

sewage disposal hours of operation are 5:00am–8:00pm seven days per week, from May through September. Ocean Pines Marina is an 86-slip marina located near the Route 90 bridge in Ocean Pines on the St. Martins River. The marina has one fixed pumpout located at the end of pier A. The marina's sewage disposal hours of operation are 8:00am–6:00pm Monday through Friday, 7:00am–7:00pm Saturday and 7:00am–6:00pm Sunday, from May through October.

Sunset Marina is a 204-slip marina located at the Ocean City Inlet in West Ocean City on Isle of Wight Bay. The marina has one fixed pumpout with two remote stands, each at the end of successive piers, one portable unit with potty wand attachment for emptying portable toilets, and one dump station on the bulkhead. The marina's sewage disposal hours of operation are 9:00am–5:00pm seven days per week, from May through September.

Townes of Nantucket II is a 92-slip marina located at Nantucket Point near the Delaware state line in Ocean City on Assawoman Bay. The marina has one fixed pumpout and one dump station for portable toilets, both located at the "A" bulkhead. The marina's sewage disposal hours of operation are 24 hours a day, seven days per week, from April through October.

Marinas participating in the Maryland Pumpout Program are required by law (Natural Resources Article § 8–707) to have an approved method of sewage disposal as determined by MDE and local (county or municipal) health inspectors. Four of the six marinas participated in the Maryland Pumpout Program, and therefore are in compliance with state and Federal laws. Information about the removal of pumpout waste from the other two marinas was obtained through marina surveys. Of the six marinas described above, five discharge to the Ocean City Wastewater Treatment Plant; the remaining marina discharges to the Ocean Pines Wastewater Treatment Plant.

The MDNR maintains records of all documented and registered boats in the state. In order to estimate the number of transient boaters, several methods were employed. First a marina survey was conducted where marina owners were asked to estimate the percentage of transient boaters that utilize their facility and the northern Coastal Bays. Second, information collected from a 1999 aerial survey of the northern Coastal Bays, conducted by the MDNR

Fisheries Department, was used to determine types and sizes of boats using the waters on a peak day in-season. Finally, a land survey was conducted where MDNR employees surveyed Coastal Bay vessel usage on a typical day during the season. All of these methods were employed to come up with a best estimate for transient usage. It was estimated, using the above techniques, that Ocean City/northern Coastal Bays have approximately 10,000 wet slips. It was also assumed that the transient boat population mirrored the resident population as far as relative percent of the size and numbers of boats. Based on this information the vessel population of the northern Coastal Bays based on length is 2,800 vessels less than 16 feet, 6,600 vessels between 16 and 26 feet, 600 vessels between 26 and 40 feet, and 100 vessels over 40 feet. Based on the number and size of boats, and using various methods to estimate the number of holding tanks and portable toilets, it was determined that the northern Coastal Bays need three pumpouts and five dump stations. There are currently eight operating pumpouts and one proposed pumpout in the northern Coastal Bays along with two dump stations and three pumpouts equipped to empty portable toilets making a total of five portable toilet waste facilities. There is also one proposed pumpout that would accept portable toilets by the start of the next boating season in early 2002.

Finding

The EPA hereby makes a final affirmative determination that adequate facilities for the safe and sanitary removal and treatment of sewage from all vessels are reasonably available for Herring Bay, Anne Arundel County, Maryland, and the northern Coastal Bays (Ocean City Inlet, Ocean City commercial fish harbor (Swordfish Basin), Isle of Wight Bay and Assawoman Bay), Worcester County, Maryland. This final determination will result in a Maryland state prohibition of any sewage discharges, whether treated or not, from vessels into Herring Bay and the northern Coastal Bays.

Donald S. Welsh,

Regional Administrator, Region III.

[FR Doc. 02–627 Filed 1–9–02; 8:45 am]

BILLING CODE 6560–50

FEDERAL ELECTION COMMISSION

Sunshine Act Meeting

DATE & TIME: Tuesday, January 15, 2002 at 10:00 a.m.

PLACE: 999 E Street, NW., Washington, DC.

STATUS: This meeting will be closed to the public.

