

1839-35

5/5/2011

1 of 4

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

MAY -5 2011

Nancy S. Maitzen  
Regulatory Specialist  
Stepan Company  
22 W. Frontage Rd.  
Northfield, Illinois 60093

Subject: Onyxide 3300  
EPA Registration Number 1839-35  
Notification Application Dated April 7, 2011  
EPA Received Date April 8, 2011

Dear Ms. Maitzen:

This will knowledge receipt of your notification, submitted under the provisions of FIFRA section 3c 9. Based on a review of the submitted material the following comment apply.

**Proposed Amendment:**

- Add use sites to Direction For Use "wood preservative-seasoned wood pressure/thermal treatment and sapstain treatment

**General Comments:**

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

The notification is acceptable. A copy has been inserted in your file for future reference.

Should you have any questions or comments concerning this letter, please contact Drusilla Copeland at (703) 308-6224.

Sincerely,



Velma Noble  
Product Manager (31)

Regulatory Management Branch I  
Antimicrobials Division (7510P)

SYMBOL							
SURNAME							
DATE							



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 1839-35	2. EPA Product Manager Velma Noble	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) ONYXIDE® 3300	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) STEPAN COMPANY 22 W. Frontage Rd. Northfield, IL 60093 <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: <input checked="" type="checkbox"/> 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.)

The purpose of this notification is to add the use sites, wood preservative-seasoned wood pressure/thermal treatment and sapstain treatment, to the fourth paragraph in the Directions for Use. These use sites were on our previous label (06/22/05-copy enclosed) and were inadvertently omitted from the label approved under the agency letter dated 06/17/2010.

### Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Plastic
				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	Other (Specify) _____	
If "Yes" Package wgt.					
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 55 gal, totes		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 checked="" 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 Nancy S. Maitzen	Title Regulatory Analyst	Telephone No. (Include Area Code) 847/501-2278
<b>Certification</b> 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>Nancy S. Maitzen</i>	3. Title Regulatory Analyst	
4. Typed Name Nancy S. Maitzen	5. Date April 7, 2011	



