10f4



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

OFFICE OF PREVENTION, PESTICIDES AND TOXIC SUBSTANCES

August 28, 2007

Ms. Julie B. Schlekau Registration Specialist MCLAUGHLIN GORMLEY KING COMPANY 8810 Tenth Avenue North Minneapolis, MN 55427-4319

Subject: Label Notification

Dear Ms. Schlekau:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated 7/16/07 for **EPA Registration 1021-1562**. The Registration Division (RD) has conducted a review of this request for applicability under PRN 98-10 and finds that the label change(s) requested falls within the scope of PRN 98-10. The label has been date-stamped "Notification" and will be placed in our records.

If you have any questions, please contact me directly at 703-305-6249 or Sherada Hobgood of my staff at 703-308-8893.

Sincerely,

Linda Arrington

Notifications & Minor Formulations Team Leader Registration Division (7505P)

Office of Pesticide Programs

| Please read instructions befor  |  |                                     | ···  |                                       |                            |   | u. Approval expires us-31-92-0 |  |
|---|--|-------------------------------------|--|---------------------------------------|----------------------------|---|--------------------------------|--|
| United States Environmental Protection A Washington, DC 20460   |  |                                     | \mana\t  | ··· · · · · · · · · · · · · · · · ·   | Registration               |   | OPP Identifier Number          |  |
|   |  |                                     | Agency   | X                                     | Amendme<br>Other           | nı  |                                |  |
|   |  | •                                   | for Bootleis   |                                       |                            |   |                                |  |
|   |  | Application                         | for Pesticid   |                                       | n ı                        | 16  |                                |  |
| 1. Company/Product Number   |  |                                     | 2. EPA Product Manager   |                                       | 3. Proposed Classification |   |                                |  |
| 1021-1562   |  |                                     | George LaRocca   |                                       |                            | <b>-</b>                                  |                                |  |
| 4. Company/Product (Name)   |  |                                     | PM#  |                                       |                            | ☑ None                                    | Restricted                     |  |
| EVERCIDE® Esfenvalerate 50% Concentrate   |  |                                     | 13   |                                       |                            |   |                                |  |
| 5. Name and Address of Applicant (Include Zip Code)   |  |                                     | 6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my  |                                       |                            |   |                                |  |
| 1   | RMLEY KING COMPANY                       | ,                                   | product is sim   | ilar or identica                      | al in compositi            | on and labeling                           | g to:                          |  |
| 8810 TENTH AVENUE NORTH   |  |                                     | By I Co years I must be a control of the control of |                                       |                            |   |                                |  |
| MINNEAPOLIS, MN 55427   |  |                                     | EPA Reg. No.   |                                       |                            | NOTIFICATION                              |                                |  |
|   |  |                                     | L  |                                       |                            | AUG 28                                    | 2007                           |  |
|   |  |                                     | Product Nam  | ne                                    |                            | AUG Z 6                                   | 2007                           |  |
| Check if  |  |                                     |  |                                       |                            |   |                                |  |
|   |  |                                     | Section - II   |                                       |                            |   |                                |  |
| Amendn  | Amendment - Explain below.               |                                     |  |                                       | · ·                        | labels in respo                           | inse to                        |  |
| ·   |  |                                     |  |                                       | Agency letter dated        |   |                                |  |
| ☐ Resubm  | ission in response to Agency let         | ter dated                           |  | لــا                                  | "Me Too" Application.      |   |                                |  |
|   |  |                                     |  | _                                     |                            |   |                                |  |
|   | on - Explain below.                      |                                     |  |                                       | Other - Expla              | in below.                                 |                                |  |
| Explanation: Use add  | fitional page(s) if necessary. (Fo       | or section I and                    | Section II.)   |                                       |                            |   |                                |  |
| Alareta ara a a a a a a a   | on the DD Maties 00 10 mass              |                                     |  |                                       |                            |   |                                |  |
| INotification pursua  | ant to PR Notice 98-10 revi              | ising label.                        |  |                                       |                            |   |                                |  |
|   |  |                                     | •  |                                       |                            |   |                                |  |
|   |  |                                     |  |                                       |                            |   |                                |  |
