

1529-40

03-16-2010

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

MAR 16 2010

OFFICE OF  
PREVENTION, PESTICIDES  
AND TOXIC SUBSTANCES

Georgia Anastasiou, Agent for International Specialty Products  
Lewis & Harrison  
122 C Street, NW, #740  
Washington, DC 20001

Subject: Notification per PR Notice 2007-4  
Fungitrol® 400S Fungicide  
EPA Registration Number: 1529-40  
Application Date: February 18, 2010  
Receipt Date: February 22, 2010

Dear Ms. Anastasiou:

This letter acknowledges receipt of your notification submitted under the provisions of FIFRA section 3(c) 9 and PR Notice 2007-4.

**Proposed Notification:**

Update Container Disposal Statements per PR Notice 2007-4.

**General Comments:**

Based on a review of the submitted materials, your notification to update the Container Disposal Statements per PR Notice 2007-4 is acceptable and apart of the records on file.

Should you have further questions concerning this letter, please contact me by telephone at 703-308-6416 or by email at [mcfarlane.jacqueline@epa.gov](mailto:mcfarlane.jacqueline@epa.gov) or Killian Swift by telephone at 703-308-6346 or by email at [swift.killian@epa.gov](mailto:swift.killian@epa.gov). When submitting information or data in response to this letter, a copy of this letter should accompany the submission to facilitate processing.

Sincerely,

Jacqueline McFarlane

(Acting) Product Manager 34  
Regulatory Management Branch II  
Antimicrobials Division (7510P)

|         |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|
| SYMBOL  |  |  |  |  |  |  |  |
| SURNAME |  |  |  |  |  |  |  |
| DATE    |  |  |  |  |  |  |  |

|                                                                                                                                                                                |                                                                                                                                  |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|
|  <b>EPA</b><br>United States<br><b>Environmental Protection Agency</b><br>Washington, DC 20460 | <input type="checkbox"/> Registration<br><input type="checkbox"/> Amendment<br><input checked="" type="checkbox"/> <b>Other:</b> | OPP Identifier Number |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|

**Application for Pesticide - Section I**

|                                                                                                                                                                                                                                                                                                              |                                                        |                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Company/Product Number<br>1529-40                                                                                                                                                                                                                                                                         | 2. EPA Product Manager<br>Acting: Jacqueline McFarlane | 3. Proposed Classification<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted                                                                                  |
| 4. Company/Product (Name)<br><b>Fungitrol 400S Fungicide</b>                                                                                                                                                                                                                                                 | PM#<br>34                                              |                                                                                                                                                                                             |
| 5. Name and Address of Applicant (Include ZIP Code)<br><b>International Specialty Products</b><br><b>1361 Alps Rd.</b><br><b>Wayne, NJ 07470</b><br><u><b>PLEASE SEND ALL CORRESPONDENCE TO</b></u><br><u><b>"CONTACT POINT" LISTED BELOW</b></u><br><input type="checkbox"/> Check if this is a new address |                                                        | 6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to:<br>EPA Reg. No. _____<br>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.)

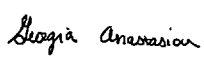
**Notification to update the storage and disposal language per PR Notice 2007-4.**

Notification of label change per PR Notice 2007-4. This notification is consistent with the guidance in PR Notice 2007-4 and the requirements of EPA's regulations at 40 CFR §§ 156.10, 156.140, 156.144, 156.146, and 156.156. No other changes have been made to the labeling or the Confidential Statement of Formula for this product. I understand that it is a violation of 18 U.S.C Sec. 1001 to willfully make any false statements to EPA. I further understand that if the amended label is not consistent with the requirements of 40 CFR §§156.10, 156.140, 156.144, 156.146 and 156.156, 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:                                                                                                                                                            |                                                                                                                                       |                                                                                                                                         |                                                                                                                                                                                                            |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes*<br><input type="checkbox"/> No                                                                                                                | Unit Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If "Yes"<br>Unit Packaging wgt.    No. per container | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If "Yes"<br>Package wgt.    No. per container | 2. Type of Container<br><input type="checkbox"/> Metal<br><input type="checkbox"/> Plastic<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Paper<br><input type="checkbox"/> Other (Specify) |
| *Certification must be submitted                                                                                                                                                                         |                                                                                                                                       |                                                                                                                                         |                                                                                                                                                                                                            |
| 3. Location of Net Contents Information<br><input type="checkbox"/> Label <input type="checkbox"/> Container                                                                                             |                                                                                                                                       | 4. Size(s) Retail Container                                                                                                             |                                                                                                                                                                                                            |
|                                                                                                                                                                                                          |                                                                                                                                       | 5. Location of Label Directions<br><input type="checkbox"/> On Label<br><input type="checkbox"/> On labeling accompanying product       |                                                                                                                                                                                                            |
| 6. Manner in Which Label is Affixed to Product<br><input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____<br><input type="checkbox"/> Paper glued<br><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 <b>Georgia Anastasiou, Lewis &amp; Harrison</b><br>122 C Street, NW, #740, Washington, DC 20001                                                                                                                                                       | Title<br>Agent for International Specialty Products    | Telephone No. (Include Area Code) 202-393-3903 (ext. 19) |
| 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<br>                                                                                                                                                        | 3. Title<br>Agent for International Specialty Products |                                                          |
| 4. Typed Name<br>Georgia Anastasiou                                                                                                                                                                                                                        | 5. Date<br>February 18, 2010                           |                                                          |

