

1839-120

3/5/2007

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

OFFICE OF
PREVENTION, PESTICIDES
AND TOXIC SUBSTANCES

Thomas Isaac
Senior Regulatory Specialist
Stepan Company
22 W. Frontage Rd.
Northfield, IL 60093

Subject: Humidifier Bacteria-Algae Treatment
EPA Reg. No. 1839-120
Application Dated: February 22, 2007
Receipt Date: February 22, 2007

Dear Mr. Isaac,

The following notification submitted in connection with registration under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) section 3(c) 9 and the provisions of PR Notice 98-10, is acceptable.

Proposed Notification

- Addition of humidifier descriptor **evaporative**.

Comments

Based on a review of the material submitted, the following comments apply:
This application for notification to add a descriptor is acceptable. A copy has been placed in our records for future reference.

Should you have any questions or comments concerning this letter, please contact Velma Noble at (703) 308-6233.

Sincerely,

Velma Noble
Product Manager (31)
Regulatory Management Branch 1
Antimicrobial Division (7510c)0

7510c		3/5/07		COMPLIANCE	

Please read instructions on reverse before completing form.

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



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 1839-120	2. EPA Product Manager Velma Noble	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Humidifier Bacteria-Algae Treatment	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: 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.)

Addition of the humidifier descriptor "evaporative" to further define the humidifier unit to be treated.

Section - III

1. Material This Product Will Be Packaged In:			
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"/> Text No	2. Type of Container <input type="checkbox"/> Metal <input checked="" 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 checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 4-32 ozs.	
		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 Thomas W. Isaac	Title Sr. Regulatory Specialist	Telephone No. (Include Area Code) (847) 501-2379
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>Thomas W. Isaac</i>	3. Title Sr. Regulatory Specialist	
4. Typed Name Thomas W. Isaac	5. Date February 22, 2007	

Stepan

Stepan Company

Northfield, Illinois 60093
Telephone 847 7500

387

"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."

Thomas W. France
Sr. Regulatory Specialist

Date: February 22, 2007



Printed on Recycled Paper

February 22, 2007

Document Processing Desk (NOTIF)
Office of Pesticide Programs
U.S. Environmental Protection Agency
Antimicrobials Division (7510P)
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

ATTN: Ms. Velma Noble
PM-31
Regulatory Management Branch I

RE: Humidifier Bacteria-Algae Treatment
EPA Reg. No. 1839-120

Dear Ms. Noble:

This Notification proposes the following label addition:

1. Addition of the humidifier descriptor "**evaporative**" to further define the humidifier unit to be treated.

Five (5) copies of the proposed label are enclosed are for Agency review. One copy is highlighted to illustrate the proposed label addition.

Should you have any questions concerning this submission, please contact me at (847) 501-2309 or via email: tisaac@stepan.com.

Sincerely,
STEPAN COMPANY

Thomas W. Isaac

Thomas W. Isaac
Sr. Regulatory Specialist

Enclosures: 1839-120 label (5 copies)
TWI:slf

018-07-TI-EPA-1839-120



Humidifier Bacteria-Algae Treatment

Humidifier Bacteria-Algae treatment is a bacteriostat which can control the build-up of bacteria and algae in water tanks of portable, (evaporative) humidifiers.

ACTIVE INGREDIENTS

n-Alkyl (60% C ₁₄ , 30% C ₁₆ , 5% C ₁₂ 5% C ₁₈) dimethyl benzyl ammonium chlorides	2.25%
n-Alkyl (68% C ₁₂ , 32% C ₁₄) dimethyl ethylbenzyl ammonium chlorides	2.25%
INERT INGREDIENTS	<u>95.50%</u>
Total	100.00%

KEEP OUT OF REACH OF CHILDREN

WARNING

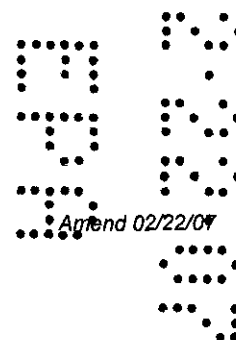
See side panels for additional precautionary statements.

EPA REG. NO. 1839-120
EPA EST. NO. 1839-IL-01

STEPAN COMPANY
22 West Frontage Road • Northfield, IL 60093

NET CONTENTS

(center panel)



DIRECTIONS FOR USE

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

Humidifier Bacteria-Algae Treatment is designed for use in portable, (evaporative) humidifiers.

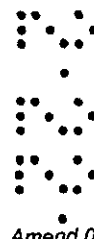
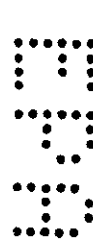
Be sure humidifier water tank and filters are thoroughly cleaned before each heating season.

For every gallon of water contained in the humidifier tank, add one capful of this product. When you refill the tank, add one capful (1/6 of an ounce) of this product for every gallon of water added.

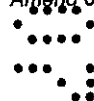
Not for heat vaporizing or atomizing type vaporizer humidifiers.

Stepan Company
Northfield, IL 60093
EPA Reg. No. 1839-120

(left panel)



Amend 02/22/07



PRECAUTIONARY STATEMENTS
HAZARDS TO HUMANS AND DOMESTIC ANIMALS.

WARNING

KEEP OUT OF REACH OF CHILDREN. Causes substantial but temporary eye injury and skin irritation. Do not get in eyes, on skin or on clothing. Wear safety glasses. Harmful if swallowed. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash clothing before reuse.

FIRST AID

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

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

If on skin or clothing: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call poison control center or doctor for treatment advice.

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

(OPTIONAL) You may contact xxx/xxx-xxxx for emergency medical treatment information.

NOTE TO PHYSICIAN

Probable mucosal damage may contraindicate the use of gastric lavage.

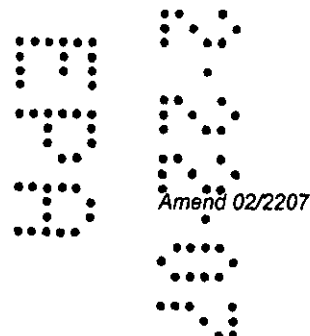
STORAGE AND DISPOSAL

PESTICIDE STORAGE - Store in a dry place no lower in temperature than 50°F or higher than 120°F.

PESTICIDE DISPOSAL - Securely wrap container in several layers of newspaper and discard in trash.

Stepan Company
Northfield, IL 60093
EPA Reg. No. 1839-120

(right panel)



Amend 02/2207