Washington, DC 20460     Other     202312       Application for Pesticide - Section I       Company/Product Number       100=399     2. EAP Product Managor       Agrid-Mycin     PMF     22     24     Product Managor       Name and Address of Applicant (Include 2P Code)     None     Besticter     Include 2P Code)       Novartis Corp. Protoction, Inc.     6. Expediated Review. In accordance with FIFA Social 3((d))     Company/Product (Name)     Include 2P Code)       Dot als300     Creansboro, NC 27419-8300     EFA Rog. No.     EFA Rog. No.     Product Name       Check If this is a new address     Product Name     Product Name     Product Name     Product Asia       Mandment - Explain below.     Grade Intel Integration     Product Name     Product Asia       Notification - Explain below.     Grade Intel Integration     Product Asia     Product Asia       Notification - Explain below.     Grade Intel Integration     Product Asia     Product Pro	· PM 21 100-	899	2/27/9	8	Poge 19
Company/Product Number   100-899   Integration   3. Proposed Classification     Company/Product NamaA   Agri-Hycin   No.   No.   Product Namager   3. Proposed Classification     Name and Address of Apelicant Mucode 20 Codel   Novart1s Crop Protection, Inc. Greensboro, NC 27419-8300   Novart1s crop Protection, Inc. Greensboro, NC 27419-8300   6. Expédited Reveiw. In accordance with FIFRA Socion 3(c)(3) bit)(), my roduct is similar or identical in composition and labeling to:     Amendment - Explain below.   Product Name   Product Name     Readmission in response to Agency letter dated   Product Name   Product Name     Notification - Explain below.   Other - Explain below.   Other - Explain below.     Resubmission in response to Agency letter dated   More - Explain below.   Product Name     Visite the Confidential Statement of Formula to be in compliance with PR Notice 91=2:   Notice 91=2:     Mamerial This Product Will Be Packaging Water Soluble Packaging Water Soluble Packaging Water Soluble Packaging Water Soluble Packaging Water Soluble Package without the statement of Formula to be in compliance with PR Notice 91=2:     Corrification must With Packaging wgt. container   Yes Yes Water Soluble Package wgt. container   Merial Package wgt. container     Label is Afford to Product   UnitPackaging wgt. container   Section - IU   Section Soluble Package wgt. container <th>United Sta Environmental Prote</th> <th>ection Agenc</th> <th></th> <th>Registratio</th> <th>OPP Identifier Number</th>	United Sta Environmental Prote	ection Agenc		Registratio	OPP Identifier Number
IDD=899   Ms. Cynthia Giles-Parker     Company/Product (Name)   Agri-Mycin   PMf   2/   PMf   2/   PMf	Applic	ation for Pes	ticide - Sectio	nl 🐁 🔬	
Name and Address of Applicant Include ZP Codel Novart1s Crop Protect1on, Inc. Greensboro, NC 27419-8300   6. Expedited Reveiv. In accordance with FIFA Section 3(c)(3) (b)(), my product is similar or identifical in composition and labeling to: FIFA Reg. No.     Check if this is a now address   Product Name     Section - II   Product Name     Amendment - Explain below.   Product Name     Resubmission in response to Agency latter dated   "Me Too" Application.     Notification - Explain below.   Other - Explain below.     Resubmission in response to Agency latter dated   "Me Too" Application.     Notification - Explain below.   Other - Explain below.     Resubmission in response to Agency latter dated   "Me Too" Application.     Notification - Explain below.   Other - Explain below.     Quartication - Explain below.   Other - Explain below.     Resubmission in response to Agency latter dated   "Me Too" Application.     Resubmission in response to Agency latter dated   Water Soluble Packaging     Unit Packaging   Unit Packaging     Water Soluble Packaging   2. Type of Container     Material This Product Will Be Packaged In:   Material Packaging     Material This Product Will Be Packaged In:   Material Packaging     Material This Product Will Be Packaged In:	Company/Product (Name)		Cynthia Gil		···· · · · · · · · · · · · · · · · · ·
