

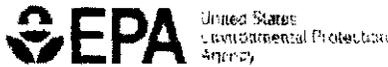
935-8

2/21/2007

FILE COPY

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



Office of Pesticide Programs

February 21, 2007

Rose Bedwell
Occidental Chemical Corporation
P.O. Box 809050
Dallas, TX 75380

Subject: Chlorine Liquefied Gas
EPA Registration No. 935-8
Submission Dated: January 21, 2007
Receipt Date: January 29, 2007

Dear Ms. Bedwell:

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

Proposed Notification

- Add an additional establishment number to the label due to merger

Establishment number: 5382-LA-1

General Comments

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

This notification is accepted 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) 308-6345.

Sincerely,

Wanda Henson
Product Reviewer - Team 32
Regulatory Management Branch II
Antimicrobials Division (7510P)

Print Form

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2970-0080. Approval expires 2-28-



United States
Environmental Protection Agency
Washington, DC 20460

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Company numbers: 5382, 21164 935-8		2. EPA Product Manager PM#	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Occidental Chemical Corp & Basic Chemicals Co. LLC.			
5. Name and Address of Applicant (Include ZIP Code) PO Box 809050 Dallas, TX 75380-9050 <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.)

Label change proposed: Company name change for products under company numbers 5382 & 21164 due to merger
Establishment number 5382-LA-1 added to label for 935-8.

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 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 Rose Bedwell	Title Health, Environment & Safety Specialist	Telephone No. (Include Area Code) 972-404-3918
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<p align="center">Certification</p> <p>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.</p>			8. Date Application Received (Stamped)
2. Signature	3. Title Health, Environment & Safety Specialist		
4. Typed Name Rose Bedwell	5. Date 01/15/2006		

OxyChem®

CHLORINE

LIQUEFIED GAS UNDER PRESSURE

ACTIVE INGREDIENT:

Chlorine.....	99.5%
Other Ingredients	0.5%
Total	100%

DANGER**POISON****FATAL IF INHALED, LIQUID CAUSES SEVERE BURNS**

APPROXIMATE NET CONTENTS: 17, 55 or 90 TONS

PRECAUTIONARY STATEMENTS

FIRST AID	
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 basic life support (Cardio-Pulmonary) Resuscitator/Automatic External Defibrillator). • Call a poison control center or doctor for further treatment advice.
If in eyes	<ul style="list-style-type: none"> • Hold 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 on skin or clothing	<ul style="list-style-type: none"> • Remove contaminated clothing. • Rinse exposed area immediately with plenty of water for 15-20 minutes. • 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.
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	
Treatment is symptomatic. Because there is no known antidote for chlorine gas inhalation, effective and immediate relief of symptoms is the primary goal. Steroid therapy, if given early, has been reported effective in preventing pulmonary edema.	

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

DANGER. Fatal if inhaled or absorbed through the skin. Corrosive. Causes irreversible eye damage and skin burns. Do not breathe vapors or get in eyes, on skin or clothing. Wear goggles, protective clothing and rubber gloves as discussed below. Wash hands thoroughly with soap and water after handling and before eating, drinking or using tobacco. Remove contaminated clothing and wash it before reuse. Prolonged frequently repeated skin contact may cause allergic reactions in some individuals.

PERSONAL PROTECTIVE EQUIPMENT

Applicators and other handlers must wear long-sleeved shirts, long pants, shoes and socks. Under normal use conditions, no protective eyewear or gloves are required.

IN CASE OF LEAK:

Handlers must wear chemical-resistant, waterproof, insulated gloves (such as nitrile or butyl), rubber boots and full-face respirator approved for chlorine (MSHA/NIOSH approval number prefix TC-14G) or self-contained breathing apparatus if the chlorine concentration is unknown or exceeds 10 ppm. Since there is always the possibility of a leak, proper gloves and respirators must be available.

PRECAUTIONARY STATEMENTS (Cont.)

ENVIRONMENTAL HAZARDS

This product is toxic to fish and aquatic organisms. 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.

DIRECTIONS FOR USE - GENERAL CLASSIFICATION

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

USE AS A DISINFECTANT, by experienced personnel only, in municipal water supplies, sewage and waste management plants, in accordance with applicable local, state and federal regulations.

USE IN MANUFACTURING PROCESSES, by trained personnel only, in production of bleach, plastics, chlorinated solvents, refrigerants and intermediates for products containing no chlorine. Proper training in safety and use of protective equipment are essential. Well-designed and maintained handling and processing facilities are required.

STORAGE AND DISPOSAL

HANDLING AND STORAGE: Provide special training to workers handling chlorine. Protect from physical damage. Do not place chlorine containers near heat or fire. Handling and storage of chlorine containers should be in accordance with all local, state, and federal regulations. Regularly test and inspect piping and containment used for chlorine service. Liquid levels should be 85% of tank or cylinder capacity. Use in well-ventilated area.

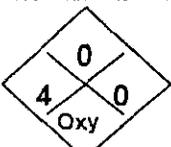
IN THE EVENT OF FIRE: Remove chlorine containers from fire zone immediately. Use water to keep containers cool which cannot be moved, but do not use water on the source of a chlorine leak. Use water spray to direct chlorine away from persons effecting shut-off. Wear full protective clothing and self-contained breathing apparatus.

DISPOSAL: Vent waste chlorine gas into scrubber using dilute alkali solution. Dispose of resultant hypochlorate in accordance with local, state and federal regulations. Return empty chlorine tankcars and cargo tanks containing residual gas and/or liquid to supplier in compliance with applicable DOT regulations.

Consult Chlorine Institute pamphlets for additional instructions and management procedures.

FOR ASSISTANCE IN CHEMICAL EMERGENCY, CALL CHEMTREC 800-424-9300

Spills of 10 pounds or more must be reported to the NATIONAL RESPONSE CENTER 1-800-424-8802

UN 1017	CAS No. 7782-50-5 NFPA FIRE HAZARD RATING
HMS HAZARD RATING: HEALTH..... 3 FLAMMABILITY..... 0 REACTIVITY..... 0	

✓	EPA REG. NO. 935-8	✓	EPA REG. NO. 935-8
	EPA EST. NO. 935 AL-001		EPA EST. NO. 935 AL-002
	EPA EST. NO. 935 NY-001		EPA EST. NO. 935 DE-001
	EPA EST. NO. 935 TX-001		EPA EST. NO. 935 LA-002
	EPA EST. NO. 935 LA-001		EPA EST. NO. 935 TX-002
	EPA EST. NO. 935 TX-003		EPA EST. NO. 5382-KS-1
			EPA EST. NO. 5382-LA-1



Occidental Chemical Corporation
 Dallas, Texas 75380
 972-404-3800

Certified to ANSI/NSF Standard 60
 Maximum Use Level for Potable Water 30.0 mg/L

Label: EPA Chlorine 0106_OCC_M30816_tgUSR03