

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

September 23, 2004

Robert W. Gruber
Regulatory Manager
Arch Chemicals, Inc.
501 Merritt 7
Norwalk, CT 06856

Subject: HTH Duration Clean Capsules
EPA Registration No. 1258-1259
Application Date: August 23, 2004
Receipt Date: September 2, 2004

Dear Mr. Gruber:

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

Proposed Notification

- addition of alternate brand name "Poolife Chlorinating Caplet Chlorinator and HTH Duration Chlorinating Tablets"

General Comments

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

The notification application is acceptable and a copy has been inserted in your file for future reference.

Should you have any questions or comments concerning this letter, please contact me at (703) 308-6345.

Sincerely,

Wanda Y. Mitchell
Product Reviewer (32)
Regulatory Management Branch II
Antimicrobials Division (7510C)

CONCURRENCES

SYMBOL	7510C	7510C					
SURNAME	E. Berg	Mitchell					
DATE	9-23-04	9-23-04					

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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

Application for Pesticide - Section I

1. Company/Product Number Arch Chemicals, Inc. / 1258-1259	2. EPA Product Manager E. Mitchell (Acting)	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Arch / HTH Duration Clean Capsules	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Arch Chemicals Inc. 501 Merritt 7 Norwalk, CT 06856-5204 <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.)

Alternate Brand Names: Poolife Chlorinating Caplet Chlorinator and HTH Duration Chlorinating Tablets
Notification of Alternate Brand Name per PR Notice 98-10. 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.

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	Metal Plastic Glass Paper Other (Specify) _____		
* Notification 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 Geri Werdig (local contact)	Title Manager, Regulatory Affairs, PRA, D.C.	Telephone No. (Include Area Code) 202-546-3260
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 <i>Robert W. Gruber</i>	3. Title Regulatory Manager, Arch Chemicals Inc., Smyrna GA 30080	
4. Typed Name ROBERT W. GRUBER	5. Date 8/23/04	

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Arch Chemicals, Inc.
1955 Lake Park Drive
Smyrna, GA 30080
Tel: 770-805-3214
Fax: 770-805-3241

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August 23, 2004

Emily Mitchell,
Acting Product Manager 32
Regulatory Management Branch II,
Antimicrobials Division (7510C), OPP
U.S. Environmental Protection Agency
1200 Pennsylvania Ave. N.W.
Washington, D.C. 20460

SUBJECT: Product name and number: HTH® Duration Clean Capsules
(1258-1259)
Company: Arch Chemicals Inc., Company Number 1258
Notification of Alternate Brand Names
Registration Fees: Not Applicable

This notification is to request Alternate Brand Names

The requested Alternate Brand Names are:

Poolife Chlorinating Caplet Chlorinator

HTH Duration Chlorinating Tablets

The attached material consists of a completed Application for Registration (Form 8570-1)

If you have questions, please contact me or Geri Werdig (202-546-3260) by phone and we will respond rapidly.

Sincerely,

A handwritten signature in black ink that reads "Robert W. Gruber" with a small "gr" at the end.

Robert W. Gruber
Regulatory Manager
Arch Chemicals Inc.

Attachment: Form 8570-1