ITEMS TO BE DISCUSSED:

Compliance matters pursuant to 2 U.S.C. § 437g.

Audits conducted pursuant to 2 U.S.C. § 437g, § 438(b), and Title 26, U.S.C.

Matters concerning participation in civil actions or proceedings or arbitration.

Internal personnel rules and procedures or matters affecting a particular employee.

DATE & TIME: Thursday, January 17, 2002 at 10:00 a.m.

PLACE: 999 E Street, NW., Washington, DC (Ninth Floor).

STATUS: This meeting will be open to the public.

ITEMS TO BE DISCUSSED:

Correction and Approval of Minutes.

Revised Draft Advisory Opinion 2001–17: DNC Services Corporation/Democratic National Committee by counsel, Neil Reiff.

Draft Advisory Opinion 2001–18: BellSouth Corporation by counsel, Jan Witold Baran.

Draft Advisory Opinion 2001–19: Oakland Democratic Campaign Committee by Gary Kohut, Chair.

Administrative matters.

PERSON TO CONTACT FOR INFORMATION:

Mr. Ron Harris, Press Officer,
Telephone: (202) 694–1220.

Mary W. Dove,

Secretary of the Commission.

[FR Doc. 02–776 Filed 1–8–02; 2:32 am]

BILLING CODE 6715–01–M

FEDERAL EMERGENCY MANAGEMENT AGENCY

Federal Policy on Use of Potassium Iodide (KI)

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice of revised Federal policy.

SUMMARY: The Federal Radiological Preparedness Coordinating Committee (FRPCC) has revised the 1985 Federal policy regarding the use of potassium iodide (KI) as a thyroidal blocking agent by emergency workers, institutionalized persons and the general public in the vicinity of nuclear power plants. This policy is for use by State¹ and local

¹ Consistent with FEMA initiative 4.0–4.4, Include Native American Tribal Nations in the REP
Continued

agencies responsible for radiological emergency planning and preparedness in the unlikely event of a major radiological emergency at a commercial nuclear power plant.

The Federal position is that KI should be stockpiled and distributed to emergency workers and institutionalized persons for radiological emergencies at a nuclear power plant and its use should be considered for the general public within the 10-mile emergency planning zone (EPZ) of a nuclear power plant.

However, the decision on whether to use KI for the general public is left to the discretion of States and, in some cases, local governments.

EFFECTIVE DATE: The modifications to this policy are effective January 10, 2002.

FOR FURTHER INFORMATION CONTACT: Russell Salter, Chair, Federal Radiological Preparedness Coordinating Committee; (202) 646-3030; russ.salter@fema.gov.

SUPPLEMENTARY INFORMATION:

Background

This revised Federal policy on the use of potassium iodide as a thyroidal blocking agent for the general public in the vicinity of nuclear power plant 10-mile emergency planning zones is part of a Federal interagency effort coordinated by FEMA for the FRPCC. FEMA chairs the FRPCC and assumes the responsibility for this publication. The FRPCC is an interagency organization, with membership from 17 Federal agencies, established to coordinate all Federal responsibilities for assisting State and local governments in emergency planning and preparedness for peacetime nuclear emergencies.

The issue is addressed in terms of two components of the population that might require or desire potassium iodide use: (a) Emergency workers and institutionalized individuals, and (b) general population. With respect to emergency workers and institutionalized individuals, the Nuclear Regulatory Commission (NRC) and FEMA have issued guidance to State and local authorities, as well as to licensees of operating commercial nuclear power plants, in NUREG-0654/FEMA-REP-1, Rev.1. The NUREG and FEMA guidance recommends the stockpiling and distribution of KI to emergency workers and to institutionalized individuals for thyroidal blocking during emergencies.

The guidance provides information regarding protective actions to be taken in the event of an incident at a commercial nuclear power plant. NUREG 0654 and the 1985 FRPCC KI policy recommend thyroidal blocking for emergency workers and institutionalized individuals because they are thought to be more likely than other members of the public to be exposed to the radioiodine in an airborne radioactive release.