|   | -  |                                     | O= =4! = ==  | · · · · · · · · · · · · · · · · · · · |                            |   |                                |  |
|   |  |                                     | Section - III  |                                       |                            |   |                                |  |
|   | t Will Be Packaged In:                   | . · ·                               | 1  |                                       |                            | la <b>=</b> /a                            |                                |  |
| <u> </u>  | Child-Resistant Packaging Unit Packaging |                                     | Water Soluble Packaging  |                                       | 2. Type of Container       |   |                                |  |
|   | Yes* Yes                                 |                                     | Yes  |                                       | Metal                      |   |                                |  |
| ∐ No  | No No                                    | NI                                  | 14 827 8   | No                                    | NI                         | ☐ Plastic                                 |                                |  |
| to-mid-min-much   | If "Yes"                                 | No. per                             | If "Yes"   |                                       | No. per                    | Glass                                     |                                |  |
| *Certification must   | Unit Packaging wgt.                      | container                           | Package wgt.   |                                       | container<br>I             | Paper                                     | Promise A                      |  |
| be submitted  | tente information                        | 4 Sizo(o) Bo                        | tail Container   |                                       | E Location of              | Other (S                                  |                                |  |
| 3. Location of Net Conf   |  | 4. 5120(S) HE                       | ize(s) Retail Container  |                                       |                            | 5. Location of Label Directions  On Label |                                |  |
| Label Container   |  |                                     |  | On Labeling accompanying product      |                            |   |                                |  |
| 6 Manner in Which La  | hal is Affixed to Product                | Lithograph                          |  |                                       | Other                      | On Labeling a                             | accompanying product           |  |
|   |  |                                     |  | لــا                                  | Other                      |   |                                |  |
|   |  | Paper glued Stenciled               |  |                                       |                            |   |                                |  |
| <del></del>   |  | Stericiled                          | Section - IV   |                                       |                            |   |                                |  |
| 1 Contest Baint (Com  | plete items directly below for idea      | ntification of in                   |  |                                       | caccani to ne              | acce this and                             | lication \                     |  |
|   | nata itams unectly below for Idel        |                                     | uiviuuai to De CO  | macieu, II ne                         | cossary, 10 pro            | <del>,</del>                              |                                |  |
| Name Title  |  |                                     |  |                                       |                            | (763) 544-0                               | ວ. (Inclûtiê Ârea Code)        |  |
| JULIE B. SCHLEKAU R   |  |                                     | Registration Specialist  |                                       |                            | [(763) 5 <del>44-</del> (                 | 000 0                          |  |
|   |  | Certification                       |  |                                       |                            | L   | G Data Application             |  |
| I certify that the statements I have made on this form and all attachments thereto are true, accurate and c |  |                                     |  |                                       | rata and sampl             | 000000                                    | 6. Date Application            |  |
|   |  |                                     |  |                                       | Received,                  |   |                                |  |
|   |  |                                     |  |                                       |                            |   |                                |  |
| both under applicable law.  |  |                                     | Titlo  |                                       |                            | 00000                                     | ို့ (Stamped)                  |  |
| 2. Signature  |  | 3. Title<br>Registration Specialist |  |                                       | 00000                      | o o                                       |                                |  |
| 1 July  | opecialist                               |                                     |  |                                       | I                          |   |                                |  |
| 1   | e & Schlitan                             | -                                   |  |                                       |                            |   | 2000                           |  |
| 4. Tupod News   |  | E Data                              |  |                                       |                            |   | 0000                           |  |
| 4. Typed Name<br>JULIE B. SCHLEK  |  | 5. Date .<br>7/16/2007              |  |                                       |                            |   | 0 6                            |  |

## McLAUGHLIN GORMLEY KING COMPANY

8810 Tenth Avenue North • Minneapolis, MN 55427-4319 U.S.A. 763-544-0341 • 800-645-6466 • Fax 763-544-6437 • www.mgk.com

July 16, 2007

8129

Document Processing Desk (NOTIF)
Office of Pesticide Programs (H7504P)
U.S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

Subject:

Notification per PR Notice 98-10

EVERCIDE® Esfenvalerate 50% Concentrate

EPA Reg. No. 1021-1562

Dear Sir/Madam:

By Notification we are deleting a sentence referencing technical literature for the product which is no longer available.