Induct visits     Section - II     Amendment - Explain below.   Final printed labels in repsones to Agency letter dated   The Too Application.     Notification - Explain below.   Other - Explain below.   Other - Explain below.     xplanation: Use additional page(s) if necessary. (For section 1 and Section II.)   Revise the Confidential Statement of Formula to be in compliance with PR Notice 91-2.     Section - III     Material This Product Will Be Packageing     Vis   Vis   Material This Product Will Be Packageing     Waterial This Product Will Be Packageing   Vis   Material This Product Will Be Packageing     Waterial This Product Will Be Packageing   Vis   Material Plastic     Mo   No   No.per   Paper     No   No.per   Paper   Other (Specify)     Location of Net Contents Information   4. Size(s) Retail Container   5. Location of Lebel Directions     Label   Container   Station of Individual to be contacted, if necessary, to process this applicable.   10(-632-7461     Station of Individual to be contacted, if necessary, to process this applicable.   11(choude Area Code)   11(choude Area Code)     Richard Pence   Certiffication   Individual to be contacted, if	Name and Address of Applicant <i>(Include ZIP Code)</i> Novartis Crop Protecti Box 18300	on, Inc. (b) to:	(i), my product is s		
Amendment - Explain balow.   Final printed labels in repsonse to Agency letter dated   Marco Application.     Resubmission in response to Agency letter dated   Marco Application.   Marco Application.     Notification - Explain balow.   Other - Explain balow.   Other - Explain balow.     xplanation: Use additional page(s) if necessary. (For section 1 and Section II.)   Resubmission in response to Agency letter dated   Type of Container     Revise the Confidential Statement of Formula to be in compliance with PR Notice 91+2   Notification rule   Marcial Product Will Be Packaging   View     Marrial This Product Will Be Packaging   Unit Packaging   Water Soluble Packaging   2. Type of Container     Inde-Resistant Packaging   Yes   No. per   Marial     Yes   No   No. per   Packaging wgt. container   Marial     Location of Net Contents Information   4. Size(s) Retail Container   5. Location of Label Directions   Section - IV     Contact Point (Complete items directly balow for identification of additional page(s) takes on this form and all attachments there are too socurate and contellate on the socurate and contellate on the socurate on the socurate item on the socurate on the socure with the socurate on the socurate on the so	Check if this is a new address			, 	
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Material This Product Will Be Packaged In:     hild-Resistant Packaging   Unit Packaging     Yes   Yes     No   No     Certification must   If "Yes"     Init Packaging wgt.   No. per     Location of Net Contents Information   4. Size(s) Retail Container     Label   Container     Manner in Which Label is Affixed to Product   Paper Glied     Stenciled   Stenciled     Certification   If "res"     Manner in Which Label is Affixed to Product   Lithograph Paper Glied     Stenciled   Other     Richard Pence   Title     Section - IV   Senior Regulatory Manager     Signature   Senior Regulatory Manager     Signature   Senior Regulatory Manager     Signature   Senior Regulatory Manager     Signature   Senior Regulatory Manager     Manner   Senior Regulatory Manager     Signature   Senior Regulatory Manager	Resubmission in response to Agency letter dated Notification - Explain below.		Agency letter of "Me Too" App Other - Explain	lated	
