

3432-24

4/10/2007

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY



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

April 10, 2007

OFFICE OF
PREVENTION, PESTICIDES
AND TOXIC SUBSTANCES

Al Pastore
Technical Director
N. Jonas & Co., Inc.
4525 Adams Circle
Bensalem, PA 19020

Subject: MAXI-CHLOR CHLORINATING TABLETS
EPA Registration No. 3432-24
Application Date: March 13, 2007
Receipt Date: March 21, 2007

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: "Pool Park Brand 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 Y. Henson
Product Reviewer (32)
Regulatory Management Branch II
Antimicrobials Division (7510P)

CONCURRENCES

SYMBOL	7510P	7510P						
JRNAME	E. Berg	Henson						
DATE	4/10/07	4/10/07						



United States
Environmental Protection Agency
Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number
214396 ² 33

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 - CHLOR CHLORINATING TABLETS	PM#	
5. Name and Address of Applicant (Include ZIP Code) N. Jonas & Co., Inc. 4525 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.

POOL PARK BRAND 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	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 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 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 3/13/07	



1" Chlorinating Tablets

**CONCENTRATE • STABILIZED
SLOW DISSOLVE • COMPLETELY SOLUBLE
NO MINERAL SCALE BUILD-UP
SUPER CHLORINATING TABLETS
FOR WATER DISINFECTION**

24-Hr. Chlorine Residual for Round The Clock Activity

ACTIVE INGREDIENTS:

.....	99%
.....	1%
.....	100%

**KEEP OUT OF REACH
OF CHILDREN**

DANGER

See side panel for precautions in handling.

Net Wt. 5 lbs.

Mfg. by: **N. JONAS AND CO., INC.** • Bensalem, PA 19020