

3432-36

5/1/2013

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

May 1, 2013

OFFICE OF CHEMICAL SAFETY  
AND POLLUTION PREVENTION

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

SUBJECT: Notification Of Alternate Brand Names Per PR Notice 98-10  
PRODUCT NAME: **Maxi-Chlor Chlorinating Sticks**  
EPA REGISTRATION NUMBER: **3432-36**  
APPLICATION DATE: April 18, 2013  
APPLICATION RECEIVED DATE: April 23, 2013

Dear Mr. Pastore:

This acknowledges receipt of your Notification application, submitted under the provisions of FIFRA section 3(c) 7(A) and PR Notice 98-10.

Pesticide Application:

N. Jonas & Company, Inc. is submitting the following seven (7) Alternate Brand Names for Maxi-Chlor Chlorinating Sticks:

- 1.) Clean H2O Chlorinating Sticks;
- 2.) Clean H2O Maxi Chlor Chlorinating Sticks;
- 3.) Clean H2O Maxi-Chlor Super 3" Chlorinating Tablets;
- 4.) Clean H2O Maxi Chlor Granules;
- 5.) Clean H2O Algaecide-60;
- 6.) Clean H2O 1" Chlorinating Tablets;
- 7.) Clean H2O Algaecide-30.

General Comments:

Based on the review of the submitted material, the following comments apply.

The Notification application is **Acceptable**.

A copy of the **accepted** Notification is attached in **Regulatory File Jacket 3432-36** for future reference.

If you have questions or comments with regard to this Agency Letter, the please contact Killian Swift via email at **Swift.Killian@epa.gov** or by telephone at **703-308-6346**. When you are submitting information or data in response to this Agency Letter, please send a copy of this Agency Letter with your response in order to facilitate processing.

Sincerely yours,



Michael L. Mendelsohn,  
Acting EPA Product Manager 32  
Regulatory Management Branch II  
Antimicrobials Division 7510P

Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060

Print Form



United States  
Environmental Protection Agency  
Washington, DC 20460

 Registration  
 Amendment  
 Other

OPP Identifier Number

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. 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 USC 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 CRF 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:  
CLEAN H2O CHLORINATING STICKS

Section - III

1. Material This Product Will Be Packaged In:

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	2. Type of Container <input type="checkbox"/> Metal <input checked="" 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  
 Label  Container

4. Size(s) Retail Container  
5,10,25,45

5. Location of Label Directions  
 On Label  On Labeling accompanying product

6. Manner in Which Label is Affixed to Product  
 Lithograph Paper glued Stenciled  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
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**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.

2. Signature 	3. Title Technical Director	6. Date Application Received (Stamped)
4. Typed Name Al Pastore	5. Date 4/13/13	



To Whom It May Concern:

Enclosed are the Proposed Alternate Brand Names for:

Clean H2O Maxi Chlor Chlorinating Sticks

Clean H2O Maxi-Chlor Super 3" Chlorinating Tablets

Clean H2O Maxi Chlor Granules

Clean H2O Algaecide-60

Clean H2O 1" Chlorinating Tablets

Clean H2O Algaecide-30

Sincerely,

*Al Pastore*  
Al Pastore

4/15/13

Handwritten 'c' marks forming a grid-like pattern.



# CLEAN H<sub>2</sub>O

CENTER.COM  
Pool and Spa Care

## 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 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. **PANIC:** If a person is not breathing, call 911 or an ambulance. When giving artificial respiration, preferably mouth-to-mouth, if further treatment above. **NOTE: TO PREVENT:** Products, microbial 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.

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

**Net Wt. 25 lbs.**

ACTIVE INGREDIENTS	
Trichloro-s-Triazinetrione	99%
OTHER INGREDIENT	1%
<b>TOTAL</b>	<b>100%</b>
Approximately 30% available chlorine	