

3432-61

6/14/2007

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY



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

June 14, 2007

OFFICE OF  
PREVENTION, PESTICIDES  
AND TOXIC SUBSTANCES

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

Subject: MAXI-CHLOR SUPER 3" CHLORINATING TABLETS  
EPA Registration No. 3432-61  
Application Date: May 23, 2007  
Receipt Date: May 31, 2007

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: "Aqua Doctor Brand Super 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 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 Y. Henson  
Product Reviewer (32)  
Regulatory Management Branch II  
Antimicrobials Division (7510P)

CONCURRENCES

SYMBOL	7510P	7510P						
JRNAME	E. B. Henson	Henson						
DATE	6/14/07	6/14/07						

	United States	<input type="checkbox"/> Registration	OPP Identifier Number <b>214396</b>
	Environmental Protection Agency	<input type="checkbox"/> Amendment	
	Washington, DC 20460	<input checked="" type="checkbox"/> Other	

Application for Pesticide - Section I

1. Company/Product Number <b>3432-61</b>	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>MAXI-CHLOR SUPER 3" CHLORINATING TABLETS</b>	PM#	
5. Name and Address of Applicant (Include ZIP Code) <b>N. Jonas &amp; Co., Inc. 4525 Adams Circle Bensalem, PA 19020</b> <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.

AQUA DOCTOR BRAND 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	Metal <input type="checkbox"/> Plastic <input checked="" 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 <b>5, 10, 15, 20, 45 lbs.</b>		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 <b>Al Pastore</b>	Title <b>Technical Director</b>	Telephone No. (Include Area Code) <b>215-639-8071</b>
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.		Date Application Received (Stamped)
2. Signature 	3. Title <b>Technical Director</b>	
4. Typed Name <b>Al Pastore</b>	5. Date <b>5-23-07</b>	

