

1021-1706

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1/4



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

OFFICE OF
PREVENTION, PESTICIDES AND
TOXIC SUBSTANCES

September 27, 2007

Mr. Thomas A. Lennan
Registration Specialist
MCLAUGHLIN GORMLEY KING COMPANY
8810 Tenth Avenue North
Minneapolis, MN 55427-4319

Subject: Label Notification

Dear Mr. Lennan:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated 8/20/07 for **EPA Registration 1021-1706**. The Registration Division (RD) has conducted a review of this request for applicability under PRN 98-10 and finds that the label change(s) requested falls within the scope of PRN 98-10. The label has been date-stamped "Notification" and will be placed in our records.


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

Sincerely,

A handwritten signature in black ink, appearing to be "LS/".

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

24

	United States Environmental Protection Agency Washington, DC 20460	Registration Amendment Other	OPP Identifier Number
		X	

Application for Pesticide - Section I

1. Company/Product Number 1021-1706	2. EPA Product Manager Richard Gepken	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) AQUAPEL 25% DEET Insect Repellent Pump Spray 27411	PM# 10	
5. Name and Address of Applicant (Include Zip Code) McLAUGHLIN GORMLEY KING COMPANY 8810 TENTH AVENUE NORTH MINNEAPOLIS, MN 55427 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

NOTIFICATION
 SEP 27 2007

Section - II

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

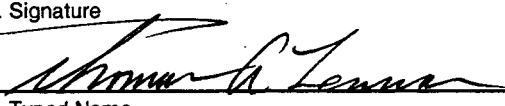
Explanation: Use additional page(s) if necessary. (For section I and Section II.)

By Notification we are adding a marketing phrase to the label and also removing a statement that was specific to the state of California that is no longer applicable.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)	
*Certification must be submitted If "Yes" Unit Packaging wgt. _____		No. per container _____		If "Yes" Package wgt. _____	
3. Location of Net Contents information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container _____		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled					

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Thomas A. Lennan	Title Registration Specialist	Telephone No. (Include Area Code) (763) 544-0341
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Registration Specialist	
4. Typed Name Thomas A. Lennan	5. Date 8/20/2007	



McLAUGHLIN
GORMLEY
KING COMPANY

NOTIFICATION

SEP 27 2007

AQUAPEL™ 25% DEET Insect Repellent Pump Spray 27411

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

[] OR () indicates alternate or optional wording

- [Water-based Insect Repellent Formula]
- [New AQUAPEL™ System]
- [Non-VOC Formula]
- [No Strong / Offensive Odor]
- [Leaves No Sticky Residue]
- [Easy To Use Pump Spray Applicator]
- [With Effective DEET Repellent] [From the Outdoor Experts]
- [Repels Mosquitoes that may carry diseases such as West Nile Virus and Encephalitis]
- [Repels Mosquitoes for 8 Hours/Provides Up To 8 Hours Protection From Mosquitoes]
- [Repels Biting Insects For 4 Hours / Provides Up To 4 Hours Protection]
- [Repels Bloodsucking Insect Pests Such As Mosquitoes, Black Flies, Ticks, and Fleas]

ACTIVE INGREDIENT:

DEET -----	25.00%
OTHER INGREDIENTS -----	75.00%
	100.00%

AQUAPEL™ - Trademark of McLaughlin Gormley King Company

**KEEP OUT OF REACH OF CHILDREN
WARNING**

FIRST AID	
IF IN EYES:	<ul style="list-style-type: none"> ▪ Hold eye open and rinse slowly and gently with water for 15-20 minutes. ▪ Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eyes. ▪ Call a poison control center or doctor for treatment advice.
IF SWALLOWED:	<ul style="list-style-type: none"> ▪ Call a poison control center or doctor immediately for treatment advice. ▪ Have a person sip a glass of water if able to swallow. ▪ Do not induce vomiting unless told to do so by a poison control center or a doctor. ▪ Do not give anything by mouth to an unconscious person.
IF YOU SUSPECT A REACTION TO THIS PRODUCT:	<ul style="list-style-type: none"> ▪ Discontinue use. ▪ Rinse skin immediately with plenty of water for 15-20 minutes. ▪ Call a poison control center or doctor for treatment advice.
<p>Have the product container or label with you when calling a poison control center or doctor or going for treatment. For information regarding medical emergencies or pesticide incidents, call 1-888-740-8712.</p>	

Net Contents _____ Fl. Oz.

Manufactured by:

Mc LAUGHLIN GORMLEY KING COMPANY

8810 Tenth Avenue North

Minneapolis, MN 55427

EPA Reg. No. 1021-1706

EPA Est. No. 1021-MN-2

**PRECAUTIONARY STATEMENTS
HAZARDS TO HUMANS AND DOMESTIC ANIMALS**

WARNING

Causes substantial but temporary eye injury. Harmful if swallowed. Do not get in eyes. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum or using tobacco. Remove and wash contaminated clothing before reuse.

DIRECTIONS FOR USE

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

AQUAPEL™ 25% DEET Repellent Pump Spray 27411 provides up to *8 hours of protection from Mosquitoes and up to 4 hours protection from Black Flies, Stable Flies, Sand Flies, Gnats, Chiggers, Fleas, and Ticks. Convenient, easy to use pump spray allows quick and thorough application to skin, hair, and clothing for maximum protection.

Read and follow all directions and precautions on this product label. Do not apply over cuts, wounds, or irritated skin. Do not apply to eyes and mouth. Apply sparingly around ears. Do not apply to children's hands. Do not allow children to handle this product. When using on children, apply to your own hands and then put it on the child. Use just enough repellent to cover exposed skin and/or clothing. Do not use under clothing. Avoid over application of this product. After returning indoors, wash treated skin with soap and water. Wash treated clothing before wearing it again. Use of this product may cause skin reactions in rare cases. If you suspect that you or your child is reacting to this product, wash treated skin and call you local Poison Control Center. If you go to a doctor, take this repellent product with you.

Hold container upright about 4 - 6 inches from skin or clothing. Do not spray in enclosed areas. If used on face, spray on hands first and then apply sparingly and avoid eyes. Do not spray directly onto face. Do not use as a space spray. Spray and spread evenly with your hand to moisten all exposed skin. Also, apply to clothing such as shirt, pants, hat, and socks. Frequent reapplication and saturation of clothing are unnecessary for effectiveness. For Chiggers and Ticks, apply to shirt and pant cuffs and socks.

NOTE: Will not damage cotton, wool, or nylon. Do not apply on or near acetate, rayon, Spandex or synthetic fabrics, nylon furniture, plastics, watch crystals, leather and painted or varnished surfaces (including automobiles).

3/4

STORAGE AND DISPOSAL

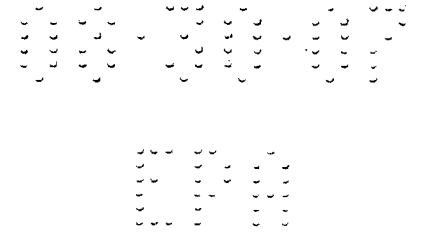
STORAGE: Store in a cool, dry place. Keep container closed.

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.

NOTIFICATION

SEP 27 2007



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