

3432-24

4/14/2014

1/5



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, DC 20460

OFFICE OF CHEMICAL SAFETY
AND POLLUTION PREVENTION

APR 14 2014

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

Subject: Maxi-Chlor Chlorinating Tablets
EPA Reg. No. 3432-24
Application Date: February 27, 2014
Receipt Date: March 6, 2014

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:

Alternate Brand Name (ALOHA Pools & Spas 1" Chlorinating Tablets)

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 Henson.Wanda@epa.gov or call (703) 308-6345.

Sincerely,

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

Wanda Y. Henson (Team 32)
Environmental Protection Specialist
Regulatory Management Branch II
Antimicrobials Division (7510P)



States
Environmental 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# | |
| 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.

ALOHA Pools & Spas 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 |
| 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

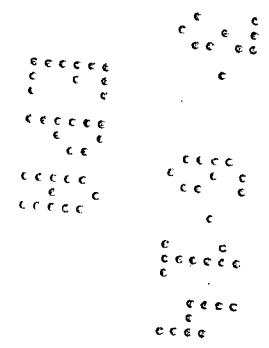
| | | |
|---|--------------------------------|---|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.) | | |
| Name Al Pastore | Title Technical Director | Telephone No. (Include Area Code) 215-639-8071 |
| Certification 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 3/9/14 | |



Large enough to lead.
Small enough to care.

Document Processing Desk (AMEND)
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
1200 Pennsylvania Ave. NW
Washington, D.C. 20460

2/27/14
RE: Alternate Brand Name



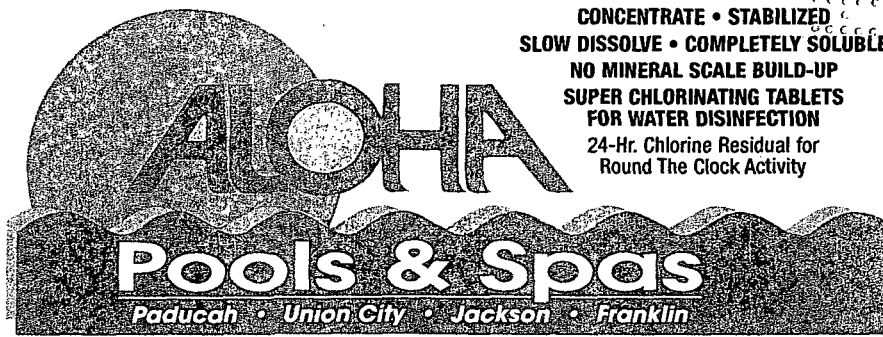
Enclosed is the application for an alternate brand name for Maxi- Chlor Chlorinating Tablets, 3432-24.

New proposed name is ALOHA Pools & Spas 1" Chlorinating Tablets.

Thank you

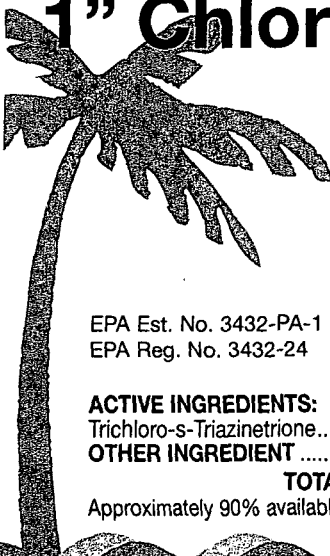
Al Pastore
N. Jonas & Co., Inc
4525 Adams Cir.
Bensalem Pa 19020





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

1" Chlorinating Tablets



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 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. **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. **NOTE TO PHYSICIAN:** Probable mucosal damage may contraindicate the use of gastric lavage.

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

ACTIVE INGREDIENTS:
 Trichloro-s-Triazinetrione..... 99%
OTHER INGREDIENT 1%
TOTAL 100%
 Approximately 90% available chlorine

KEEP OUT OF REACH OF CHILDREN
DANGER
 See back panel for additional
 precautionary statements.

Net Wt. 5 lbs.



