

935-81

05-11-2010

FILE COPY

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460



Office of Pesticide Programs

MAY 11 2010

Joel S. Schwartz
Regulatory Manager
OxyChem
520 Monsanto Avenue
Sauget, IL 62206

Subject: ACL® 90 B Tablets
EPA Reg. No. 935-81
Application Dated: March 15, 2010
Receipt Date: April 14, 2010

Dear Mr. Schwartz:

The following notification submitted in connection with registration under the provisions of PR Notice 98-10, Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) section 3(c)9 is acceptable.

Proposed Notification:

- Revised Container Disposal section per PR Notice 2007-4

Comments:

Based on a review of the material submitted the following comments apply:

For the 'plastic container with liner' and 'plastic container without liner' sections, you must add the appropriate triple rinse residue removal instructions based on your product's formulation and container type.

This application for notification to revise container disposal section, as referenced above, is acceptable. A copy has been placed in our records for future reference.

Should you have any questions concerning this letter, please contact me at Henson.Wanda@epa.gov or call (703) 308-6345.

Sincerely,

Wanda Henson
Acting Product Manager (32)
Regulatory Management Branch II
Antimicrobials Division (7510P)

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Please read instructions on reverse before completing form. Form Approved OMB No. 2070-0080

	United States	<input type="checkbox"/> Registration	OPP Identifier Number
	Environmental Protection Agency	<input type="checkbox"/> Amendment	
	Washington, DC 20460	<input checked="" type="checkbox"/> Other	

Application for Pesticide - Section I

1. Company/Product Number Occidental Chemical Corporation / 935-81	2. EPA Product Manager E. Mitchell	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) ACL® 90 B Tablets	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Occidental Chemical Corporation 520 Monsanto Avenue Sauget, IL 62206 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: <input checked="" type="checkbox"/> EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)
 Notification to change the Pesticide Container Disposal language per PR Notice 2007-4.
 See attached page for certification.
 Fee determination: Fee Category - Not Applicable.
 jsschw@solutia.com

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Metal Plastic Glass Paper Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Joel S. Schwartz	Title Regulatory Manager	Telephone No. (Include Area Code) (618)482-6447	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title Regulatory Manager		
4. Typed Name Joel S. Schwartz	5. Date March 15, 2010		

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{All text in brackets [xxx] is optional and may or may not be included on a final label.
{All text in braces {xxx} is administrative and will not appear on a final label.}

OxyChem[®]

ACL[®] 90 B TABLETS

NOTIFICATION
Date Reviewed: 5/11/10
Reviewed By: [Signature]

ACTIVE INGREDIENT:
Trichloro-s-triazinetrione.....99.4 %
OTHER INGREDIENTS..... 0.6 %
TOTAL.....100 %

Provides 90% Available Chlorine

KEEP OUT OF REACH OF CHILDREN

DANGER

FIRST AID	
If in eyes	<ul style="list-style-type: none"> • Hold eye open and rinse slowly and gently with water for 15-20 minutes. • Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. • Call a poison control center or doctor for treatment advice.
If swallowed	<ul style="list-style-type: none"> • Call poison control center or doctor immediately for treatment advice. • Have person sip a glass of water if able to swallow. • Do not induce vomiting unless told to do so by the poison control center or doctor. • Do not give anything by mouth to an unconscious person.
If inhaled	<ul style="list-style-type: none"> • Move person to fresh air. • If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably by mouth-to-mouth, if possible. • Call a poison control center or doctor for further treatment advice.
If on skin or clothing	<ul style="list-style-type: none"> • Take off contaminated clothing. • Rinse skin immediately with plenty of water for 15-20 minutes. • Call a poison control center or doctor for treatment advice.
HOT LINE NUMBER	
Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact 1-800-733-3665 for 24 hour emergency medical treatment information.	
NOTE TO PHYSICIAN	
Probable mucosal damage may contraindicate the use of gastric lavage.	

See side panel for *Directions for Use*.

EPA Reg. No. 935-81
EPA Est. No. 58401-IL-1

Occidental Chemical Corporation
P.O. Box 809050; Dallas, Texas 75380
972-404-3800

HMIS Rating System: Health 3 Flammability 0 Reactivity 2

Net Wt. ___ lbs. / ___ kg.

Lot No. _____



