debility and progressive weight loss, without remission, or few or brief remissions	100
Refractory constitutional symptoms, diarrhea, and pathological weight loss, or; minimum rating following development of AIDS-related opportunistic infection or neoplasm	60

	Rating
Recurrent constitutional symptoms, intermittent diarrhea, and on approved medication(s), or; minimum rating with T4 cell count less than 200, or Hairy Cell Leukoplakia, or Oral Candidiasis	30
Following development of definite medical symptoms, T4 cell of 200 or more and less than 500, and on approved medication(s), or; with evidence of depression or memory loss with employment limitations	10
Asymptomatic, following initial diagnosis of HIV infection, with or without lymphadenopathy or decreased T4 cell count	0
NOTE (1): The term ''approved medication(s)'' includes medications prescribed as part of a research protocol at an accredited medical institution.	
NOTE (2): Psychiatric or central nervous system manifestations, opportunistic infections, and neoplasms may be rated separately under appropriate codes if higher overall evaluation results, but not in combination with percentages otherwise assignable above	
6354 Chronic Fatigue Syndrome (CFS):	
Debilitating fatigue, cognitive impairments (such as inability to concentrate, forgetfulness, confusion), or a combination of other signs and symptoms:	
Which are nearly constant and so severe as to restrict routine daily activities almost completely and which may occasionally preclude self-care	100
Which are nearly constant and restrict routine daily activities to less than 50 percent of the pre-illness level, or; which wax and wane, resulting in periods of incapacitation of at least six weeks total duration per year	60
Which are nearly constant and restrict routine daily activities to 50 to 75 percent of the pre-illness level, or; which wax and wane, resulting in periods of incapacitation of at least four but less than six weeks total duration per year	40
Which are nearly constant and restrict routine daily activities by less than 25 percent of the pre-illness level, or; which wax and wane, resulting in periods of incapacitation of at least two but less than four weeks total duration per year	20
Which wax and wane but result in periods of incapacitation of at least one but less than two weeks total duration per year, or; symptoms controlled by continuous medication	10
NOTE: For the purpose of evaluating this disability, the condition will be considered incapacitating only while it requires bed rest and treatment by a physician.	

[FR Doc. 96–19386 Filed 7–30–96; 8:45 am]
BILLING CODE 8320–01–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Parts 55 and 71

[FRL–5545–1]

State and Local Jurisdictions Where a Federal Operating Permits Program Is Effective on July 31, 1996

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of States and local jurisdictions subject to 40 CFR parts 55 and 71.

SUMMARY: On July 1, 1996, pursuant to title V of the Clean Air Act (Act) as amended in 1990, EPA published a new regulation at 61 FR 34202 (codified as 40 CFR part 71) setting forth the procedures and terms under which the Administrator will issue operating permits to covered stationary sources. This rule, called the ''Part 71 rule,'' becomes effective on July 31, 1996. In general, the primary responsibility for issuing operating permits to sources rests with State, local, and Tribal air agencies. However, EPA will administer a Federal operating permits program in areas that lack an EPA-approved or adequately administered operating permits program and in other limited situations. The Federal operating permits program will serve as a ''safety net'' to ensure that sources of air pollution are meeting their permitting requirements under the Act. Federally-issued permits will meet the same title V requirements as do state-issued permits. The purpose of this document is to provide the names of those State and local jurisdictions where a Federal operating permits program is effective on July 31, 1996.

FOR FURTHER INFORMATION CONTACT: Scott Voorhees at (919) 541–5348.

SUPPLEMENTARY INFORMATION:

I. Background, Authority and Purpose

Title V of the Act as amended in 1990 (42 U.S.C. 7661 *et seq.*) directs States to develop, administer, and enforce operating permits programs that comply with the requirements of title V (section 502(d)(l)). Section 502(b) of the Act requires that EPA promulgate regulations setting forth provisions under which States develop operating permits programs and submit them to EPA for approval. Pursuant to this section, EPA promulgated 40 CFR part 70 on July 21, 1992 (57 FR 32250), which specifies the minimum elements of approvable State operating permits programs.

Sections 502(d)(3) and 502(i)(4) of the Act require EPA to promulgate a Federal operating permits program when a State does not obtain approval of its program within the timeframe set by title V or when a State fails to adequately administer and enforce an approved program. The part 71 rule published on July 1, 1996 establishes a national template for a Federal operating permits program that EPA will administer and enforce in those situations. Part 71 also establishes the procedures for issuing Federal permits to sources for which States do not have jurisdiction (e.g., Outer Continental Shelf sources outside of State jurisdictions and sources located in Indian Country over which EPA or Indian Tribes have jurisdiction). In addition, part 71 establishes the procedures to be used when EPA must take action on a permit that has been proposed or issued by an approved part 70 permitting authority but that EPA determines is not in compliance with the applicable requirements of the Act. Finally, part 71 provides for delegation of certain duties that may provide for a smoother program transition when part 70 programs are approved.

This notice makes frequent use of the term ''State.'' This term includes a State or a local air pollution control agency that would be the permitting authority for a part 70 permit program. The term ''permitting authority'' can refer to State, local, or Tribal agencies and may also apply to EPA, where the Agency is the permitting authority of record.

II. Description of Action

The EPA is, by this notice, providing a list of State and local jurisdictions where EPA will assume responsibility to issue permits, effective as of July 31, 1996. Included are three U.S. territories where EPA is assuming responsibility to issue permits to major sources of hazardous air pollutants (HAP) and solid waste incinerators. The EPA has received submittals from all 56 State and Territorial Agencies and all 60 local programs. The EPA has already approved the majority of operating permits programs, including 42 State