No   No   Plastic     Glisss   Paper   Glisss     Paper   Unit Packaging wgt. container   Package wgt   Container     Location of Net Contents Information   4. Size(s) Retail Container   5. Location of Label Directions     Label   Container   Other (Specify)     Manner in Which Label is Affixed to Product   Paper glued Stenciled   Other     Stenciled   Section - IV   Section - IV     Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.]   Telephone 30. (Include Area Code)     Richard Pence   Certification   Fitle   Glassery, to process this application.]     I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete.   Global Area Code)     I certify that the statements I have misleading statement may be punishable by fine or imprisonment of the statement of t	. Material This Product Will Be Packaged In: hild-Resistant Packaging Unit Packaging	-		2. Type of Con	tainer
Label   Container     Manner in Which Label is Affixed to Product   Lithograph Paper glued Stenciled   Other     Section - IV   Section - IV     Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)     ame   Title     Richard Pence   Senior Regulatory Manager     I certify that the statements I have made on this form and all attachments thereto are true, accurate and contplete.     I certify that the statements I have made on this form and all attachments thereto are true, accurate and contplete.     I certify that the statements I have made on this form and all attachments thereto are true, accurate and contplete.     I certify that the statements I have made on this form and all attachments thereto are true, accurate and contplete.     I acknowledge that any knowlinglly false or misleading statement may be punishable by fine or imprisonment or the statement is leave.     Signature     Signature     Puclued Perce     Senior Regulatory Manager     Typed Name     5. Date	No If "Yes" No. p	er If "Yes"	No. per	Pi	astic lass aper
Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)     ame   Title     Richard Pence   Telephone ide. (Include Area Code)     Senior Regulatory Manager   910-632-2461     Certification   Certification     I certify that the statements I have made on this form and all attachments thereto are true, accurate and controlete.   Contact Point (Complete items directly below for identification     I acknowledge that any knowlingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.   Signature     Signature   3. Title   Senior Regulatory Manager     Multicet Regulatory Manager   700     Typed Name   5. Date	Label Container	Lithograph	Other _		
ame   Title   Telephone   Jo. (Include Area Code)     Richard Pence   Senior Regulatory Manager   910-632-2,461     Certification     I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete.   6. Date Application     I acknowledge that any knowlinglly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.   6. Date Application     Signature   3. Title   3. Title   3. Title     Multiced Pence   Senior Regulatory Manager   7. Title     Signature   5. Date   5. Date		Section	- IV	ta se la c	
Richard Pence   Senior Regulatory Manager   910-632-7461     I certify that the statements I have made on this form and all attachments thereto are true, accurate and conclusion.   6 Date Application     I acknowledge that any knowlinglly false or misleading statement may be punishable by fine or imprisonment or the statement of the			to be contacted, if n		
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Richard Pence 2/24/98	. Typed Name	5. Date			
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Novartis Crop Protection, Inc. P.O. Box 18300 Greensboro, NC 27419-8300 Telephone 910 632 6000

