

DP Barcode : D175212

PC Code No. : 080803

EFGWB Out :

MAY 27 1992

TO: Robert Taylor
Product Manager # 25
Special Review and Reregistration Division (H7508W)

FROM: Elizabeth Behl, Head (acting) *E Behl*
Ground Water Technology Section
Environmental Fate & Ground Water Branch/EFED (H7507C)

THRU: Henry Jacoby, Chief *Henry Jacoby*
Environmental Fate & Ground Water Branch/EFED (H7507C)

Attached, please find the EFGWB review of...

Reg./File # : ID # 283334

Common Name : Atrazine / Metolachlor

Product Name : AAtrex / Bicep

Company Name : CIBA GEIGY

Purpose : Acknowledge Receipt of 6 (4) 2 detections in wells & Request additional information

Type Product :

Action Code : 405 ^{92 -} EFGWB #(s): 0596 Total Review Time = 1/4 days

EFGWB Guideline/MRID/Status Summary Table: The review in this package contains...

161-1	162-4	164-4	166-1
161-2	163-1	164-5	166-2
161-3	163-2	165-1	166-3
161-4	163-3	165-2	167-1
162-1	164-1	165-3	167-2
162-2	164-2	165-4	201-1
162-3	164-3	165-5	202-1

Y = Acceptable (Study satisfied the Guideline)/Concur P = Partial (Study partially satisfied the Guideline, but additional information is still needed)
S = Supplemental (Study provided useful information, but Guideline was not satisfied) N = Unacceptable (Study was rejected)/Non-Concur

DP BARCODE: D175212

CASE: 283334
SUBMISSION: S412709

DATA PACKAGE RECORD
BEAN SHEET

DATE: 03/05/92
Page 1 of 1

* * * CASE/SUBMISSION INFORMATION * * *

CASE TYPE: MISCELLANEOUS ACTION: 405 DATA-ADVERSE DATA
CHEMICALS: 080803 Atrazine (2-chloro-4-(ethylamino)-6-(isopropylami 0.0000

ID#: 283334

COMPANY: CIBA-GEIGY CORP.

PRODUCT MANAGER: 25 ROBERT TAYLOR

703-305-6800 ROOM: CM2 241

PM TEAM REVIEWER: JAMES MORRILL

703-305-5705 ROOM: CM2 251

RECEIVED DATE: 02/19/92 DUE OUT DATE: 04/29/92

* * * DATA PACKAGE INFORMATION * * *

DP BARCODE: 175212 EXPEDITE: N DATE SENT: 03/05/92 DATE RET.: / /
CHEMICAL: 080803 Atrazine (2-chloro-4-(ethylamino)-6-(isopropylamino)-s-tri
DP TYPE: 001 Submission Related Data Package
ADMIN DUE DATE: 03/30/92 CSF:- N LABEL: N

ASSIGNED TO	DATE IN	DATE OUT
DIV : EFED	03/10/92	/ /
BRAN: EFGB	3/11/92	/ /
SECT: GTS	/ /	/ /
REVR :	/ /	/ /
CONTR:	/ /	/ /

* * * DATA REVIEW INSTRUCTIONS * * *

Attn: Henry Nelson

Please review attached report of atrazine and metochlor in wells and springs in Pennsylvania. MRID # 422069-01

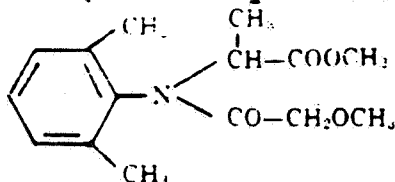
* * * ADDITIONAL DATA PACKAGES FOR THIS SUBMISSION * * *

DP BC	BRANCH/SECTION	DATE OUT	DUE BACK	INS	CSF	LABEL
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1. CHEMICAL: Common name: metolachlor

Chemical name: 2-chloro-N-(2-ethyl-6-methyl phenyl)-N-(2-methoxy-1-methylethyl) acetamide

Structure:



