

3432-23

12/16/2009

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



United States
Environmental Protection
Agency

Office of Pesticide Programs

Wendy A. McCombie
Lewis and Harrison
122 C Street NW, Ste. 740
Washington, DC 20001

DEC 16 2009

FILE COPY

Subject: N. Jonas & Co., Inc.
Continuous Chlorinator and Refill Cartridge
EPA Registration No. 3432-23
Application Date: November 18, 2009
Receipt Date: November 20, 2009

Dear Ms. McCombie:

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

Proposed Notification:

- Revision to First Aid statement per PR Notice 98-10
- Revision to panel reference statement to read, "See [back] [side] panel for additional precautionary statements" per PR Notice 98-10

General Comments:

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

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 Y. Henson
Acting Product Manager (32)
Regulatory Management Branch II
Antimicrobials Division (7510P)



EPA

United States
Environmental Protection Agency
Washington, DC 20460

- Registration
- Amendment
- Other NOTIFICATION**

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 3432-23	2. EPA Product Manager Emily Mitchell	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) CONTINUOUS CHLORINATOR AND REFILL CARTRIDGE	PM# Team 32	
5. Name and Address of Applicant (Include ZIP Code) N. Jonas & Co., Inc. 4520 Adams Circle Bensalem, PA 19020 NOTE: PLEASE SEND ALL CORRESPONDENCE TO "CONTACT POINT" LISTED BELOW <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.)

APPLICATION FOR NOTIFICATION: MINOR LABEL CHANGES
Notification of Minor Label Changes in Accordance With PR Notices 1998-10

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 95-2 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be the subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Signature: _____ Date: November 18, 2009

THIS SUBMISSION IS NOT SUBJECT TO PRIA FEES

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	<input type="checkbox"/> Plastic
*Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
		If "Yes" Package wgt.	No. per container	<input type="checkbox"/> Other (Specify)	
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph		<input type="checkbox"/> Other _____	
		<input type="checkbox"/> Paper glued			
		<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: wmccombie@lewisharrison.com Wendy A. McCombie, Lewis & Harrison 122 C Street NW Ste. 740, Washington DC 20001	Title: Agent for N. Jonas & Co., Inc.	Telephone No. (Include Area Code): 202-393-3003 ext. 11
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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.

5. Date Application Received

(Stamped)

2. Signature _____	3. Title Agent for N. Jonas & Co., Inc.	
4. Typed Name Wendy A. McCombie, Lewis & Harrison	5. Date November 18, 2009	

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LEWIS & HARRISON

Consultants in Government Affairs

122 C Street, N.W., Suite 740
Washington, D.C. 20001

telephone 202.393.3903
fax 202.393.3906

direct 202.393.3903 ext. 11
wmccombie@lewisharrison.com

November 18, 2009

HAND DELIVERED

Registration Division (Mail Code 7504P)
Office of Pesticide Programs
Document Processing Desk [NOTIFY]
U.S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202

**ATTENTION: Emily Mitchell
Product Manager, Team 32
Antimicrobials Division**

**SUBJECT: N. Jonas & Company Inc.
Continuous Chlorinator and Refill Cartridge (EPA Reg. No. 3432-23)
Notification of Minor Label Changes per PR Notice 1998-10
This Submission Is Not Subject To PRIA Fees**

Dear Ms. Mitchell:

As Agent for N. Jonas & Company Inc. ("Jonas"), I am submitting a Notification under the provisions of PR Notice 1998-10 to advise the Agency of minor changes to the label for **Continuous Chlorinator and Refill Cartridge (EPA Reg. No. 3432-23)**.

The label changes are as follows:

- 1) Move the First Aid statements to the front panel per the Agency's recent internal policy changing the current guidelines set forth in the Label Review Manual at Chapter 7, Part III, Section F(3). Previously, the Agency did "permit reasonable variations in the placement of the First Aid statement as long as the reference statement, 'See First Aid (or Statement of Practical Treatment) on [identify appropriate panel]' appears on the front panel." However, since recent comments for EPA Reg. Nos. 3432-35, 3432-36, and 3432-56 have indicated that this former policy has changed, Jonas wants to ensure that all of their Toxicity Category I chlorinated products are in compliance with the new rule.
- 2) Revise the panel reference statement to read, "See [back] [side] panel for additional precautionary statements"

Please find enclosed the following documents to support the notification for **Continuous Chlorinator and Refill Cartridge**:

- 1) Pesticide Application Form; and,
- 2) Three (3) copies of the revised product label with the changes highlighted.

Insofar as I am the authorized "Contact Point" and "Company Agent" for Jonas, please relay all correspondence directly to me at 122 C Street NW, Suite 740, Washington DC 20001. If you have any questions, please contact me by telephone at 202-393-3903 ext. 11 or by e-mail at wmccombie@lewisharrison.com.

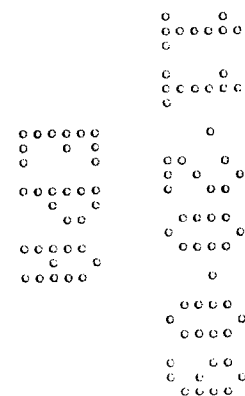
Thank you very much for your cooperation.

Sincerely,



Wendy A. McCombie
for,
N. Jonas & Company Inc.

