

1448-345

08/23/2011

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY



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WASHINGTON, D.C. 20460

AUG 23 2011

OFFICE OF CHEMICAL SAFETY
AND POLLUTION PREVENTION

Glenda Akins
Regulatory Affairs Manager
Buckman Laboratories Inc.
1256 N. McLean Blvd.
Memphis, TN 38108

Subject: Busan 6040
EPA Registration No. 1448-345
Application Date: July 22, 2011
Receipt Date: July 28, 2011

Dear Glenda Akins

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

Proposed Notification

- Addition of container packaging size

General Comments

Based on a review of the material submitted, the following comment applies:

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 Wanda Henson at Henson.Wanda@epa.gov or call (703) 308-6345.

Sincerely,

Monisha Harris
Product Manager (32)

CONCURRENCE Antimicrobials Management Branch II

SYMBOL	7510P						
SURNAME	HARRIS						
DATE	8-24-11						

Please read instructions on reverse before completing form.

Form Approved OMB No. 2070-0060

Print Form



United States
Environmental Protection Agency
Washington, DC 20460

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Buckman Laboratories Inc./1448-345	2. EPA Product Manager M. Swindell	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Buckman Laboratories Inc./Busan 6040	PM# 33	
5. Name and Address of Applicant (Include ZIP Code) Buckman Laboratories, 1256 N. McLean Blvd. Memphis, TN 38108 <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 unit packaging.
See attached certification.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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. 1 gallon	No. per container 4			
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container See attachment		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" 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 Glenda Akins	Title Regulatory Affairs Mgr.	Telephone No. (Include Area Code) 901-272-6268	
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>Glenda Akins</i>	3. Title Regulatory Affairs Manager		
4. Typed Name Glenda Akins	5. Date 7-22-11		