2. TEST MATERIAL: N/A

3. STUDY/ACTION TYPE: Acknowledge receipt of pesticide residue detections in wells and request additional information.

4. STUDY IDENTIFICATION: A documentation of detections from monitoring wells.

5. REVIEWED BY: John H. Jordan, Microbiologist
OPP/EFED/EFGWB/Ground-Water Section
Signature: John H. Jordan

Date: 5/21/92

6. APPROVED BY: Elizabeth Behl, Acting Head
OPP/EFED/EFGWB/Ground-Water Section
Signature: Elizabeth Behl

Date: 5/20/92

7. CONCLUSIONS: The pesticide residue detections have been received by the Ground-Water Technology Section. More detailed information is required as specified in the attached form.

8. RECOMMENDATIONS: The registrant should complete the attached 6(a)2 data work sheet and submit the information to the Agency.

9. BACKGROUND/DISCUSSIONS: The data in this action were submitted under Section 6(a)2 of FIFRA. The report of detections contained results of analyses of a pesticide and/or a degradate detected in a sample of ground water. The level of detections reported were above the maximum contaminant levels (MCL) which may result in unreasonable adverse effects.

Additional specific information is required to locate/identify and evaluate the reported detections of pesticide residues in ground water. The information requested on the attached 6(a)2 data work sheet will, in most cases, be adequate to meet the requirement. If a monitoring program is of fairly short duration, e.g., one year, a final report of detections is sufficient. An annual report of detections is required if a monitoring program is long-term, e.g., from 2 - 10 years or longer.

2.

The reports should be accompanied by computerized raw data submitted on disks. Disks must be IBM compatible and the software and/or file format must be identified. The computer disks must be accompanied by a description of rows (records) and columns (fields). These monitoring results will be included in OPP's Pesticides in Ground-Water Data Base.

Page ____ is not included in this copy.

Pages 5 through 7 are not included.

The material not included contains the following type of information:

- ☐ Identity of product inert ingredients.
- ☐ Identity of product impurities.
- ☐ Description of the product manufacturing process.
- ☐ Description of quality control procedures.
- ☐ Identity of the source of product ingredients.
- ☐ Sales or other commercial/financial information.
- ☐ A draft product label.
- ☐ The product confidential statement of formula.
- ☐ Information about a pending registration action.
- ☒ FIFRA registration data.
- ☐ The document is a duplicate of page(s) _____.
- ☐ The document is not responsive to the request.

The information not included is generally considered confidential by product registrants. If you have any questions, please contact the individual who prepared the response to your request.

ENVIRONMENTAL FATE DATA EXTRACTION SHEET
GROUND WATER MONITORING STUDY - STUDY IDENTIFICATION

INSTRUCTIONS: Complete one study identification sheet for each ground water study location.

STUDY TITLE: _____
CONTACT PERSON: _____ TELEPHONE: _____
STUDY SPONSOR: _____
GUIDELINE NUMBER: _____
MRID: _____
CAS#: _____
PC-CODE: _____
CHEMICAL NAME: _____

LOCATION: COUNTRY _____ COUNTY _____ STATE _____

PESTICIDE APPLICATION

AMOUNT APPLIED _____ lbs-ai/acre
MEASURED CONCENTRATION _____ mg/g
MAXIMUM ALLOWED _____
NO. APPLICATIONS _____
INTERVAL _____
METHOD OF APPLICATION _____
FORMULATION _____
DATE OF LAST APPLICATION _____
YEARS OF USE _____
APPLICATION SITE _____ (bare ground, crop type)

STUDY CONDITIONS

CUMULATIVE RAIN FALL _____ in
MAXIMUM RAIN FALL _____ in
MAXIMUM RAIN FALL DATE _____
CUMULATIVE IRRIGATION _____ in
HIGH TEMPERATURE _____
LOW TEMPERATURE _____
BEGINNING DATE _____
ENDING DATE _____
EVAPOTRANSPIRATION _____ in