# **U** NOVARTIS

February 24,1998

Document Processing Desk (NOTIF) Office of Pesticide Programs - H7504C U.S. Environmental Protection Agency 401 M. Street (SW) Washington, D.C. 20460-0001

Attn: Ms. Cynthia Giles-Parker (PM 22)

## SUBJECT: APPLICATION FOR AMENDED REGISTRATION OF AGRI-MYCIN 17 (EPA REG. NO. 100-899)

Dear Ms. Giles-Parker:

It has recently come to our attention that the nominal concentration on the Confidential Statement of Formula and on the label for Agri-mycin 17 (EPA Reg. No. 100-899) was not in compliance with PR Notice 91-2. Therefore, we are submitting both the adjusted Confidential Statement of Formula and label for this product

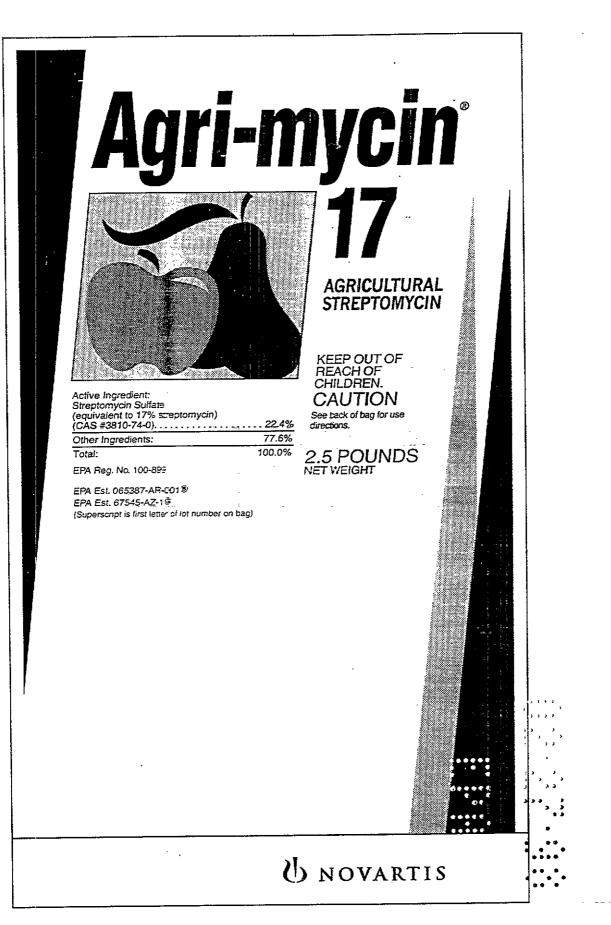
If you have any questions or comments regarding this notification, please contact me at (336) 632-2461.

Sincerely,

Richard Perce

Richard Pence Senior Regulatory Manager

Enclosures: Five (5) copies of final printed labels Application for Pesticide Form 8570-1 Confidential Statement of Formula



NCP 130-899A-L1B

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#### DIRECTIONS FOR USE AND CONDITIONS OF SALE AND WARRANTY

IMPORTANT: Read the entire Directions for Use and the Conditions of Sale and Warranty before using this product. If terms are not acceptable, return the unopened product container at once.

#### CONDITIONS OF SALE AND WARRANTY

The Directions for Use of this product reflect the opinion of experts based on field use and tests. The directions are believed to be reliable and should be followed carefully. However, it is impossible to eliminate all risks inherently associated with use of this product. Crop injury, ineffectiveness, or other unintended consequences may result because of such factors as weather conditions, presence of other materials, or the manner of use or application all of which are beyond the control of Novartis Crop Protection, Inc. or the Seller. All such risks shall be assumed by the Buyer.

Novartis warrants that this product conforms to the chemical description on the label and is reasonably fit for the purposes referred to in the Directions for Use subject to the inherent risks referred to above. Novartis makes no other express or implied warranty of Fitness or Merchantability or any other express or implied warranty. In no case shall Novartis or the Seller be liable for consequential, special, or indirect damages resulting from the use or handling of this product. Novartis and the Seller offer this product, and the Buyer and user accept it, subject to the foregoing Conditions of Sale and Warranty, which may be varied only by agreement in writing signed by a duly authorized representative of Novartis.

No end use of this product other than manufacturing is intended or implied by the above Conditions of Sale and Warranty.

# DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

Do not apply this product through any type of irrigation system. Do not apply this product in a way that will contact workers or other persons, either directly or through drift. Only protected handlers may be in the area during application. For any requirements specific to your State or Tribe, consult the agency responsible for pesticide regulation.

#### AGRICULTURAL USE REQUIREMENTS

Use this product only in accordance with its labeling and with the Worker Protection Standard, 40 CFR part 170. This Standard contains requirements for the protection of agricultural workers on farms, forests, nurseries, and greenhouses, and handlers of agricultural pesticides. It contains requirements for training, decontamination, notification, and emergency assistance. It also contains specific instructions and exceptions pertaining to the statements on this label about personal protective equipment (PPE) and restricted-entry interval. The requirements in this box only apply to uses that are covered by the Worker Protection Standard.

Do not enter or allow worker entry into treated areas during the restricted-entry interval (REI) of 12 hours.

