

## **PLEASE NOTE**

**This image contains more than one label approved for this product on this date.**

April 3, 2003

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

Subject: Diamond Sani-Spa  
EPA Registration No. 3432-50  
Application Date: March 4, 2003  
Receipt Date: March 11, 2003

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 of alternate brand name "Advance Pools & Spas Brand Spa Stuff Boost"

**General Comments**

Based on a review of the material submitted, the following comments apply:

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 (703) 308-6345.

Sincerely,

Wanda Mitchell  
Product Manager 32  
Regulatory Management Branch II  
Antimicrobials Division (7510C)

**CONCURRENCES**

SYMBOL	7510C	7510C						
SURNAME	E Berg	Mitchell						
DATE	4/03/03	4/3/03						



United States  
**Environmental Protection Agency**  
 Washington, DC 20460

Registration  
 Amendment  
 Other

OPP Identifier Number  
 214396  
 COPY

**Application for Pesticide - Section I**

1. Company/Product Number 3432-50	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Diamond Sani-Spa	PM#	
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 Tee" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

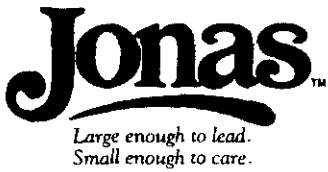
NOTIFICATION OF ALTERNATE BRAND NAME PER PR NOTICE 98-10  
 The proposed alternate brand name is: ADVANCE POOLS & SPAS *Brand*  
 SPA STUFF BOOST

**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
				<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 Pts., Qts.		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 checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other		

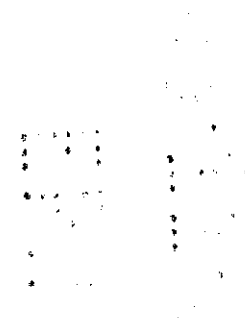
**Section - IV**

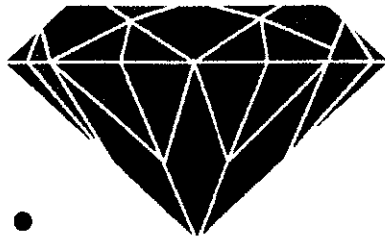
1. Contact Point: (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name AL PASTORE	Title TECHNICAL DIRECTOR	Telephone No. (Include Area Code) 215-639-8071
Certification I certify that the statements I have made on this form 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 3/4/03	



FOR PRODUCTS EPA # 3432- 50

**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.**





# Diamond

## SANI SPA

A Concentrated Compound  
Prepared To Destroy and  
Control the Growth of  
Bacteria in Spas and Hot Tubs.

**ACTIVE INGREDIENTS:**

Sodium Dichloro-s-triazinetriene ..... 97%

OTHER INGREDIENTS ..... 3%

Available Chlorine 62%

**TOTAL 100%**

EPA REG. NO. 3432-50

EPA EST. NO. 3432-PA-1

**KEEP OUT OF REACH OF CHILDREN  
DANGER**

See First Aid and Additional Precautions on side panels

**NET WT. 2 LBS.**

**PRECAUTIONARY STATEMENTS  
HAZARDS TO HUMANS AND DOMESTIC ANIMALS**

**DANGER. CORROSIVE:** Causes irreversible eye damage. May be fatal if inhaled. Harmful if swallowed or absorbed through skin. Do not get in eyes, on skin or on clothing. Do not breathe dust, vapor or spray mist. Wear goggles, face shield, or safety glasses. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse.

FIRST AID	
<b>IF IN EYES</b>	<ul style="list-style-type: none"> <li>Hold eye open and rinse slowly and gently with water for 15-20 minutes.</li> <li>Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.</li> <li>Call a poison control center or doctor center for treatment advice.</li> </ul>
<b>IF INHALED</b>	<ul style="list-style-type: none"> <li>Move person to fresh air.</li> <li>If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth, if possible.</li> <li>Call a poison control center or doctor for further treatment advice.</li> </ul>
<b>IF ON SKIN OR CLOTHING</b>	<ul style="list-style-type: none"> <li>Take off contaminated clothing.</li> <li>Rinse skin immediately with plenty of water for 15-20 minutes.</li> <li>Call a poison control center or doctor for treatment advice.</li> </ul>
<b>IF SWALLOWED</b>	<ul style="list-style-type: none"> <li>Call a poison control center or doctor immediately for treatment advice.</li> <li>Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to do so by a poison control center or doctor.</li> <li>Do not give anything by mouth to an unconscious person.</li> </ul>
Have the product container or label with you when calling a poison control center or doctor, or going for treatment.	
NOTE TO PHYSICIAN	
Probable mucosal damage may contraindicate the use of gastric lavage.	

