

## **PLEASE NOTE**

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

3432-61

1/14/2005

Page 184

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

January 14, 2005

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

Subject: On Guard 3" Super Chlorinating Tablets  
EPA Registration No. 3432-61  
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 : "Great Valley Pool Service 3" Chlorinating Tablets"

**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**

YMBOL	7510C	7510C					
URNAM	F. B. P. J.	Mitchell					
ATE	1/14/05	1/14/05					



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

214396

## Application for Pesticide - Section I

1. Company/Product Number 3432-61	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) ON GUARD 3" SUPER CHLORINATING TABLETS	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:

GREAT VALLEY POOL SERVICE SUPER 3" 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 checked="" type="checkbox"/> Metal	
* Certification must be submitted				<input type="checkbox"/> Plastic	
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 5, 10, 15, 20, 45 lbs.		5. Location of Label Directions <input checked="" type="checkbox"/> ON LABEL	
6. 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) 215-639-8C71
<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	
4. Typed Name AL PASTORE	5. Date 12/9/04	

3 8 4

# OnGuard™

MAXI-CLOR®

## Super 3" Chlorinating Tablets

CONCENTRATED  
STABILIZED  
SLOW RELEASE

COMPLETELY SOLUBLE, NO MINERAL SCALE BUILDUP  
SUPER CHLORINATING TABLETS FOR WATER TREATMENT

24-HR. CHLORINE RESIDUAL FOR  
ROUND THE CLOCK ACTIVITY

**ACTIVE INGREDIENTS:**

Trichloro-s-Triazinetrione ..... 99%

OTHER INGREDIENT ..... 1%

TOTAL ..... 100%

Approximately 90% available chlorine

KEEP OUT OF REACH OF CHILDREN

**DANGER**

See side panel for precautions in handling.

NET WT. 5 LBS.

Mfg by: N. Jonas & Co., Inc. • Bensalem, PA 19020

**PRECAUTIONARY STATEMENTS**

**HAZARDS TO HUMANS AND DOMESTIC ANIMALS**

**DANGER. CORROSIVE:** Causes irreversible eye damage and skin burns. May be fatal if absorbed through skin. May be fatal if inhaled. Do not breathe dust or spray mists. Irritating to nose and throat. Harmful if swallowed. Do not get in eyes, on skin, or on clothing. Wear goggles or face shield, protective clothing and rubber gloves when handling this product. Wash thoroughly with soap and water after handling and before eating, drinking or using tobacco. Remove contaminated clothing and wash before reuse.

FIRST AID	
IF SWALLOWED	<ul style="list-style-type: none"><li>• Call a poison control center or doctor immediately for treatment advice.</li><li>• Have a 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>
IF IN EYES	<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>
IF ON SKIN OR CLOTHING	<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>
IF INHALED	<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>
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.

This product is meant to help keep bacteria and algae under control in swimming pools.

**DIRECTIONS FOR USE**

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

1. Before using Chlorinating Tablets make sure there is sufficient chlorine residual (3.5-5.0 ppm) in the swimming pool by superchlorination. Next day add 1 lb. Chlorine Stabilizer (Booster) for each 4,000 gallons of water.
2. Place approximately 1 super tablet for 8,000 gallons of water per week either into a tablet dispenser and float it in the pool or directly into a skimmer basket if one is available. In no case should tablets be thrown directly into or on a vinyl liner as bleaching will result.
3. A good pool water test kit should be used at least once a day to check both pH and chlorine levels. pH should be between 7.2-7.6 and adjusted as necessary. Chlorine should be between 1-2 ppm. If chlorine level is too low, add more tablets until there is enough to maintain the 1-2 ppm.

This product can be used in any dispenser that uses Chlorine Concentrate tablets or sticks. Should not be mixed with any other kind of chlorine as an explosion could result.

**NOTE:** During heavy bathing loads, very hot weather, rain, etc. and at least once a week, chlorine residual should be raised to 3.5-5.0 ppm with granular chlorine (superchlorinated). It is preferable to do this after swimming day so that pool will have a chance to come back to the 1-2 ppm before swimmers go back in next day.

Reentry into treated swimming pools is prohibited above levels of 3 ppm of chlorine. Super tablets will last approximately 5-7 days depending upon temperature and amount of water flow. A 20 lb. pail will last a 10,000 gal. pool approximately 30 weeks; 30,000 gal. pool approximately 10 weeks. Each tablet weighs approximately 7.3 oz.

**STORAGE AND DISPOSAL:** Keep this product dry in a 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 area with large amounts of water to dissolve all material before discarding this container. Do not reuse empty container but place in trash collection. Do not contaminate food or feed by storage, disposal, or cleaning of equipment.

**NEXT**

**LABEL**

3432-61

1/14/2005

Page 1 of 4

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

January 14, 2005

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

Subject: ON GUARD 3" SUPER CHLORINATING TABLETS  
EPA Registration No. 3432-61  
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 : "Nature's Way Vision Tab-X"

**General Comments**

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

The notification application is unacceptable for the reason below:

- 1) The proposed brand name is misleading. It implies that the product is natural and therefore less harmful than it has been proven to be.

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						
IRNAME	F. Beron						
DATE	1/14/05						



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

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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 _____
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NATURE'S WAY VISION TAB-X

## 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 checked="" type="checkbox"/> Metal	
* Certification must be submitted				<input type="checkbox"/> Plastic	
	If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container		<input type="checkbox"/> Glass	
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## Section - IV

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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)
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# OnGuard<sup>TM</sup>

MAXI-CLOR<sup>®</sup>

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EPA Reg. No. 100-100000000  
EPA Reg. No. 100-100000000

**NET WT. 5 LBS.**

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