

April 24, 2003

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

Subject: Maxi-Chlor Chlorine Tablets
 EPA Registration No. 3432-24
 Application Date: March 28, 2003
 Receipt Date: April 3, 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 "TLC 1" Chlorinating Tablets"

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	4/24/03	4/24/03					



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 3432-24	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) MAXI-CLOR CHLORINE TABLETS	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 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.) 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:

TLC 1" CHLORINATING TABLETS

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	<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 checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 5, 10, 15, 25, 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 checked="" 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 AL PASTORE		Title TECHNICAL DIRECTOR		Telephone No. (include Area Code) 215-639-8071	
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 		3. Title TECHNICAL DIRECTOR			
4. Typed Name AL PASTORE		5. Date 3/28/03			

OnGuard™

MAXI-CLOR®

Chlorinating Tablets

CONCENTRATED
SLOW RELEASE

COMPLETELY SOLUBLE
NO MINERAL SCALE BUILD-UP

SUPER CHLORINATING TABLETS
FOR WATER DISINFECTION

24-HR. CHLORINE RESIDUAL FOR
ROUND THE CLOCK ACTIVITY

ACTIVE INGREDIENTS:

Trichloro-s-Triazinetrione..... 99%

OTHER INGREDIENT..... 1%

TOTAL 100%

Approximately 90% available chlorine

KEEP OUT OF REACH OF CHILDREN

DANGER

See side panel for precautions
in handling.

NET WT. 2 LBS.

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

**PRECAUTIONARY STATEMENTS
HAZARDS TO HUMANS AND DOMESTIC ANIMALS**

DANGER, CORROSIVE: Causes irreversible eye damage and skin burns. May be fatal if absorbed through skin. May be fatal if inhaled. Do not breath dust or spray mist. Irritating to nose and throat. Harmful if swallowed. Do not get in eyes, on skin, or on clothing. Wear goggles or face shield, protective clothing and rubber gloves when handling this product. Wash thoroughly with soap and water after handling and before eating, drinking, or using tobacco. Remove contaminated clothing and wash before reuse.

FIRST AID	
IF SWALLOWED	<ul style="list-style-type: none"> • 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 IN EYES	<ul style="list-style-type: none"> • 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 center for treatment advice.
IF ON SKIN OR CLOTHING	<ul style="list-style-type: none"> • 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 INHALED	<ul style="list-style-type: none"> • 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.
<p>Have the product container or label with you when calling a poison control center or doctor, or going for treatment.</p>	
NOTE TO PHYSICIAN	
<p>Probable mucosal damage may contraindicate the use of gastric lavage.</p>	

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 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 help keep bacteria and algae under control in swimming pools.

DIRECTIONS FOR USE:

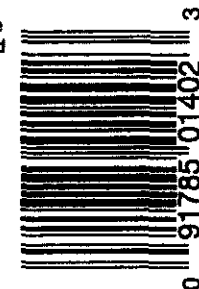
It is a violation of federal law to use this product in a manner inconsistent with its labeling.

1. Before using Chlorinating Tablets make sure that there is a sufficient chlorine residual (3.5-5.0 ppm) in the swimming pool by superchlorination. Next day add 1 lb. Chlorine Stabilizer (Booster) for each 4,000 gallons of water.
2. Place approximately 7 tablets for 2500 gals. of pool water either into a tablet dispenser and float it in the pool or directly into skimmer basket if one is available. In no case should tablets be thrown directly into or on a vinyl liner as bleaching will result.
3. A good pool water test kit should be used at least once a day to check both pH and chlorine levels. pH should be between 7.2-7.6 and adjusted as necessary. Chlorine should be between 1-2 ppm. If chlorine level is too low, add more tablets until there is enough to maintain the 1-2 ppm.

This product can be used in any dispenser that uses Chlorine Concentrate tablets or sticks. Should not be mixed with any other kind of chlorine as an explosion could result. **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 3 ppm of chlorine.

Tablets will last approximately 5-7 days depending upon temperature and amount of water flow. Since there are approximately 48 tablets to the pound, a 2 lb. jar will last a 2,500 gal. pool 7 weeks; a 5,000 gal. pool approximately 3 1/2 weeks; and a 10,000 gal. pool a little less than 2 weeks. A 4 lb. jar will last a 2,500 gal. pool 14 weeks; a 5,000 gal. pool 7 weeks; and a 10,000 gal. pool approximately 4 weeks, etc.

STORAGE AND DISPOSAL: 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. Do not reuse empty container but place in trash collection. Do not contaminate food or feed by storage, disposal, or cleaning of equipment.



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