PPE required for early entry to treated areas that is permitted under the Worker Protection Standard and that involves contact with anything that has been treated, such as plants, soil, or water is:

Coveralis

Waterproof gloves

Shoes plus socks

#### MIXING INSTRUCTIONS

Concentration Desired	Quantity Agri-mycin 17 Per Volume of Water			
ppm*	50 gals.	100 gals.	500 gals.	
50	2 oz.	4 oz.	20 oz.	
60	2.4 oz.	4.8 oz.	1 <sup>1</sup> /2 lb.	
100	4 oz.	1/2 lb.	2 <sup>1</sup> /2 lb.	
200	1/2 lb.	1 lb.	5 lb.	

\*ppm = parts per million

	Recommended	· · · · · · · · · · · · · · · · · · ·		
Disease and Crop	Concentration	First Spray	Follow-up Spray Schedule	
Bacterial Blight Celery (Florida Area)	200 ppm	Apply first spray when seedings are in the 2-leaf stage, when first true leaves appear.	Apply at 4 to 5-day intervals. Continue applications until celery is transplanted in the field.	
Bacterial Leaf Rot Philodendron	200 ppm	Apply as preventive or at first signs of water-soaked areas on leaf.	Apply every 4-5 days.	
	for curative action	Remove all rotted leaves from plant and then spray at 200 ppm every 4 days.		
Bacterial Spot Tomatoes, Peppers	200 ppm	Apply first spray when seedings are in the 2-leaf stage, when first true leaves appear.	Apply at 4 to 5-day intervals. Continue applications until transplanted in the field.	
Bacterial Stem Rot	200 ppm	Soak cuttings in streptomyc Plant cuttings in sterilized ro	in solution for 20 minutes. poting medium.	
Dieffenbachia Cuttings	100 ppm	To check spread of stem rot streptomycin spray every 5-	t in stock plants, use 100 ppm 7 days.	
Bacterial Wilt Chrysanthemums	50 ppm	Soak plant cuttings in streptomycin solution for 4 hours; plant as usual.		
Crown Gall Roses (New Jersey Area)	200 ppm	Remove infected plant. Cut out gall tissue. Soak the plant root system and cut surfaces of the infected area in streptomycin solution for 15 minutes. Replant rose bushes in soil free of the grown gall organisms.		
	50 ppm	Use 50 ppm streptomycin in watering solution and in foliar sprays applied weekly starting one week after planting as an adjunct to this treatment.		
Fire Blight Pears	24-48 oz. Agri-mycin 17 per acre (equivalent to 50-100 ppm at 600 gals./A)	Spray trees at 20%-30% bloom.	Spray trees every 3-4 days during blossom time. Apply sprays after petal fall every 10-14 days to control twig blight. (This could mean an additional 6-8 applica- tions after blossom sprays.) Do not apply within 30 days of harvest.	
Fire Blight of the Rosaceae Home Garden Apple Trees, Home Garden Pear Trees, Pyracantha (Fire Thorn Bush) (CA)	100 ppm	Apply streptomycin in foliar and blossom sprays. Apply first spray at start of blossoming period. Continue spray application every 3-4 days during blossom time. Apply additional sprays every 5-7 days after blossom period when weather favors spread of fire blight. Do not apply after fruit is visible.		
Fire Blight Pears (West Coast Area)	28.8 oz. Agri-mycin 17 per acre (equivalent to 60 ppm at 600 gals./A)	10% bloom	Repeat at 5-day intervals until all late bloom is over. (This could mean 12-15 applications.) Continue to spray at 5 to 7-day intervals to control shoot and fruit infections. Do not apply within 30 days of harvest.	
Fire Blight Apples (West Coast Area)	28.8 oz. Agri-mycin 17 per acre (equivalent to 60 ppm at 600 gals./A)	Full bloom	Apply at petal fall and late secondary bloom. Continue to spray at 5 to 7-day intervals to maintain disease control but not later than 50 days before harvest.	
Fire Blight Apples	24-48 oz. Agri-mycin 17 per acre (equivalent to 50-100 ppm at 600 gals./A)	Spray trees at 20%-30% bloom.	Spray trees every 3-4, days during blossom time. Apply spruys after petal fall every 10-14 days to control twig blight. (/his/cdu)d mean an additional 6-8 c.pplica- tions after blossom sprays ) Do not apply within 50 days of harvest.	
Soft Rot and Blackleg Potatoes	100 ppm	Soak cut seed pieces in streptomycin solution for several minutes; plant as usual. Note: A suitable fungicide (such as Captan, Phygon, dithiocarbamates) should be used as an adjunct to this treat- ment for the control of fungal diseases associated with potato seed pieces.		

