

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

> 01101-01 PREVENTION PERTUDES AND TOBEN BARSEN TN

November 20, 2006

Julie B. Schlekau McLaughlin Gormley King Company 8810 Tenth Avenue North Minneapolis, MN 55427

| SUBJECT: | Applications for Pesticide Notification           |                        |
|----------|---------------------------------------------------|------------------------|
|          | EVERCIDE® Vegetable and Garden Insect Killer 2526 | EPA Reg. No. 1021-1582 |
|          | MGK® Insect Repellent Spray 2559                  | EPA Reg. No. 1021-1600 |
|          | VEVERCIDE® Residual Ant & Roach Spray 2543        | EPA Reg. No. 1021-1601 |
|          | EVERCIDE® Emulsifiable Concentrate 2668           | EPA Reg. No. 1021-1645 |
|          | MULTICIDE® Wasp and Hornet Killer 2695            | EPA Reg. No. 1021-1649 |
|          | EVERCIDE® House & Garden Spray 2664               | EPA Reg. No. 1021-1667 |
|          | PYROCIDE® Home & Garden                           | EPA Reg. No. 1021-1705 |
|          | PYROCIDE® Flea & Tick Shampoo 51921               | EPA Reg. No. 1021-1723 |
|          | EVERCIDE® Permethrin Dust 2786                    | EPA Reg. No. 1021-1749 |
|          | EVERCIDE® Outdoor Insect Control 2790             | EPA Reg. No. 1021-1760 |
|          | MGK® Wasp & Hornet Killer Aerosol                 | EPA Reg. No. 1021-1775 |
|          | MULTICIDE® Wasp & Hornet Spray 20863              | EPA Reg. No. 1021-1784 |
|          | EVERCIDE® Ant and Roach Spray 21322               | EPA Reg. No. 1021-1808 |
|          | Applications Dated October 25, 2006               |                        |

Dear Ms. Schlekau:

The Agency is in receipt of your Applications for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 for the above products. The Registration Division (RD) has conducted a preliminary screen of this request for its applicability under PRN 98-10 and finds that the actions requested fall within the scope of PRN 98-10. The labels submitted with the applications have been stamped "Notification" and will be placed in our records. If you have any questions, please me directly at 703-305-6249 or Terri Stowe of my staff at 703-305-6117.

Sincerely,

p

Linda Arrington Notifications & Minor Formulations Team Leader Registration Division (7505P) Office of Pesticide Programs