LIMIT OF DETECTION _____

METHOD OF ANALYSIS _____

COMMENTS _____

GROUND WATER STUDY SUMMARY

	YES/NO
MOBILITY TRIGGER MET?	_____
PERSISTENCE TRIGGER MET?	_____
FIELD MONITORING TRIGGER MET?	_____
ARE THERE PARENT DETECTS?	_____
ARE THERE DEGRADATE DETECTS?	_____
ARE DEGRADATE ANALYSES PERFORMED?	_____

ENVIRONMENTAL FATE DATA EXTRACTION SHEET
GROUND WATER MONITORING STUDY - SOIL PROPERTIES

INSTRUCTIONS: Provide soils information for each ground water study location.

MRID

LOCATION: COUNTRY COUNTY STATE

SOIL PROPERTIES

SERIES

HYDROLOGIC GROUP		pH	
MINERALOGY		CEC (meq/100g)	
USDA TEXTURE		PCT ORGANIC MATTER	
TEXTURE (%)		PCT ORGANIC CARBON	
SAND		PCT MOISTURE @15BAR	
SILT		PCT MOISTURE @0.3BAR	
CLAY		BULK DENSITY (g/cm ³)	
HYDRAULIC CONDUCTIVITY		PORE VOLUME (%)	

LOCATION: COUNTRY COUNTY STATE

SOIL PROPERTIES

SERIES

HYDROLOGIC GROUP		pH	
MINERALOGY		CEC (meq/100g)	
USDA TEXTURE		PCT ORGANIC MATTER	
TEXTURE (%)		PCT ORGANIC CARBON	
SAND		PCT MOISTURE @15BAR	
SILT		PCT MOISTURE @0.3BAR	
CLAY		BULK DENSITY (g/cm ³)	
HYDRAULIC CONDUCTIVITY		PORE VOLUME (%)	

LOCATION: COUNTRY COUNTY STATE

SOIL PROPERTIES

SERIES

HYDROLOGIC GROUP		pH	
MINERALOGY		CEC (meq/100g)	
USDA TEXTURE		PCT ORGANIC MATTER	
TEXTURE (%)		PCT ORGANIC CARBON	
SAND		PCT MOISTURE @15BAR	
SILT		PCT MOISTURE @0.3BAR	
CLAY		BULK DENSITY (g/cm ³)	
HYDRAULIC CONDUCTIVITY		PORE VOLUME (%)	

ENVIRONMENTAL FATE DATA EXTRACTION SHEET
GROUND WATER STUDIES - WELL DESCRIPTION

INSTRUCTIONS: Complete information for each well in the ground water study. Well data can be entered electronically.

MRID

WELL NUMBER:

WELL USE:

WELL DEPTH

WELL
SCREEN TOP
SCREEN BOTTOM
ALTITUDE
WATER TABLE

WELL LOCATION

LATITUDE
LONGITUDE
CITY
COUNTY
STATE

WELL NUMBER:

WELL USE:

WELL DEPTH

WELL
SCREEN TOP
SCREEN BOTTOM
ALTITUDE
WATER TABLE

WELL LOCATION

LATITUDE
LONGITUDE
CITY
COUNTY
STATE

WELL NUMBER:

WELL USE:

WELL DEPTH

WELL
SCREEN TOP
SCREEN BOTTOM
ALTITUDE
WATER TABLE

WELL LOCATION

LATITUDE
LONGITUDE
CITY
COUNTY
STATE

WELL NUMBER:

WELL USE:

WELL DEPTH

WELL
SCREEN TOP
SCREEN BOTTOM
ALTITUDE
WATER TABLE

WELL LOCATION

LATITUDE
LONGITUDE
CITY
COUNTY
STATE

WELL NUMBER:

WELL USE:

WELL DEPTH

WELL
SCREEN TOP
SCREEN BOTTOM
ALTITUDE
WATER TABLE

WELL LOCATION

LATITUDE
LONGITUDE
CITY
COUNTY
STATE

INSTRUCTION: Provide information for each sample taken. Sample data can be entered electronically.

CAS NUMBER

[illegible]