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Disease and Crop	Recommended Concentration	First Spray	Follow-up Spray Schedule
Wildfire and Blue Mold Tobacco	100 ppm for preventive action	Apply first spray when plants are in the 2-leaf stage or about the size of a dime or when blue mold first appears in the area.	Repeat application at 5 to 7-day intervals until plants are set in the field. Additional protection may be obtained by spraying field plants with 100 ppm in a weekly spray schedule.
	200 ppm for curative action	In locations where wildfire has been a problem in recent years or where applications have been delayed until disease appears, a spray of 200 ppm streptomycin is recommended. Follow the same schedule as above.	

Disease and Crop	Dust Concentration	First Dust	Follow-up Dust Schedule
Fire Blight Apples (West Coast Area)	1500 ppm dust	Full bloom	Apply at petal fall and late secondary bloom. Continue to apply at 5 to 7-day intervals to maintain disease control but not later than 50 days before harvest.
Fire Blight Pears (West Coast Area)	1500 ppm dust	10% bloom	Repeat at 5-day intervals until all late bloom is over. (This could mean 12-15 applications.) Con- tinue to apply dust at 5 to 7-day intervals to control shoot and fruit infections. Do not apply within 30 days of harvest.
Wildfire and Blue Mold Tobacco	"Streptomycin Tobacco Dust" 0.3% activity (3000 ppm activity)	Apply 8 lbs./A within 1 week after setting tobacco plants in the field. Make 3 additional weekly applications at 10 lb., 12 lb., and 15 lb. per acre, respectively. If weather conditions favor disease development thereafter, apply 15 lb./A, as needed, until harvest.	

Additional information regarding use of Agri-mycin 17 may be obtained from your local Agricultural Extension Agent or State Experimental Station.

# STORAGE AND DISPOSAL

Do not contaminate water, food, or feed by storage or disposal.

#### Storage

Keep tightly closed. Storage should be at a cool temperature when possible, and with minimum exposure to the atmosphere.

## Pesticide Disposal

Wastes resulting from the use of this product may be disposed of on site or at an approved waste disposal facility.

#### Disposal

Completely empty bag into application equipment. Then dispose of bag in a sanitary landfill, by incineration, or if allowed by State and local authorities, by burning. If burned, stay out of smoke.

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### PRECAUTIONARY STATEMENTS

#### Hazards to Humans and Domestic Animals

#### CAUTION

May cause allergic skin reactions. Do not breathe dust or spray mist. Personal Protective Equipment (PPE): Applicators and other handlers must wear long-sleeved shirt and long pants, waterproof gloves, shoes plus socks, and a dust/mist filtering respirator (MSHA/NIOSH approval number prefix TC-21C). Follow manufacturer's instructions for cleaning/maintaining PPE. If no such instructions for washables, use detergent and hot water. Keep and wash PPE separately from other laundry. This material is not to be used for medical, veterinary, or human purposes. For 24-hour emergency information, call 1-800-888-8372, day or night.

User Safety Recommendations

Users should:

- Wash hands before eating, drinking, chewing gum, using tobacco, or using the toilet.
- Remove PPE immediately after handling this product. Wash outside of gloves before removing. As soon as possible, wash thoroughly and change into clean clothing.

#### Environmental Hazards

Keep out of lakes, ponds, and streams. Do not contaminate water when disposing of equipment wash waters.

Agri-mycin® trademark of Novartis

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Novartis Crop Protection, Inc. Greensboro, North Carolina 27419 NCP 899A-L1B 0198