

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

OCT 3 1997

Olin Corporation
350 Knotter Drive
Cheshire, CT. 06410

Subject: Sodium Omadine 40% Aqueous Solution
EPA Registration No. 1258-843
Notification Per PR-Notice 95-2
Your Notification Dated August 26, 1997

Dear Mr. Schifilliti:

This will acknowledge receipt of your notification to add "Indoor, Nonfood Sites for Antimicrobial Products" submitted under the provisions of FIFRA section 3(c)9. Based on a review of the submitted material, the following comments apply.

The application is acceptable and the notification has been made a part of the records for this file.

Sincerely,



Marshall Swindell
Notification Coordinator
Antimicrobial Program Branch
Antimicrobial Division (7510W)

CONCURRENCES

| | | | | | | | | |
|---------|----------|--|--|--|--|--|--|--|
| SYMBOL | 7510W | | | | | | | |
| SURNAME | P. Hasty | | | | | | | |
| DATE | 9/25/97 | | | | | | | |

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Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 2-28-95



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number
212396

Application for Pesticide - Section I

| | | |
|---|--|--|
| 1. Company/Product Number 1258-843 | 2. EPA Product Manager Marshall Swindell | 3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name) Sodium Omadine 40% Aqueous Solution | PM# 33 | |
| 5. Name and Address of Applicant (Include ZIP Code) Olin Corporation 350 Knotter Drive Cheshire, CT 06410 <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 _____ | |

Section - II

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

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

Notification of "Adding Indoor, Nonfood Sites for Antimicrobial Products" per PR Notice 95-2.

Section - III

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

Section - IV

| | | |
|---|--|---|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.) | | |
| Name Diane Petroccione | Title Senior Regulatory Specialist | Telephone No. (Include Area Code) (203) 271-4154 |
| 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 (Stampcd) |
| 2. Signature | 3. Title Manager, Regulatory Services | |
| 4. Typed Name Garrett B. Schifilliti | 5. Date August 26, 1997 | |

SODIUM OMADINE® AQUEOUS SOLUTION
INDUSTRIAL MICROBIOSTAT

EPA REG. NO. 1258-843
EPA EST. NO. 1258-NY-3

ACTIVE INGREDIENT:

SODIUM 2-PYRIDINETHIOL-1-OXIDE.....40.0%

INERT INGREDIENTS.....60.0%

DIRECTIONS FOR USE.

IT IS A VIOLATION OF FEDERAL LAW TO USE THIS PRODUCT IN A MANNER
INCONSISTENT WITH ITS LABELING.

FOR THE DRY FILM PRESERVATION OF INDUSTRIAL PAINTS AND COATINGS
(NON-FOOD AND NON-MARINE).

ADDITION OF UP TO 5000 PPM (12.5 LBS. OF THIS PRODUCT PER 1000 LBS. OF
FORMULATION) OF THE ACTIVE INGREDIENT CAN INHIBIT MICROBIAL GROWTH
(BACTERIA AND FUNGI) IN THE DRY FILM OF THESE PRODUCTS. THIS PRODUCT
CAN BE ADDED AT ANY TIME DURING THE FORMULATION PROCEDURE.

WARNING

KEEP OUT OF REACH OF CHILDREN

SEE PRINCIPAL LABEL FOR COMPLETE PRECAUTIONARY INFORMATION AND
STORAGE AND HANDLING INSTRUCTIONS

ALL APPLICABLE DIRECTIONS, RESTRICTIONS, AND PRECAUTIONS ON THE
PRINCIPAL REGISTERED LABEL ARE TO BE FOLLOWED.

OLIN CORPORATION
501 MERRITT SEVEN
NORWALK, CT 06856-4500