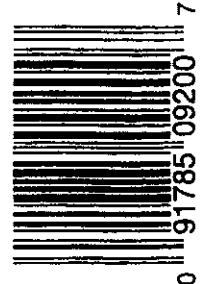
**PHYSICAL AND CHEMICAL HAZARDS: STRONG OXIDIZING AGENT.** Mix only with water. Use clean dry utensils. Do not add this product to any dispensing device containing remnants of any other product. Such use may cause a violent reaction leading to fire or explosion. Contamination with moisture, organic matter, or other chemicals may start a chemical reaction, with generation of heat, liberation of hazardous gases, and possible generation of fire and explosion. In case of contamination or decomposition, do not reseal container. If possible isolate container in open air or well ventilated area. Flood with large volumes of water, if necessary.

**DIRECTIONS FOR USE:**

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

- FOR CONTROL OF BACTERIA AND ALGAE (OUTDOORS) IN SPAS:** Before bathing, test water, pH, chlorine residual and alkalinity using a suitable test kit. Adjust chlorine residual to 3.0 ppm. After bathing superchlorinate to 6.0 ppm (1 level tablespoon per 500 gallons of water). Use a chlorine stabilizer, especially outdoors, to prolong chlorine residual. Maintain pH of water between 7.2 and 7.6 and total alkalinity between 125 and 175 ppm with the addition of sodium bicarbonate or diluted muriatic acid.
- This product does not affect pH or alkalinity of water. One tenth oz. (1/2 tsp.) per 500 gal. of water gives 1.0 ppm and 1 level tbsp. gives 6.0 ppm of chlorine. To use, broadcast granules into water with jets running. Bathing can start at once.
- With 4 bathers in a 500 gal. spa, a 2.0 ppm chlorine residual can drop below the minimum 1.0 ppm in 15 to 20 minutes. Less water or more bathers will accelerate loss. Test often and keep chlorine residue above 1.0 ppm.
- Weekly, superchlorinate water to 5 or 6 ppm (see 2 above). Do not bathe until chlorine drops to 3.0 ppm. Draining and cleaning of spa is recommended whenever the water becomes difficult to manage.

**STORAGE AND DISPOSAL:** Keep product dry in tightly closed container when not in use. Store in a cool dry, well ventilated area away from heat or open flame. In case of decomposition isolate container, if possible, and flood with large amounts of water to dissolve all material before discarding. Place in trash collection or dispose in approved landfill area, or bury in a safe place. Do not reuse empty container. Do not contaminate food or feed by storage, disposal or cleaning of equipment.



Handwritten number: 1124

**NEXT**

**LABEL**

April 3, 2003

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

Subject: Diamond Sani-Spa  
EPA Registration No. 3432-50  
Application Date: March 4, 2003  
Receipt Date: March 11, 2003

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 of alternate brand name "Spatique Sani-Spa"

**General Comments**

Based on a review of the material submitted, the following comments apply:

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 (703) 308-6345.

Sincerely,

Wanda Mitchell  
Product Manager 32  
Regulatory Management Branch II  
Antimicrobials Division (7510C)

**CONCURRENCES**

SYMBOL	7510C	7510C						
SURNAME	E. Berg	Mitchell						
DATE	4/3/03	4/3/03						



32 Environmental Protection Agency  
United States  
Washington, DC 20460

Registration  
 Amendment  
 Other

OPP Identifier Number  
214396  
COPY

Application for Pesticide - Section I

1. Company/Product Number 3432-50	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) DIAMOND SANI-SPA	PM#	
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

Amendment - Explain below.  Final printed labels in response to Agency letter dated \_\_\_\_\_

Resubmission in response to Agency letter dated \_\_\_\_\_  "Me Too" Application.

Notification - Explain below.  Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

NOTIFICATION OF ALTERNATE BRAND NAME PER PR NOTICE 98-10

The proposed alternate brand name is: SPATIQUE  
SANI-SPA

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  
Pts, Qts. \_\_\_\_\_

5. Location of Label Directions  
 ON LABEL

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

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.

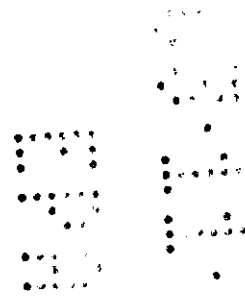
2. Signature 	3. Title TECHNICAL DIRECTOR	6. Date Application Received (Stamp)
4. Typed Name AL PASTORE	5. Date 3/4/03	

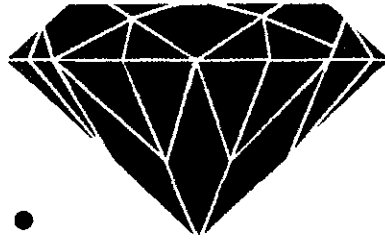




FOR PRODUCTS EPA # 3432-50

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7-2-74