

3432-12

5/6/2003

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## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

May 6, 2003

Al Pastore  
Technical Director  
N. Jonas & Co., Inc.  
4520 Adams Circle  
Bensalem, PA 19020

Subject: Stabilized Chlorine Maxichlor Powder Concentrate  
EPA Registration No. 3432-12  
Application Date: April 7, 2003  
Receipt Date: April 11, 2003

Dear Mr. Pastore:

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

**Proposed Notification**

- addition of alternate brand name "Tropical Sun Pools Chlorinating Powder"

**General Comments**

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

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 me at (703) 308-6345.

Sincerely,

Wanda Mitchell  
Product Manager 32  
Regulatory Management Branch II  
Antimicrobials Division (7510C)

**CONCURRENCES**

SYMBOL	7510C	7510C					
SURNAME	E. Berg	Mitchell					
DATE	5/6/03	5-6-03					



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☐ Other

OPP Identifier Number

214396  
COPY

## Application for Pesticide - Section I

1. Company/Product Number 3432-12	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) STABILIZED CHLORINE MAXICLOR POWDER CONCENTRATE	PM#	
5. Name and Address of Applicant (Include ZIP Code) N. JONAS & CO., INC. 4520 ADAMS CIRCLE BENSALEM, PA 19020 <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 type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.) This notification is consistent with 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 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.

THE PROPOSED ALTERNATE BRAND NAME IS:

TROPICAL SUN POOLS CHLORINATING POWDER

## 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 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
					Other (Specify) _____
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1 to 50 lbs		5. Location of Label Directions <input checked="" type="checkbox"/> ON LABEL	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other SILK SCREENED			

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name AL PASTORE	Title TECHNICAL DIRECTOR	Telephone No. (Include Area Code) 215-639-8071
<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, both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title TECHNICAL DIRECTOR	
4. Typed Name AL PASTORE	5. Date 4/7/03	

# OnGuard™

MAXI-CLOR®

## Chlorinating Powder

FOR SPARKLING AND CRYSTAL CLEAR  
SWIMMING POOL ALGAEKILLER  
NO SCALE FORMING MINERAL  
CONVENIENT COMPLETE RES

### ACTIVE INGREDIENT:

Sodium Dichloro-s-Triazinetrione

OTHER INGREDIENTS

Available Chlorine 64%

TOTAL

KEEP OUT OF REACH OF CHILDREN

## DANGER

See side panel for additional precautions

NET WT. 2 LBS.

Mfg by: N. Jonas &amp; Co., Inc. • Bensalem, PA 19020

### PRECAUTIONARY STATEMENTS HAZARDS TO HUMANS AND DOMESTIC ANIMALS

**DANGER. CORROSIVE:** Causes irreversible eye damage. May be fatal if inhaled. Harmful if swallowed or absorbed through skin. Do not get in eyes, on skin or on clothing. Do not breathe dust, vapor or spray mist. Wear goggles, face shield, or safety glasses. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse.

FIRST AID	
IF IN EYES	<ul style="list-style-type: none"> <li>Hold eye open and rinse slowly and gently with water for 15-20 minutes.</li> <li>Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.</li> <li>Call a poison control center or doctor center for treatment advice.</li> </ul>
IF INHALED	<ul style="list-style-type: none"> <li>Move person to fresh air.</li> <li>If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth, if possible.</li> <li>Call a poison control center or doctor for further treatment advice.</li> </ul>
IF ON SKIN OR CLOTHING	<ul style="list-style-type: none"> <li>Take off contaminated clothing.</li> <li>Rinse skin immediately with plenty of water for 15-20 minutes.</li> <li>Call a poison control center or doctor for treatment advice.</li> </ul>
IF SWALLOWED	<ul style="list-style-type: none"> <li>Call a poison control center or doctor immediately for treatment advice.</li> <li>Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by a poison control center or doctor.</li> <li>Do not give anything by mouth to an unconscious person.</li> </ul>
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.	

**PHYSICAL AND CHEMICAL HAZARDS: STRONG OXIDIZING AGENT.** Mix only with water. Use clean dry utensils. Do not add this product to any dispensing device containing remnants of any other product. Such use may cause a violent reaction leading to fire or explosion. Contamination with moisture, organic matter, or other chemicals may start a chemical reaction, with generation of heat, liberation of hazardous gases, and possible generation of fire and explosion. In case of contamination or decomposition, do not reuse container. If possible isolate container in open air or well ventilated area. Flood with large volumes of water, if necessary. This product is meant to help keep bacteria and algae under control in swimming pools. New Concept in Pool Sanitation: Completely soluble granules that leaves no residue; contains no scale forming lime; is not burned off by the sun; does not upset the pH.

### DIRECTIONS FOR USE

It is a violation of federal law to use this product in a manner inconsistent with its labeling. For pool water that has never been treated or when refilling pool, add CHLORINE STABILIZER (BOOSTER) following package directions. An alternative method for start-up would be to add 11 ozs. of this product per 10,000 gallons of water as a shock dose to satisfy the chlorine demand of water. This dose should be repeated until a chlorine residual of 1-2 ppm is obtained. Then a dosage of 1.5-2.0 ozs. per 10,000 gallons of water (1 teaspoonful per 1,000 gallons) should be added daily or as needed to maintain a 1-2 ppm chlorine residual. Use a good test kit at least once a day and add sufficient amounts of this product to maintain a residual of 1-2 ppm. pH must be maintained at 7.4-7.6. Frequency of application will depend upon number of people swimming, water temperature and other conditions. Reentry into treated swimming pools is prohibited above levels of 3 ppm of chlorine.

**SUPERCHELORINATION:** At least once a week and at times of great use, an extra quantity in the amount of 11 ozs. per 10,000 gals of this product should be added to help keep water sparkling clean. **STORAGE AND DISPOSAL:** Keep product dry in a tightly closed container when not in use. Store in a cool dry well ventilated area away from heat or open flame. In case of decomposition isolate container, if possible, and flood with large amounts of water to dissolve all material before discarding. Place in trash collection or dispose in approved landfill area. Do not reuse empty container. Do not contaminate food or feed by storage, disposal or cleaning of equipment. **TO CALCULATE GALLONAGE:** For Rectangular Pools: Multiply length of pool x width x average depth (all in feet) x 7.5. = gallons. For Round Pools: Diameter of pool x diameter of pool x average depth (all in feet) x 5.9. = gallons.

