

4/3/96

NOTIFICATION


PM 32

464-616

P 172

Please read Instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 11-30-93

<b>(A)</b> 	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number <b>202642</b>
	<b>Application for Pesticide:</b>		
	<b>Section I</b>		

1. Company/Product Number <b>464-616</b>	2. EPA Product Manager <b>R. G. Douglas</b>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>DOWICIDE® 1/PG Antimicrobial</b>	PM# <b>32</b>	
5. Name and Address of Applicant (Include ZIP Code) <b>The Dow Chemical Company 2030 Dow Center Midland, MI 48674 ATTN: Lori Lickly</b> <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:  EPA Reg. No. _____ Product Name _____	

**Section II**

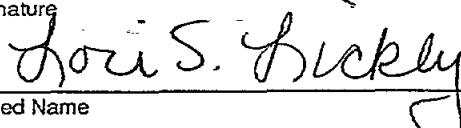
<input type="checkbox"/> Amendment - Explain below	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification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

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)  
**NOTIFICATION: Final printed labels per PR-NOTICE 93-10**

**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		<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted.		If "Yes," Unit Package 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) of 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 <b>Lori S. Lickly</b>	Title <b>Registration Specialist</b>	Telephone No. (include Area Code) <b>517-636-6694</b>
2. Signature 		3. Title <b>Registration Specialist</b>
4. Typed Name <b>Lori S. Lickly</b>		5. Date <b>3/29/96</b>
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 or both under applicable law.		6. Date Application Received (Stamped)

# Specimen Label

# DOWICIDE\* 1/PG ANTIMICROBIAL

### FOR MANUFACTURING USE ONLY

Active Ingredient(s):  
 o-Phenylphenol .....63%  
 Inert Ingredient(s): .....37%  
 E.P.A. Registration No. 464-616  
 E.P.A. Est. 464-MI-1

### KEEP OUT OF REACH OF CHILDREN

**DANGER**

### PRECAUTIONARY STATEMENTS

#### Hazards to Humans

**CAUSES EYE DAMAGE • HARMFUL IF SWALLOWED**

**Do Not Get In Eyes Or On Mucous Membranes • Avoid Contact With Skin • Wear Goggles Or Face Shield When Handling • Wash Thoroughly With Soap And Water After Handling**

**STATEMENT OF PRACTICAL TREATMENT:** In case of eye contact, immediately flush eyes with flowing water for 15 minutes. Call a physician. In case of skin contact, remove contaminated clothing and wash skin with plenty of soap and water. Wash contaminated clothing before reuse. Get medical attention if irritation develops. If swallowed, induce vomiting immediately by giving two glasses of water and sticking finger down throat. Do not induce vomiting or give anything by mouth to an unconscious person.

#### ENVIRONMENTAL HAZARDS

Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans or other waters unless in accordance with the requirements of a national pollutant discharge elimination system (NPDES) permit and the permitting authority has been notified in writing prior to discharge. Do not discharge effluent containing this product to sewer systems without previously notifying the local sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of the EPA.

#### IN CASE OF AN EMERGENCY

endangering life or property involving this product, call collect 517-636-4400

### DIRECTIONS FOR USE

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

This pesticide may be used for the formulation of pesticide products. Formulators using this product are responsible for obtaining EPA Registrations for their formulated products.

### STORAGE AND DISPOSAL

#### Storage:

Keep container tightly closed when not in use.

#### Disposal:

##### Prohibitions:

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

##### Pesticide Disposal:

Pesticide wastes are toxic. Improper disposal of excess pesticide, spray mixture, or rinsate is a violation of Federal Law. If these wastes cannot be disposed of by use according to label instructions, contact your State Pesticide or Environmental Control Agency, or the Hazardous Waste Representative at the nearest EPA Regional Office for guidance.

##### Container Disposal:

Triple rinse (or equivalent). Then offer for recycling or reconditioning, or puncture and dispose of in a sanitary landfill, or by other procedures approved by state and local authorities.

**NOTICE:** Seller warrants that the product conforms to its chemical description as contained on this label and is reasonably fit for the purposes stated on this label when used in accordance with directions under normal conditions of use. THE WARRANTIES MADE IN THIS PARAGRAPH ARE SELLER'S SOLE WARRANTIES WITH RESPECT TO THE PRODUCT AND ARE MADE EXPRESSLY IN LIEU OF AND EXCLUDE ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR OF FITNESS FOR A PARTICULAR PURPOSE AND ALL OTHER EXPRESS OR IMPLIED REPRESENTATIONS AND WARRANTIES.

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24338-L1

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(POS. ONLY)



**THE DOW CHEMICAL COMPANY**

Midland, Michigan 48674 U.S.A.

\*Trademark of THE DOW CHEMICAL COMPANY

**COLORS: PMS 485 Red, PMS Black  
CHEC INITIALS: JT**