# FUNGITROL® 400S FUNGICIDE

## FOR MANUFACTURING/INDUSTRIAL USE ONLY

NOTIFICATION  
Date Reviewed: 3/16/10  
Reviewed By: K. Selt

### PRECAUTIONARY STATEMENTS HAZARDS TO HUMANS & DOMESTIC ANIMALS DANGER

Corrosive. Causes irreversible eye damage. Do not get in eyes, on skin, or on clothing. Wear protective eyewear (goggles or face shield). May be fatal if inhaled. Do not breathe dust. Wear a mask or respirator approved by NIOSH. Harmful if swallowed or absorbed through skin. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash clothing before reuse. Wear goggles or face shield, protective clothing, chemical resistant (such as nitrile or butyl gloves). Prolonged or frequently repeated skin contact may cause allergic reactions in some individuals.

### FIRST AID

**IF IN EYES:** Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after first 5 minutes, then continue rinsing eye. Call poison control center or doctor for treatment advice.

**IF INHALED:** Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth, if possible. Call a poison control center or doctor for further treatment advice.

**IF SWALLOWED:** Call poison control center or doctor immediately for treatment advice. Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by the poison control center or doctor. Do not give anything by mouth to an unconscious person.

**IF ON SKIN OR CLOTHING:** Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call a poison control center or doctor for treatment advice.

Have the product container or label with you when calling a poison control center or doctor, or going for treatment.

**Note to Physician:** Probable mucosal damage may contraindicate the use of gastric lavage.

**EMERGENCY MEDICAL INFORMATION: (800) 241-7439**

### ENVIRONMENTAL HAZARDS

This pesticide is toxic to fish and aquatic organisms. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans or other waters unless in accordance with the requirements of a National Pollutant Discharge Elimination System (NPDES) permit and the permitting authority has been notified in writing prior to discharge. Do not discharge effluent containing this product to sewer systems without previously notifying the local sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of the EPA.

### ACTIVE INGREDIENT:

3-Iodo-2-propynyl butyl carbamate..... 99.50%

OTHER INGREDIENTS..... 0.50%

TOTAL .....100.00%

**KEEP OUT OF REACH OF CHILDREN**

### DANGER

### DIRECTIONS FOR USE

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

For manufacturing use only in the formulation of end use products in the following applications:

- Dry film paint.
- Aqueous metalworking, cutting, cooling, and lubricating fluids and concentrates.
- Paper coatings, plastics and plastic coatings, cordage, inks, and wood preservatives.
- Cement based products.
- Non-medical, non-food contact aqueous, solvent and non-solvent based systems such as natural and synthetic adhesives, caulks, patching compounds, sealants, grouts, latexes such as sbr/latex used in the manufacture of flooring adhesives or carpet backings.
- Pigment dispersions\* and slurries\*.
- Gypsum slurries for wallboard (drywall and gypsum board)\*.
- Household, consumer, industrial, institutional, and janitorial products\* such as liquid and solid air fresheners\*, dish detergents\*, laundry products\*, soaps and detergents\*, non-food contact surface cleaners\*, floor care products\*, bathroom cleaners\*, window cleaners\*, fabric care products\*, automotive care products\*, and furniture care products\*.

Formulators using this product are responsible for obtaining EPA registration of their formulated product(s) and developing efficacy data to support registration of their product(s).

### STORAGE AND DISPOSAL

**Do not contaminate water, food, or feed by storage or disposal.**

**PESTICIDE STORAGE** - Do not store with strong oxidizing agents or strong (concentrated) acids. Keep container tightly closed when not in use. Do not reuse container.

**PESTICIDE DISPOSAL** - Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide, spray mixture, or rinsate is a violation of Federal Law. If these wastes cannot be disposed of by use according to label instructions, contact your local State Pesticide or Environmental Control Agency, or the Hazardous Waste representative at the nearest EPA Regional Office for guidance.

**CONTAINER HANDLING** - Non-refillable container. Do not reuse or refill this container. Triple rinse (or equivalent) promptly after emptying. Triple rinse as follows: Empty the remaining contents into application equipment or a mix tank. Fill the container ¼ full with water. Replace and tighten closures. Tip container on its side and roll back and forth, ensuring at least one complete revolution, for 30 seconds. Stand the container on its end and tip back and forth several times. Empty the rinsate into application equipment or a mix tank or store rinsate for later use or disposal. Repeat this procedure two more times. Then offer for recycling or reconditioning, or puncture and dispose of in a sanitary landfill, or incineration or, if allowed by state and local authorities, by burning. If burned stay out of smoke.

\*This use application is not approved for use in California.



International  
Specialty  
Products  
1361 Alps Rd.  
Wayne, NJ 07470

NOTE: READ THE MATERIAL SAFETY DATA  
SHEET BEFORE  
USING THIS PRODUCT.

IN CASE OF TRANSPORTATION EMERGENCY  
CALL CHEMTREC 800-424-9300 (703-527-3887)

Net Contents: 110LBS/50KG

EPA Reg. No.: 1529-40  
EPA Est. No.: 1529-CAN-001

EPA-CL-2/10

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