

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

January 14, 2005

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: December 9, 2004  
Receipt Date: December 17, 2004

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 : "Crystal Pools Spa-Clor Chlorinating Powder"

**General Comments**

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

The notification application is acceptable, and a copy has been placed 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 Reviewer 32  
Regulatory Management Branch II  
Antimicrobials Division (7510C)

CONCURRENCES							
SYMBOL	7510C	7510C					
URNAME	E. Berg	Mitchell					
DATE	1/14/05	1-14-05					

 <p>United States <b>Environmental Protection Agency</b> Washington, DC 20460</p>	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number <b>214396</b>
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**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 Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

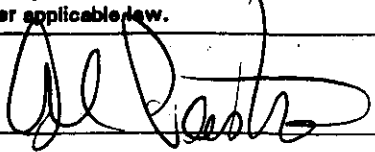
**Explanation:** Use additional page(s) if necessary. (For section I and Section II.) This notification is consistent with provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. 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:

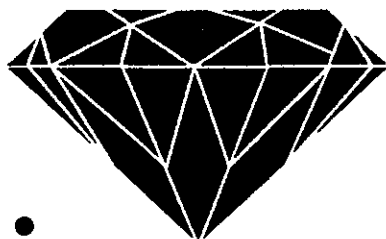
**CRYSTAL POOLS SPA-CLOR CHLORINATING POWDER**

**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 <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 <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container PINTS, QUARTS		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"/> Other _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> 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
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.		5. Date Application Received (Stamped)
2. Signature 	3. Title TECHNICAL DIRECTOR	
4. Typed Name AL PASTORE	5. Date 12/14/04	



# 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 reuse 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.



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