| Please read instructions before com                                                                                                          | oletino lorm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               |               |                  | Form Approve                          | id OMB No 2070-00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 060. Approval expires 05-31-98 2/5                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                              | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ed States                                                                                                                                                                     |               | <u>_</u>         | Registra                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OPP Identifier Number                                                                                                    |
| \$€PA                                                                                                                                        | Environmental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Protection Ac                                                                                                                                                                 | aencv         |                  | Amendr                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
| Washington, DC 20460                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | <b>J</b>      | X                | Other                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Application                                                                                                                                                                   | for Pesticid  | e - Section      | n l                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
| 1. Company/Product Numb                                                                                                                      | ويهالنا فاستعدمه الاستقانية والمتحاط والمتحد والمتحد والمتحد والمتحد والمتحد والمحاط و                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               | 2. EPA Produ  |                  |                                       | 3. Proposed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Classification                                                                                                           |
| 1021-1601                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | George Lai    | -                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
| 4. Company/Product (Nam                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | PM#           |                  | <u> </u>                              | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |
|                                                                                                                                              | I Ant & roach Spray 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 543                                                                                                                                                                           |               | 13               | 3                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
| 5. Name and Address of A                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | 6. Expedited  |                  |                                       | with FIFRA Sect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tion 3(c)(3)(b)(i), my                                                                                                   |
|                                                                                                                                              | LEY KING COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,                                                                                                                                                                             |               |                  |                                       | sition and labelir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |
| 8810 TENTH AVENU                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | ľ             |                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                        |
| MINNEAPOLIS, MN 5                                                                                                                            | 5427                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               | EPA Reg. No   | 0.               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | _             |                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | Product Nam   | ne               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
| Check if this                                                                                                                                | is a new address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |               |                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | Section - II  |                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
| Amendment                                                                                                                                    | - Explain below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ·····                                                                                                                                                                         |               |                  | Final printe                          | d labels in resp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | onse to                                                                                                                  |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               |               |                  | Agency let                            | ter dated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                          |
| Resubmissio                                                                                                                                  | n in response to Agency lett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | er dated                                                                                                                                                                      |               |                  | "Me Too" A                            | oplication.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                          |
|                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               |               |                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
|                                                                                                                                              | Explain below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               |               |                  | Other - Exp                           | plain below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |
| Explanation: Use addition                                                                                                                    | al page(s) if necessary. (Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | or section I and S                                                                                                                                                            | Section II.)  |                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NOTIFICATION                                                                                                             |
| Notification deleting 1-                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               |               |                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NOV 2 0 2007                                                                                                             |
| Notification deleting 1-                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               |               |                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
| Notification deleting 1-                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | Section - III |                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
|                                                                                                                                              | II Be Packaged In:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               | Section - III |                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |
| Notification deleting 1-                                                                                                                     | I Be Packaged In:<br>Unit Packaging                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               | Section - III | Packaging        | · · · · · · · · · · · · · · · · · · · | 2. Type of C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |
| 1. Material This Product Wi                                                                                                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | Water Soluble | Packaging<br>Yes |                                       | 2. Type of C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |
| 1. Material This Product Wi<br>Child-Resistant Packaging                                                                                     | Unit Packaging                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               | Water Soluble |                  |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Container                                                                                                                |
| 1. Material This Product Wi<br>Child-Resistant Packaging<br>Yes*                                                                             | Unit Packaging                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No. per                                                                                                                                                                       | Water Soluble | Yes              | No. per                               | Metal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Container                                                                                                                |
| 1. Material This Product Wi<br>Child-Resistant Packaging<br>Yes*                                                                             | Unit Packaging<br>Yes<br>No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ····                                                                                                                                                                          | Water Soluble | Yes              | No. per<br>container                  | Metal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Container                                                                                                                |
| 1. Material This Product Wi<br>Child-Resistant Packaging<br>Yes*<br>No                                                                       | Unit Packaging<br>Yes<br>No<br>If "Yes"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No. per                                                                                                                                                                       | Water Soluble | Yes              | •                                     | Metal     Plastic     Glass     Paper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Container                                                                                                                |