The decision for using KI as a protective measure for the general public is left to the discretion of States, or in some cases, local governments, since these entities are ultimately responsible for the protection of their citizens. The policy guidance in this **Federal Register** notice is intended for State and local governments that, within the limits of their authority, should consider these recommendations in the review of their emergency plans and in determining appropriate actions to protect the general public. In making a decision whether to stockpile KI, the States should be aware that the Federal government believes that the use of KI is a reasonable and prudent measure as a supplemental protective action for the public.

Revision of the policy to include members of the public reflects lessons learned from the Chernobyl Nuclear Power Plant accident of 1986, both about the consequences of an accident and about the safety and efficacy of KI. The Chernobyl accident demonstrated that thyroid cancer can indeed be a major result of a large reactor accident. Based on the experiences from Chernobyl, young children are at greatest risk of thyroid cancer from radioactive iodine exposure. Moreover, although the Food and Drug Administration (FDA) declared KI "safe and effective" as long ago as 1978, the drug had never been deployed on a large scale until Chernobyl. The experience of Polish health authorities during the accident has provided confirmation that large-scale deployment of KI is safe.² The Chernobyl experiences also led to wide-scale changes in international practice, specifically 1989 World Health Organization recommendations (updated in 1995 and 1999) and 1996 and 1997 International Atomic Energy Agency standards and guidance, which have led to the use of KI as a supplementary protective measure in

much of Europe, as well as in Canada and Japan.

The NRC published changes to its emergency planning regulations at 66 FR 5441-5443, January 19, 2001. For States within the 10-mile planning zone of a nuclear power plant(s), the NRC believes that the use of KI is a reasonable and prudent measure as a supplement to sheltering and evacuation and in response to specific local conditions. The NRC requires consideration in the formulation of emergency plans as to whether to include the use of KI as a supplemental protective measure.

The FDA has evaluated the medical and radiological risks of administering KI for emergency conditions, has concluded that it is safe and effective, and has approved over-the-counter sale of the drug for this purpose. FDA has concluded that " * * * the effectiveness of KI as a specific blocker of thyroid radioiodine uptake is well-established as are the doses necessary for blockage. As such, it is reasonable to conclude that KI will likewise be effective in reducing the risk of thyroid cancer in individuals or populations at risk for inhalation or ingestion of radioiodines." Since the FDA has authorized the nonprescription sale of KI, it may be available to individuals who, based on their own personal analysis, choose to have the drug immediately available. The FDA guidance is the definitive Federal guidance on medical aspects of KI prophylaxis.

Considerations

In making a decision whether to stockpile KI, States should be aware that the Federal government believes that the use of KI is a reasonable and prudent measure as a supplemental protective action for the public.

While there may be logistical difficulties in providing KI to the general public, any distribution scheme should take care to ensure that KI distribution does not impede or delay orderly evacuation. There also may be a few medical side effects in pre-distributing the drug to potentially affected individuals or in distributing the drug to the general public in a radiological emergency. Although the post-Chernobyl data from Poland revealed few serious medical side effects associated with this drug, this possibility cannot be discounted, especially in certain groups of people. For example, people who are allergic to iodine should not take KI.

Other considerations to be evaluated by the State and local authorities in deciding whether to institute a program for the use of KI by the general public

² Preparedness Process, references to State governments include Tribal governments.

² Nauman, J., and Wolff, J., Iodide Prophylaxis in Poland After the Chernobyl Reactor Accident: Benefits and Risks, *American Journal of Medicine*, Vol. 94, p. 524, May 1993.

include: (a) Whether KI should be distributed to the population before an accident occurs or as soon as possible after an accident occurs; (b) whether the risks of exposure to radioactivity will be lower if the evacuation of the general population is initiated—with or without the use of KI—or if the general population is sheltered and the administration of KI initiated; (c) how KI will be distributed during the emergency; (d) if KI is pre-distributed, what assumptions should be made about its actual availability and use in the event of an incident; (e) what medical assistance will be available for the individuals who may have some adverse reaction to KI; (f) how medical authorities will advise the population to take KI and under what circumstances this advice will be given, i.e., methods for public education, information and instruction; and (g) how the authorities will provide KI to transient populations.

