

1839-120

10/15/2009

1087

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

OCT 15 2009

Mr. Thomas W. Isaac
Senior Regulatory specialist
Stephen Company
22 W. Frontage Rd.
Northfield, Illinois 60093

Subject: **Humidifier Bacteria-Algae Treatment**
EPA Registration Number 1839-120
Application Dated October 9, 2009
EPA Received Date October 9, 2009

Dear Mr. Isaac:

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:

- Direction For Use to have multiple optional equivalent product dilutions

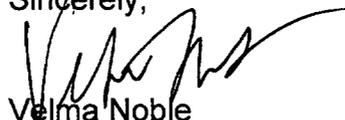
General Comments:

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)

CONCURRENCES

SYMBOL							
SURNAME							
DATE							

2007

Print Form

Please read instructions on reverse before completing form.

Form Approved. C... No. 2070-0080



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

Revise the Directions for Use to have multiple optional equivalent product dilutions: (one capful) (1/6 of an ounce) (or 1 ounce per 6 gallons).

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
* Certification must be submitted	If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt No. per container		<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 32, 128 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 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) 501-2309
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 October 9, 2009	

Stepan

Stepan Company

Northfield, Illinois 60093
Telephone 847 446 7500



3007

October 8, 2009

Document Processing Desk (NOTIF)
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Antimicrobials Division
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 language revision:

1. Addition of optional equivalent product dilutions: (one capful), (1/6 of an ounce), (1 ounce per 6 gallons).

LABELS:

Five (5) draft labels are enclosed. One label is highlighted for Agency review.

Should the Agency need additional information in order to process this notification, please feel free to contact me immediately at (847) 501-2309 or via email: tisaac@stepan.com.

Sincerely,
STEPAN COMPANY

Thomas W. Isaac
Sr. Regulatory Specialist

Enclosures: Amendment administrative package, labels (5 copies)
TWI:sif

087-09-TI-EPA-1839-190





“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. Isaac
Sr. Regulatory Specialist

Date: October 9, 2009



5007

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

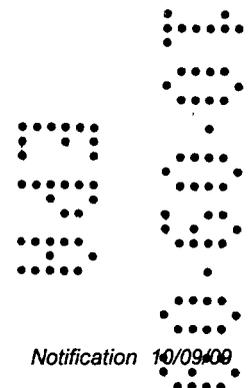
WARNING

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)

Notification 10/09/00

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DIRECTIONS FOR USE

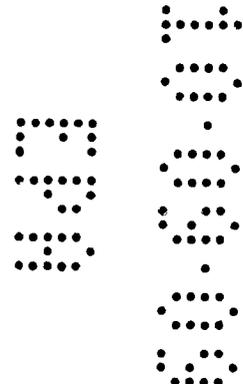
It is a violation of Federal Law to use this product in a manner inconsistent with its labeling.

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) (1/6 of an ounce) (or 1 ounce per 6 gallons) of this product. When you refill the tank, add (one capful) (1/6 of an ounce) (or 1 ounce per 6 gallons) of this product for every gallon of water added.

Not for heat vaporizing or atomizing type vaporizer humidifiers.



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.