| 1. Material This Product Wi<br>Child-Resistant Packaging<br>Yes*<br>No<br>*Certification must                                                | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No. per                                                                                                                                                                       | Water Soluble | Yes              | container                             | Metal     Plastic     Glass     Paper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Container                                                                                                                |
| 1. Material This Product Wi<br>Child-Resistant Packaging<br>Yes*<br>No<br>*Certification must<br>be submitted                                | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No. per<br>container                                                                                                                                                          | Water Soluble | Yes              | container                             | Metal Blastic Glass Baper Other (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Container                                                                                                                |
| 1. Material This Product Wi<br>Child-Resistant Packaging<br>Yes*<br>No<br>*Certification must<br>be submitted<br>3. Location of Net Contents | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.<br>information<br>Container                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No. per<br>container<br>4. Size(s) Reta                                                                                                                                       | Water Soluble | Yes              | container                             | of Label Directi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Container                                                                                                                |
| 1. Material This Product Wi<br>Child-Resistant Packaging<br>Yes*<br>No<br>*Certification must<br>be submitted<br>3. Location of Net Contents | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.<br>information<br>Container                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No. per<br>container<br>4. Size(s) Reta<br>Lithograph                                                                                                                         | Water Soluble | Yes              | container                             | of Label Directi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Container<br>Container<br>Specify)<br>ons                                                                                |
| 1. Material This Product Wi<br>Child-Resistant Packaging<br>Yes*<br>No<br>*Certification must<br>be submitted<br>3. Location of Net Contents | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.<br>information<br>Container                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No. per<br>container<br>4. Size(s) Reta<br>Lithograph<br>Paper glued                                                                                                          | Water Soluble | Yes              | container                             | of Label Directi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Container<br>Container<br>Specify)<br>ons                                                                                |
| 1. Material This Product Wi<br>Child-Resistant Packaging<br>Yes*<br>No<br>*Certification must<br>be submitted<br>3. Location of Net Contents | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.<br>information<br>Container                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No. per<br>container<br>4. Size(s) Reta<br>Lithograph<br>Paper glued<br>Stenciled                                                                                             | Water Soluble | Yes              | container                             | of Label Directi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Container<br>Container<br>Specify)<br>ons                                                                                |
|                                                                                                                                              | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.<br>information<br>Container                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No. per<br>container<br>4. Size(s) Reta<br>Lithograph<br>Paper glued<br>Stenciled                                                                                             | Water Soluble | Yes<br>No        | Container                             | Metal     Plastic     Glass     Paper     Other (     On Label     On Labeling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Container<br>Specify)<br>ons<br>accompanying product                                                                     |
|                                                                                                                                              | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.<br>information<br>Container                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No. per<br>container<br>4. Size(s) Reta<br>Lithograph<br>Paper glued<br>Stenciled                                                                                             | Water Soluble | Yes<br>No        | Container                             | Metal<br>Plastic<br>Glass<br>Paper<br>Other (<br>of Label Directi<br>On Label<br>On Labeling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Container<br>Specify)<br>ons<br>accompanying product                                                                     |
| 1. Material This Product Wi<br>Child-Resistant Packaging<br>Yes*<br>No<br>*Certification must<br>be submitted<br>3. Location of Net Contents | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.<br>information<br>Container                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No. per<br>container<br>4. Size(s) Reta<br>Lithograph<br>Paper glued<br>Stenciled                                                                                             | Water Soluble | Yes<br>No        | Container                             | Metal<br>Plastic<br>Glass<br>Paper<br>Other (<br>of Label Directi<br>On Label<br>On Labeling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Container<br>Specify)<br>ons<br>accompanying product<br>cation.)                                                         |
|                                                                                                                                              | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.<br>information<br>Container                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No. per<br>container<br>4. Size(s) Reta<br>Lithograph<br>Paper glued<br>Stenciled<br>Stenciled                                                                                | Water Soluble | Yes<br>No        | Container                             | Metal Metal Metal Relation RelatioRelatio Relation Relation Relation Relation Relati | Container<br>Specify)<br>ons<br>accompanying product<br>cation.)<br>o. (Include Area Code)<br>0341                       |
|                                                                                                                                              | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.<br>information<br>Container<br>s Affixed to Product                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No. per<br>container<br>4. Size(s) Reta<br>Lithograph<br>Paper glued<br>Stenciled<br>Stenciled<br>Stenciled<br>Certification<br>and all attachme                              | Water Soluble | Yes<br>No        | container<br>5. Location<br>Other     | Metal     Plastic     Glass     Paper     Other (     of Label Directi     On Label     On Labeling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Container<br>Specify)<br>ons<br>accompanying product<br>cation.)                                                         |
|                                                                                                                                              | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.<br>information<br>Container<br>Affixed to Product<br>items directly below for identification<br>items directly belo | No. per<br>container<br>4. Size(s) Reta<br>Lithograph<br>Paper glued<br>Stenciled<br>Stenciled<br>Stenciled<br>Certification<br>and all attachme                              | Water Soluble | Yes<br>No        | container<br>5. Location<br>Other     | Metal     Plastic     Glass     Paper     Other (     of Label Directi     On Label     On Labeling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Specify)<br>ons<br>accompanying product<br>cation.)<br>o. (Include Area Code)<br>0341<br>6. Date Application<br>Received |
|                                                                                                                                              | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.<br>information<br>Container<br>s Affixed to Product                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No. per<br>container<br>4. Size(s) Reta<br>Lithograph<br>Paper glued<br>Stenciled<br>Stenciled<br>Stenciled<br>Certification<br>and all attachment<br>statement may           | Water Soluble | Yes<br>No        | container<br>5. Location<br>Other     | Metal     Plastic     Glass     Paper     Other (     of Label Directi     On Label     On Labeling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Specify)<br>ons<br>accompanying product<br>cation.)<br>o. (Include Area Code)<br>0341<br>6. Date Application             |
|                                                                                                                                              | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.<br>information<br>Container<br>s Affixed to Product                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No. per<br>container<br>4. Size(s) Reta<br>Lithograph<br>Paper glued<br>Stenciled<br>Stenciled<br>Stenciled<br>Certification<br>and all attachme                              | Water Soluble | Yes<br>No        | container<br>5. Location<br>Other     | Metal     Plastic     Glass     Paper     Other (     of Label Directi     On Label     On Labeling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Specify)<br>ons<br>accompanying product<br>cation.)<br>o. (Include Area Code)<br>0341<br>6. Date Application<br>Received |
|                                                                                                                                              | Unit Packaging<br>Yes<br>No<br>If "Yes"<br>Unit Packaging wgt.<br>information<br>Container<br>Affixed to Product<br>items directly below for identification<br>items directly belo | No. per<br>container<br>4. Size(s) Reta<br>Lithograph<br>Paper glued<br>Stenciled<br>Stenciled<br>Stenciled<br>Certification<br>and all attachme<br>statement may<br>3. Title | Water Soluble | Yes<br>No        | container<br>5. Location<br>Other     | Metal     Plastic     Glass     Paper     Other (     of Label Directi     On Label     On Labeling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Specify)<br>ons<br>accompanying product<br>cation.)<br>o. (Include Area Code)<br>0341<br>6. Date Application<br>Received |

EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete.



MeLAUGHEIN GORMEEY 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

October 25, 2006

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

NOTIFICATION

3/5

NOV 2 0 2006

Notification per PR Notice 98-10 Subject: EVERCIDE® Residual Ant & Roach Spray 2543 EPA Reg. No. 1021-1601

Dear Sir/Madam:

Per our discussions with Jim Downing of the Labeling Unit, please find enclosed a Notification per PR Notice 98-10, wherein we have deleted the 1-800-CLEANUP number from our Storage and Disposal statement until the new PR Notice issues. We are enclosing two copies of the label with this deletion.

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.

- uhe Schlitan

Julie B. Schlekau **Registration Specialist** 

Enclosures

# NOTIFICATION

NOV 2 0 2006

## EVERCIDE® Residual Ant & Roach Sprav 2543

# MCLAUGHLIN GORMLEY

KING COMPANY

8810 Tenth Avenue N. / Minneapolis, Minnesota 55427-4372 U.S.A. - Telephone (763) 544-0341

## Pressurized Spray

Effective up to 7 weeks against: Ants, Cockroaches and Other Listed Crawling Insects

Effective for 3 weeks against Flies & Mosquitoes Special Valve Works Upright or Upside Down

Endicates alternate or optional wording.

For Use in Homes and Non-Food Areas of Kennels, Commercial Buildings: Warehouses. Theatres, Office Buildings, Schools, Motels, Hotels, Restaurants, and Food Processing Facilities, IIndustrial IInstitutional)

IPRECAUCIÓN Si usted no entiende la etiqueta, busque a alguien para que se la explique a usted en detalle. (If you do not understand the label, find someone to explain it to you in detail).]

#### ACTIVE INGREDIENTS

\*\*

| (RS)-2-Methyl-4-oxo-3-(2-propynyl) cyclopent-2-enyl (1RS)-cis, | 0.03%   |
|----------------------------------------------------------------|---------|
| trans-chrysanthemate                                           |         |
| Esfenvalerate                                                  | 0.05%   |
| * N-Octyl bicycloheptene dicarboximide                         | 0.25%   |
| OTHER INGREDIENTS                                              | 99.67%  |
|                                                                | 100.00% |

MGK® 264. Insecticide Syneraist

Contains petroleum distillates

EVERCIDE, MGK® - Registered trademarks of McLauchlin Gormlev King Company

# KEEP OUT OF REACH OF CHILDREN CAUTION

|                            | FIRST AID                                                                                                                                                                                                                                                               |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 by mouth-to-mouth, if possible.</li> <li>Call a poison control center or doctor for further treatment advice.</li> </ul> |
| 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 eye.</li> <li>Call a poison control center or doctor for treatment advice.</li> </ul>     |

| IF SWALLOWED:               | ٠     | Immediately call a poison control center or dostor.               |
|-----------------------------|-------|-------------------------------------------------------------------|
|                             | •     | Do not induce vomiting unless told to do so by a poison control   |
|                             |       | center or doctor.                                                 |
|                             | •     | Do not give any liquid to the person.                             |
|                             |       | Do not give anything by mouth to an unconscious person.           |
|                             |       | NOTE TO PHYSICIAN                                                 |
| Contains petroleum distilla | ate - | - vomiting may cause aspiration pneumonia.                        |
| Have the product contained  | er or | label with you when calling a poison control center or doctor, or |
| going for treatment. For i  | nfon  | mation regarding medical emergencies or pesticide incidents, call |
| the International Poison C  |       |                                                                   |

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

EPA Reg. No. 1021-1601

EPA Est. No. 1021-MN-2

#### PRECAUTIONARY STATEMENTS HAZARDS TO HUMANS AND DOMESTIC ANIMALS CAUTION

Harmful if swallowed, absorbed through skin or inhaled. Avoid contact with skin, eves or clothing. Avoid breathing vapors or spray mist. Causes moderate eve irritation. Remove contaminated clothing and wash before reuse. Wash thoroughly with soap and water after handling.