In addition, there are some site-specific considerations to evaluate. Any decision by State and local authorities to use KI following a specific emergency should be based on the site environment and conditions for the specific operating commercial nuclear power plant and would include detailed plans for distribution, administration and medical assistance.

Revised Policy

In most cases, evacuation and in-place sheltering are considered adequate and effective protective actions for the general public in the event of a radiological emergency at a commercial nuclear facility. However, the inclusion of KI as a supplemental protective measure is beneficial in certain circumstances. It should be noted that the timely use of KI effectively reduces the radiation exposure of only the thyroid gland. While this is an important contribution to the health and safety of the individual, it is not as effective as measures that protect the total body of the individual from radioactivity. Both in-place sheltering and precautionary evacuations can reduce the exposure to the thyroid and total body. The use of KI for thyroidal blocking is not an effective means by itself for protecting individuals from the radioactivity in an airborne release resulting from a nuclear power plant accident and, therefore, should only be considered in conjunction with sheltering or evacuation, or a combination thereof.

While the use of KI can clearly provide additional protection in certain circumstances, the assessment of the effectiveness of KI and other protective actions and their implementation

indicates that the decision to use KI (or other protective actions) should be made by the States and, when appropriate, local authorities on a site-specific basis. Thus, the decision on use of KI by the general public during an actual emergency is the responsibility of these authorities.

In summary, the Federal position is that KI should be stockpiled and distributed to emergency workers and institutionalized persons for radiological emergencies at a nuclear power plant, and its use should be considered for the general public within the 10-mile EPZ of a nuclear power plant. However, the decision on whether to use KI for the general public is left to the discretion of States and, in some cases, local governments.

This revised policy should not be taken to imply that the present generation of U.S. nuclear power plants is any less safe than previously thought. On the contrary, present indications are that nuclear power plant safety has steadily improved.

References

The following references are intended to assist State and local authorities in decisions related to use of KI:

1. Nuclear Regulatory Commission, final rule, Consideration of Potassium Iodide in Emergency Plans, 66 FR 5427, January 19, 2001.
2. World Health Organization, Guidelines for Iodine Prophylaxis Following Nuclear Accidents, 1999. http://www.who.int/environmental_information/Information_resources/documents/Iodine/guide.pdf.
3. National Council on Radiation Protection and Measures (NCRP) Protection of the Thyroid Gland in the Event of Releases of Radioiodine. NCRP Report No. 55, August 1, 1977.
4. Food and Drug Administration (Health and Human Services), Potassium Iodide as a Thyroid-Blocking Agent in a Radiation Emergency, 43 FR 58798, December 15, 1978.
5. Food and Drug Administration, Notice, Guidance on Use of Potassium Iodide as a Thyroid Blocking Agent in Radiation Emergencies; Availability, 66 FR 64046, December 11, 2001.
6. Report of the President's Commission on the Accident at Three Mile Island, National Technical Information Service, Springfield, VA 22161.
7. Federal Emergency Management Agency, Federal Policy on Distribution of Potassium Iodide Around Nuclear Power Sites for Use as a Thyroidal Blocking Agent, 50 FR 30258, July 24, 1985.
8. Nauman, J., and Wolff, J., Iodine Prophylaxis in Poland After the Chernobyl Reactor Accident: Benefits and Risks, *American Journal of Medicine*, Vol. 94, p. 524, May 1993.
9. International Atomic Energy Agency, International Basic Safety Standards for

Protection Against Ionizing Radiation and for Safety of Radiation Sources. Safety Series No. 115, 1996.

Dated: January 2, 2002.

Joe M. Allbaugh,

Director.

[FR Doc. 02-637 Filed 1-9-02; 8:45 am]

BILLING CODE 6718-02-P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at www.ffiec.gov/nic/.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than February 4, 2002.

A. Federal Reserve Bank of Chicago
(Phillip Jackson, Applications Officer)
230 South LaSalle Street, Chicago,
Illinois 60690-1414:

1. *Marshall & Ilsley Corporation*, Milwaukee, Wisconsin; to merge with Century Bancshares, Inc., Eden Prairie, Minnesota, and thereby indirectly acquire 100 percent of the voting shares of Century Bank, Eden Prairie, Minnesota.