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 a 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 to enforcement action and penalties under sections 12 and 14 of FIFRA.

If you have any questions or need further information, please feel free to give us a call.

Sincerely,

Julie B. Schlekau

Registration Specialist

julie.schlekau@mgk.com

July B Shlikan

763-544-6437 - Fax

800-645-6466 - Telephone

Enclosures

AUG 2 8 2007

**EVERCIDE®** Esfenvalerate 50% Concentrate

# MGK

McLAUGHLIN **GORMLEY** KING COMPANY

8810 Tenth Avenue N. / Minneapolis, Minnesota 55427-4319 U.S.A. - Telephone (763) 544-0341

An Insecticide for Manufacturing Use Only

### **ACTIVE INGREDIENT:** 50.00% (S)-cyano(3-phenoxyphenyl)methyl-(S)-4-chloro-alpha-(1methylethyl)benzeneacetate ..... OTHER INGREDIENTS..... 50.00% 100.00%

EVERCIDE® - Registered trademark of McLaughlin Gormley King Company

## KEEP OUT OF REACH OF CHILDREN **WARNING**

| FIRST AID                  |   |  |  |  |  |
|----------------------------|---|--|--|--|--|
| IF IN EYES:                | <ul> <li>Hold eye open and rinse slowly and gently with water for 15-20 minutes.</li> <li>Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eyes.</li> <li>Call a poison control center or doctor for treatment advice.</li> </ul>  |  |  |  |  |
| IF SWALLOWED:              | <ul> <li>Call a poison control center or doctor immediately for treatment advice.</li> <li>Have a person sip a glass of water if able to swallow.</li> <li>Do not induce vorniting unless told to do so by a poison control center or a doctor.</li> <li>Do not give anything by mouth to an unconscious person.</li> </ul> |  |  |  |  |
| IF ON SKIN OR<br>CLOTHING: | <ul> <li>Take off contaminated clothing.</li> <li>Rinse skin immediately with plenty of water for 15-20 minutes.</li> <li>Call a poison control center or doctor for treatment advice.</li> </ul>   |  |  |  |  |
| IF INHALED:                | <ul> <li>Move person to fresh air.</li> <li>If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth if possible.</li> <li>Call a poison control center or doctor for further treatment advice.</li> </ul>   |  |  |  |  |

Have the product container or label with you when calling a poison control center or doctor or going for treatment. For information regarding medical emergencies or pesticide incidents, call 1-888-740-8712.

> Net Contents Manufactured by: Mc LAUGHLIN GORMLEY KING COMPANY 8810 Tenth Avenue North Minneapolis, MN 55427

EPA Reg. No. 1021-1562

EPA Est. No. 1021-MN-2

## PRECAUTION ARY STATEMENTS HAZARDS TO HUMANS AND DOMESTIC ANIMALS

Causes substantial but temporary eye injury. Do not get in eyes or or, skin or clothing. Wear goggles or face shield when handling this material. Harnful if swallowed, inhaled or absorbed through skin. Avoid breathing vapor. Wash thoroughly with soap and warm water after handling. Remove contaminated clothing and wash before reuse. Avoid contamination of food and feedstuffs.

## **ENVIRONMENTAL HAZARDS**

This pesticide is extremely toxic to fish and other 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 into sewer systems without previously notifying the local sewage treatment plant authority. For quidance, contact your State Water Board or Regional Office of the EPA.

## PHYSICAL OR CHEMICAL HAZARDS

Do not use or store near heat or open flame.

## **DIRECTIONS FOR USE**

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

This product is to be used with appropriate solvents, carriers, and for pressurized products, propellents in the manufacture of insecticide sprays.

Formulators who use this product may be responsible for providing data to support their own registrations with the appropriate regulatory agencies.

Warm gently to liquefy and mix well in drum before sampling and each use.

## STORAGE AND DISPOSAL

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

STORAGE: Store tightly closed container in a dry place.

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

CONTAINER DISPOSAL: Triple rinse (or equivalent) and offer for recycling or reconditioning, or dispose of in a sanitary landfill or by other procedures approved by State and Local authorities.