Remove pets and birds and cover fish aquariums before spraving

Do not allow children or pets to contact treated surfaces until spray has dried.

#### ENVIRONMENTAL HAZARDS

This pesticide is toxic to fish and aquatic invertebrates. Do not apply directly to any body of water.

#### PHYSICAL OR CHEMICAL HAZARDS

FLAMMABLE: Keep away from heat, sparks, and open flame. Do not use under or around gas stoves, water heaters, or other gas utilities (including home heating units) with open flames or pilot lights. Contents under pressure. Do not puncture or incinerate container. Exposure to temperatures above 130°F may cause bursting. Do not use this product in or on electrical equipment due to the possibility of shock hazard.

#### DIRECTIONS FOR USE

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

SHAKE WELL BEFORE USE

General: Use this spray as a spot or crack and crevice treatment to control cockroaches, fleas, silverfish, ticks, waterbugs, and other insects listed below. Apply this product only as a coarse spray or crack and crevice treatment to localized areas where pests are found or may occur. Spray surfaces until wet.

> Page 1 of 2 2543-1006

Do not use in food/feed areas of food/feed handling establishments, restaurants or other areas where food/feed is commercially prepared or processed. Do not use in serving areas while food is exposed or facility is in operation. Serving areas are areas where prepared foods are served such as dining rooms but excluding areas where foods may be prepared or held.

In the home, cover all food handling surfaces and cover or remove all food and cooking utensils, or wash thoroughly after treatment.

Non-food/feed areas of food/feed areas are areas such as garbage rooms, lavatories, floor drains (to sewers entries and vestibules), offices, locker rooms, machine rooms, boiler rooms, garages, mop closets and storage (after canning or bottling).

Avoid contamination of food and feedstuffs.

#### FOR SPOT TREATMENT:

<u>To Kill Ants, Black Widow Spiders, Carpet Beetles, Cockroaches, Crickets, Scorpions, Silverfish,</u> <u>Sowbugs, and Spiders</u>: Spray areas where these insects are found or may hide, including dark corners of rooms and closets; cracks and crevices in walls; along baseboards and door and window frames; behind and beneath sinks, stoves, refrigerators, and cabinets; and around garbage cans, plumbing, and other utility installations. Pests driven out of hiding places should be sprayed directly. For ants, spray ant trails and around doors and windows, and wherever else these pests may find entrance.

<u>To Kill Brown Dog Ticks and Fleas</u>: Thoroughly spray as a spot treatment to infested areas such as pet beds and resting quarters, nearby cracks and crevices, along and behind baseboards, window and door frames, and localized areas of floor and floor coverings where these pests may be present. Pet's old bedding should be removed and replaced with clean, fresh bedding after treatment. DO NOT SPRAY PETS WITH THIS PRODUCT. Pets should be treated with a registered flea and tick control product prior to reentering treated areas.

FOR CRACK AND CREVICE TREATMENT:

To Kill Ants, Black Widow Spiders, Brown Dog Ticks, Carpet Beetles, Cockroaches, Crickets, Fleas, Scorpions, Silverlish, Sowbugs, and Spiders: Apply spray in small amounts directly into cracks and crevices. Equipment capable of delivering a pin stream should be used in points between different elements of construction, between equipment and floors, openings leading to voids and hollow spaces in walls, equipment legs and bases where these inscets hide.

Care should be taken to avoid depositing the product onto exposed surfaces or introducing the material into the air. Avoid contamination of food or food handling surfaces.

<u>Flies and Mosquitoes</u>: Use only outdoors as an aid in reducing arnoyance from these insects. Spray outside surfaces of window and door frames as well as other areas where these pests may enter the home. Also spray dark corners and localized resting areas (such as under eaves) or porches, patios, and garages where these insects may congregate. Flies and mosquitoes coming to rest on treated surfaces will be killed. Repeat treatment every three weeks.

## STORAGE AND DISPOSAL

STORAGE: Store in a cool, dry place. Keep container closed. Do not puncture or incinerate.

#### DISPOSAL:

If empty: Do not reuse this container. Place in trash or offer for recycling if available.

If partly filled: Call your local solid waste agency for disposal instructions. Never place unused product down any indoor or outdoor drain.

Page 2 of 2 2543-1006