

464-632

11-30-2006

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

November 30, 2006

Rhonda Vance-Moeser
Senior Regulatory Specialist
The Dow Chemical Company
1803 Building
Midland, MI 48674

Subject: Sump Buddy MWF Antimicrobial Time-Release Tablets
EPA Registration No.: 464-632
Application Date: November 7, 2006
Receipt Date: November 11, 2006

Dear Ms. Vance-Moeser,

This acknowledges receipt of your notification, submitted under the provision of PR Notice 98-10, FIFRA section 3(c)9.

Proposed Notification

- Add the words "produced for" to the label.
- Revise trademark language on label.

General Comments

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

The notification application is acceptable and a copy has been inserted in your file for future reference.

Should you have any questions or comments concerning this letter, please contact me at (703) 308-6422.

Sincerely,



Adam Heyward
Product Manager (34)
Regulatory Management Branch II
Antimicrobials Division (7510P)

CONCURRENCES

SYMBOL	7510P							
JRNAME	G. h. n.							
DATE	11/30/06							

Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060, Approval expires 2-28-

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

Application for Pesticide - Section I

1. Company/Product Number 464-632	2. EPA Product Manager Adam Heyward	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Dow Chemical / SUMP BUDDY MWF	PM# 34	
5. Name and Address of Applicant (Include ZIP Code) The Dow Chemical Company 1803 Building Midland, MI 48674 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(ii), 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 to 1) add "Produced For" above company name and address on label when product produced by contract manufacturer 2)
Update trademark statement on label
Mandatory notification statement is contained in cover letter accompanying this notification submission.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Text <input type="checkbox"/> No		<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Plastic
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container
				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 5kg/200grams		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input checked="" 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 Rhonda Vance-Moeser	Title Senior Regulatory Specialist	Telephone (Include Area Code) 989-636-1884
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 or both under applicable law.		6. Date Application Received (Stamped)
2. Signature <i>Rhonda Vance-Moeser</i>		3. Title Senior Regulatory Specialist
4. Typed Name Rhonda Vance-Moeser		5. Date 11/7/06



The Dow Chemical Company
Midland, Michigan 48674
USA

Larkin Laboratory
November 7, 2006

Overnight Mail

Office of Pesticide Programs (7504P)
Document Processing Desk (NOTIF)
U. S. Environmental Protection Agency
One Potomac Yard, Room S-4900
2777 S. Crystal Drive
Arlington, Virginia 22202-4501
Attn: Adam Heyward

**RE: NOTIFICATION – EPA REG. NO. 464 – 632
SUMP BUDDY™ MWF ANTIMICROBIAL TIME RELEASE TABLETS**

The Dow Chemical Company (Dow) hereby submits a Notification application to:
1) add the qualifier “Produced For” to the registrant name and address on the product label when produced by a contract manufacturer
2) revise the trademark language on the product label
In order for the application to be processed the required Notification statement is included.

“This Notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject enforcement action and penalties under section 12 and 14 of FIFRA”

Enclosed are the following documents to support this notification

- 1) Completed application for Pesticide Registration, Form 8570-1
- 2) Required notification statement above
- 3) Two copies of product label with one indicating changes highlighted in yellow.

Please contact me if you have any questions or need additional information.

Sincerely,

Rhonda Vance-Moeser
Senior Regulatory Specialist
Phone: (989) 636-1884
e-mail: rgvmoeser@dow.com

Enclosures

CHANGES HIGHLIGHTED IN yellow

blets

FIRST AID:
<p>Open and rinse slowly and gently with water for 30 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Go to a poison control center or doctor (preferably ophthalmologist) for treatment advice.</p> <p>Remove contaminated clothing.</p> <p>Wash skin immediately with plenty of water for 30 minutes. Go to a poison control center or doctor for treatment advice.</p> <p>Go to a poison control center or doctor immediately for treatment advice. If person is unable to swallow, do not give anything by mouth to an unconscious person.</p>
HOT LINE NUMBER
<p>IN EMERGENCY involving endangering life or property involving this product, call collect (989)636-4400. Have this label with you when calling a poison control center or doctor or going for treatment.</p>

AVOIDABLE EYE DAMAGE - ABSORBED THROUGH

In Clothing - Avoid Contact Shield - Prolonged or May Cause Allergic Wash Thoroughly With Soap if Contaminated Clothing

Micro-organisms. Do not discharge into lakes, streams, ponds, or other bodies of water. Discharge in accordance with the National Pollution Discharge Elimination System (NPDES) permit. If a permit has been notified in writing, discharge effluent containing this product only after notifying the local authority. For more guidance contact your State or local EPA.

PESTICIDE STORAGE AND DISPOSAL

Do not contaminate water, food, or feed by storage or disposal. **Pesticide Storage:** To maintain product quality, store at temperatures below 35°C. Keep tablets in a closed container when not in use.

Note: Do not remove tablet(s) from container except for immediate use.

Pesticide Disposal: Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide 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: Do not reuse empty container. Dispose of container in a sanitary landfill or by incineration, or if allowed by state and local authorities, by burning. If burned, stay out of smoke.



NOTICE

Do Not Ship or Store with Food, Feeds, Drugs, or Clothing

DIRECTIONS FOR USE

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

WATER-BASED METALWORKING FLUIDS DILUTED TO USE CONCENTRATION

NOTE: Direct contact of SUMP BUDDY MWF Antimicrobial Time-Release Tablets with a metal surface in the coolant system will cause local corrosion. To prevent corrosion in all metal systems, place a tablet of SUMP BUDDY MWF Antimicrobial Time-Release Tablets in a suitable holder and suspend / float it in the fluid so the tablet is completely submerged; or place tablet in the sump on a submerged non-metal tray. SUMP BUDDY MWF Antimicrobial Time-Release Tablets is best used in an area with little turbulence.

To control bacteria and fungi in clean to moderately contaminated systems, add one tablet per 50 gallons of fluid in the system. Heavily contaminated systems may require two tablets per 50 gallons of fluid.

EACH TABLET OR GROUP OF TABLETS OF SUMP BUDDY MWF Antimicrobial Time-Release Tablets WILL PROVIDE APPROXIMATELY 3 WEEKS OF CONTROL. Add additional tablet(s) of SUMP BUDDY MWF Antimicrobial Time-Release Tablets per 50 gallons of fluid in the system every 3 weeks, or as needed to maintain control.

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 (except uses for which USEPA has accepted the required data and/or citations of data that the formulator has submitted in support of registration) 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.**

Net Contents: 25 Tablets

NET WT: 5 kg / 11.023 lb

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