

3432-24

4/27/2011

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

April 27, 2011

OFFICE OF CHEMICAL SAFETY
AND POLLUTION PREVENTION

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

FILE COPY

Subject: Maxi-Chlor Chlorinating Tablets
EPA Reg.#: 3432-24
Notification Date: April 13, 2011
Receipt Date: April 25, 2011

Dear Mr. Pastore:

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

Proposed Notification:

Addition of an Alternative Brand Name (ABN): "Total Leisure Concepts 1" Chlorinating Tablets" for Maxi-Chlor Chlorinating Tablets (EPA Reg# 3432-24).

General Comment:

Based on the review of the material submitted, the notification application for an ABN is acceptable. This notification and this letter have been inserted in your file for future reference.

If you have further question on this letter, please contact David Liem at 703-305-1284 or by email at liem.david@epa.gov

Sincerely

A handwritten signature in black ink that reads "Wanda Y. Henson".

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



United States
Environment Protection Agency
 Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number
214396

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:
TOTAL LEISURE CONCEPTS 1" CHLORINATING TABLETS *OK-DIC*

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 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 <i>Al Pastore</i>	3. Title Technical Director	
4. Typed Name Al Pastore	5. Date 4/13/11	

