

3432-24

1-17-2008

1/3

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460



Office of Pesticide Programs

**FILE COPY**

January 17, 2008

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

Subject: **Maxi-Chlor Chlorinating Tablets**  
EPA Registration Number: 3432-24  
Application Dated: January 03, 2008  
Receipt Date: January 14, 2008

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 Alternate Brand Name "RIVIERA 1" Chlorinating Tablets "

**General Comment**

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

This notification is accepted and a copy has been inserted in your file for future reference.

Should you have any questions concerning this letter, please contact Wanda Henson at (703) 308-6345.

Sincerely,

Wanda Henson  
Product Reviewer (32)  
Regulatory Management Branch II  
Antimicrobials Division (7510P)



United States  
Environmental Protection Agency  
Washington, DC 20460

Registration  
Amendment  
 Other

OPP Identifier Number  
214396 <sup>2/3</sup>

### 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# 32	
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.

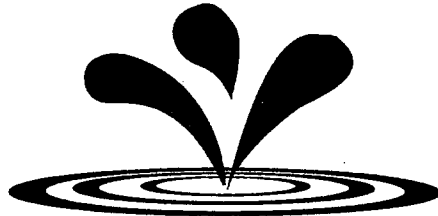
THE PROPOSED ALTERNATE BRAND NAME IS:  
RIVIERA 1" Chlorinating Tablets

### 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 checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container		
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
<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 or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Technical Director	
4. Typed Name Al Pastore	5. Date 1/3/08	



# **RIVIERA**

## **1" Chlorinating Tablets**

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

**ACTIVE INGREDIENTS:**

Trichloro-s-Triazinetrione..... 99%  
 OTHER INGREDIENT ..... 1%  
**TOTAL 100%**

Approximately 90% available chlorine

24-Hr. Chlorine Residual for Round The Clock Activity

**KEEP OUT OF REACH OF CHILDREN**

**DANGER**

See back panel for precautions in handling.



EPA. Reg. No. 3432-24  
EPA. Est. No. 3432-PA-1

**NET WT. 5 LBS.**

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