Enclosures



[bracketed text denotes alternate language options]

ONGUARD CONTINUOUS CHLORINATOR AND REFILL CARTRIDGE

NOTIFICATION
Date Reviewed: *12/16/09*
Reviewed By: *Wanda Timson*

[Fits E-Z Chlor™ and Sun Chlorinators]
Punch Hole For Gallons Indicated

Low - 5000	High - 30-35,000	NO6- 25,000	Or whichever hole is needed to maintain 1-2ppm
NO2 -10,000	NO4 - 20,000	NO7- 25,000	
NO3 -15,000	NO5 - 20,000		

[For Z-Pack Refill Chlorinating Cartridge For ZODIAC Pro-G Chlorinator]
[Refill Cartridge for Zodiac PRO-A Chlorinator]

ACTIVE INGREDIENTS: Trichloro-s-Triazinetrione	99%
OTHER INGREDIENT	1%
TOTAL	100%

Approximately 90% available chlorine

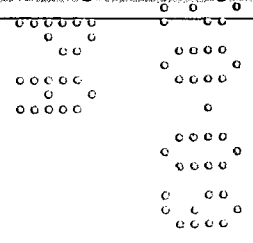
KEEP OUT OF REACH OF CHILDREN DANGER

See [back] [side] panel for additional precautionary statements

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 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 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. ○ ○ ○ ○ ○	
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 by a poison control center or doctor. Do not give anything by mouth to an unconscious person. ○ ○ ○ ○ ○	
NOTE TO PHYSICIAN: Probable mucosal damage may contraindicate the use of gastric lavage. ○ ○ ○ ○ ○	

EPA Est. No. 3432-PA-1
EPA Reg. No. 3432-23

NET WT. 4 lb.
Mfg. by: N. Jonas & 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.

(If container size is less than 5 gallons, use the following Environmental Hazards statement)
ENVIRONMENTAL HAZARDS: This pesticide is toxic to fish and aquatic organisms.

(If container size is 5 gallons or larger, use the following Environmental Hazards statement)
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 National Pollutant Discharge Elimination Systems (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.

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 products. 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 reseal 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 reduce and control the growth of bacteria and algae in swimming pools.

DIRECTIONS FOR USE: It is a violation of Federal Law to use this product in a manner inconsistent with its labeling. Float in pool, or place in skimmer, or chlorinator only. Do not attempt to remove tablets or refill when empty. Rinse and destroy unit when empty. Dissolve in water only or add directly to pool water. Do not mix with other pool chemicals.

TO CALCULATE POOL CAPACITY: Rectangular Pools: Multiply length of pool by width of pool by average depth (all in feet) by 7.5 = gallons. Round Pools: Multiply diameter of pool by diameter of pool by average depth (all in feet) by 5.9 = gallons.

1. Superchlorinate with CONCENTRATED Chlorinating GRANULES or equivalent product at rate of 1 lb. per 10,000 gal. or until a free chlorine residual of 4 to 5 ppm is established as determined by a suitable test kit. Next day add chlorine stabilizer at a rate of 1 lb. per 4,000 gal. of water (Note: Needs to be done only once a season to either fresh water or previously untreated water.
2. Adjust and keep pH at 7.3-7.6.
3. Punch appropriate hole on side of bottle that corresponds to nearest size of pool. If this proves insufficient punch next higher hole.
4. Punch exit hole on opposite side of bottle.
5. Punch all holes on bottom of canister where indicated.
6. Place in skimmer basket with narrow side down, or in chlorinator unit, or can be tied under ladder in pool.

- 7. Periodic checks of chlorinator should be made and replaced immediately when empty.
- 8. Pool should be tested at least once a day for chlorine and additional added if needed (as indicated by test kit) to maintain 1-2 chlorine residual.

DIRECTIONS FOR USE WITH ZODIAC PRO-G CHLORINATOR:
[DIRECTIONS FOR USE WITH ZODIAC PRO-A CHLORINATOR:]

Do not attempt to remove tablets or refill when empty. Rinse and destroy unit when empty. Dissolve in water only or add directly to pool water. Do not mix with other pool chemicals.

- 1. Superchlorinate with CONCENTRATED Chlorinating GRANULES or equivalent product at rate of 1 lb. per 10,000 gal. or until a free chlorine residual of 4 to 5 ppm is established as determined by a suitable test kit. Next day add chlorine stabilizer at a rate of 1 lb. per 4,000 gal. of water (Note: Needs to be done only once a season to either fresh water or previously untreated water.
- 2. Adjust and keep pH at 7.3-7.6.
- 3. With the pump off place canister in chlorinator with small end down.
- 4. Replace cap on chlorinator and adjust flow valve to maximum flow.
- 5. Turn on pump.
- 6. Test pool water regularly and adjust flow valve to insure that the free chlorine residual is maintained.
- 7. Periodic checks of chlorinator should be made and replace when empty.
- 8. Pool should be tested at least once a day for chlorine and additional added if needed (as indicated by test kit) to maintain 1-2 chlorine residual.

IMPORTANT: Keep filter running as long as possible (24 hours a day is best) and keep skimmer basket free of debris.

NOTE: During heavy bathing loads, very hot weather, rain, etc., and at least once a week, chlorine residual should be raised to 3.5-5.0- ppm with granular chlorine (superchlorinated). It is preferable to do this after swimming day so that pool will have a chance to come back to the 1-2 ppm before swimmers go back in next day. Reentry into treated swimming pools is prohibited above levels of 3ppm of chlorine. **ONCE IN USE DO NOT REMOVE CANISTER FROM POOL UNTIL EMPTY.**

STORAGE AND DISPOSAL: Do not contaminate food or feed by storage, disposal, or cleaning of equipment.

PESTICIDE STORAGE: Keep this 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 area with large amounts of water to dissolve all material before discarding this container.

CONTAINER DISPOSAL: Nonrefillable container. Do not reuse or refill this container. Offer for recycling if available. If Empty: Do not reuse this container. Place in trash or offer for recycling if available. If Partly Filled: Call your local solid waste agency for disposal instructions. Never place unused product down any indoor or outdoor drain.

[Lot Number _____][Batch Number _____]

