

3432-36

4/27/2011

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

OFFICE OF CHEMICAL SAFETY  
AND POLLUTION PREVENTION

April 27, 2011

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

**FILE COPY**

Subject: Maxi-Chlor Chlorinating Sticks  
EPA Reg.#: 3432-36  
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 Chlorinating Sticks" for Maxi-Chlor Chlorinating Sticks (EPA Reg# 3432-36).

**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](mailto: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  
Environmental Protection Agency  
Washington, DC 20460

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number  
~~214396~~  
COPY

### Application for Pesticide - Section I

1. Company/Product Number 3432-36	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) MAXI-CHLOR CHLORINATING STICKS	PM# 32	
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:**  
TOTAL LEISURE CONCEPTS CHLORINATING STICKS *OK OK*

### Section - III

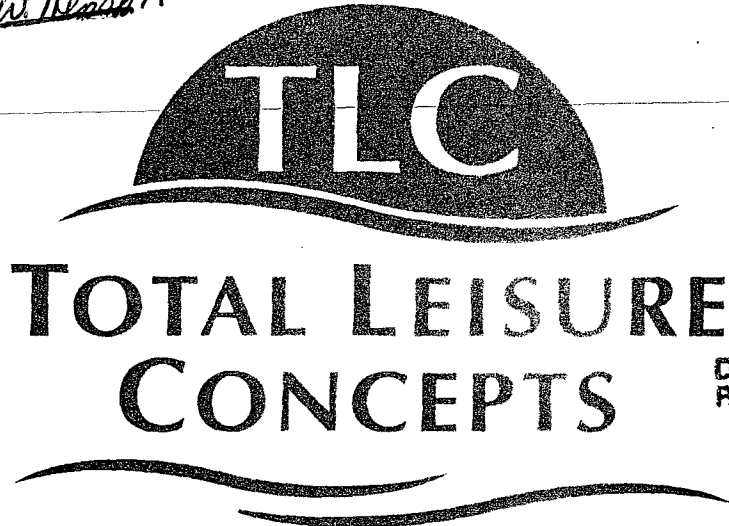
1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Plastic
				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
* Certification must be submitted				<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, 25, 45		5. Location of Label Directions <input checked="" type="checkbox"/> ON LABEL	
3. Manner in Which Label is Affixed to Product <input checked="" 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	
1. Typed Name AL PASTORE	5. Date 4/13/11	

NOTIFICATION  
Date Reviewed: 4/27/2011  
Reviewed By: W. Neenan

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NOTIFICATION  
Date Reviewed: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_

# Chlorinating Sticks

**CONCENTRATE • STABILIZED  
COMPLETELY SOLUBLE • NO MINERAL SCALE BUILD-UP  
SUPER CHLORINATING STICKS FOR WATER DISINFECTION  
24-HR. CHLORINE RESIDUAL FOR ROUND THE CLOCK ACTIVITY**

**FIRST AID:** Have the product container or label with you when calling a poison control center or doctor or going for treatment. **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 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 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 further treatment advice. **NOTE TO PHYSICIAN:** Probable mucosal damage may contraindicate the use of gastric lavage.

EPA. Reg. No. 3432-36

EPA. Est. No. 3432-PA-1

**KEEP OUT OF REACH  
OF CHILDREN  
DANGER**

See back panel for additional  
precautionary statements.

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

**Net Wt.                      lbs.**

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