

PLEASE NOTE

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

(1 of 3)

3432-61

4/16/2009

1 of 4

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460



United States
Environmental Protection
Agency

Office of Pesticide Programs

Al Pastore
N. Jonas and Co., Inc.
4520 Adams Circle
Bensalem, PA 19020

APR 16 2009

FILE COPY

Subject: **Maxi-Clor Super 3" Chlorinating Tablets**
EPA Registration Number: 3432-61
Application Dated: March 18, 2009
Receipt Dated: March 27, 2009

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:

- Alternate Brand Name " Riviera SOL Super 3" Chlorinating Tablets "

General Comment:

Based on a review of the material submitted, the following comment applies:

This notification is accepted and a copy has been inserted in your file for future reference.

Should you have any questions concerning this letter, please contact Wanda Henson at (703) 308-6345.

Sincerely,

A handwritten signature in black ink that reads "Wanda Henson".

Wanda Henson
Product Reviewer (32)
Regulatory Management Branch II
Antimicrobials Division (7510P)

2014

Please read instructions on reverse before completing form.

Form Appr

OMB No. 2070-0080

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 3432-61	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Maxi-Clor Super 3" Chlorinating Tablets	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) N.Jonas and 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: <input checked="" type="checkbox"/> 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 the provisions of PR Notice 98-10 and EPA regulations at 40 DFR 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 statements to the EPA. I further understand that if this notification is not consistent with the terms of PR 98-10 and CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under section 12 and 14 of FIFRA.

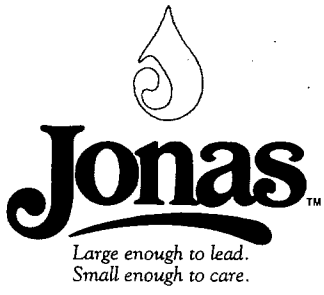
Alternate Brand Name is: Riviera SOL, Super 3" Chlorinating Tablets

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 type="checkbox"/> Metal	<input checked="" type="checkbox"/> Plastic
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
		If "Yes" Package wgt.	No. per container	<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 2 to 50 lbs.		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
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) 215-639-8071
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 	3. Title Technical Director	
4. Typed Name Al Pastore	5. Date 3-18-09	



Subject: **Alternate Brand Names**
Application Date 3-18-09

Dear Wanda Y. Henson
Product Manager 32
Regulatory Management Branch II
Antimicrobials Division (7510P)

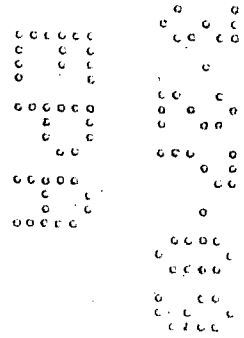
Enclosed are the Proposed Alternate Brand Names:

- Maxi Clor II: EPA Registration # **3432-69**
Proposed Alternate Brand Name is:
Riviera SOL, Chlorinating Granules
- Maxi Clor Chlorinating Tablets: EPA Registration # **3432-24**
Proposed Alternate Brand Name is:
Riviera SOL, 1" Chlorinating Tablets
- Maxi-Clor Super 3" Chlorinating Tablets: EPA Registration # **3432-61**
Proposed Alternate Brand Name is:
Riviera SOL, Super 3" Chlorinating Tablets

and the corresponding Form 8570-1 and a stamped copy of the Accepted labels.

Sincerely,

Al Pastore
Technical Director





Super 3" Chlorinating Tablets

- CONCENTRATE • STABILIZED
- SLOW DISSOLVE
- COMPLETELY SOLUBLE
- NO MINERAL SCALE BUILD-UP
- SUPER CHLORINATING TABLETS FOR WATER DISINFECTION

24-Hr. Chlorine Residual for Round The Clock Activity

KEEP OUT OF REACH OF CHILDREN

DANGER

See side panel for precautions in handling.

ACTIVE INGREDIENTS:

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

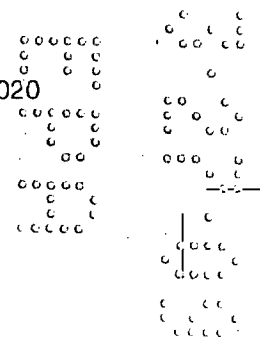
OTHER INGREDIENT 1%

TOTAL 100%

Approximately 90% available chlorine

NET WT. 50 LBS.

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



NEXT

LABEL

(2 of 3)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460



Office of Pesticide Programs

APR 16 2009

Al Pastore
N. Jonas and Co., Inc.
4520 Adams Circle
Bensalem, PA 19020

COPY

Subject: **Maxi-Clor Super 3" Chlorinating Tablets**
EPA Registration Number: 3432-61
Application Dated: March 18, 2009
Receipt Dated: March 27, 2009

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:

- Alternate Brand Name "Highland Pool & Spa Brand Super 3" Chlorinating Tablets"

General Comment:

Based on a review of the material submitted, the following comment applies:

This notification is accepted and a copy has been inserted in your file for future reference.

Should you have any questions concerning this letter, please contact Wanda Henson at (703) 308-6345.

Sincerely,

Wanda Henson
Product Reviewer (32)
Regulatory Management Branch II
Antimicrobials Division (7510P)

Please read instructions on reverse before completing form.

Form Approved

OMB No. 2070-0080

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 3432-61	2. EPA Product Manager PM# 32	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Maxi-Chlor Super 3" Chlorinating Tablets	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: <input checked="" type="checkbox"/> EPA Reg. No. _____ Product Name _____	
5. Name and Address of Applicant (Include ZIP Code) N.Jonas and Co., Inc. 4520 Adams Circle Bensalem, PA. 19020 <input type="checkbox"/> Check if this is a new address		

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 the provisions of PR Notice 98-10 and EPA regulations at 40 DFR 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 statements to the EPA. I further understand that if this notification is not consistent with the terms of PR 98-10 and CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under section 12 and 14 of FIFRA.

Alternate Brand Name is: Highland Pool & Spa 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	If "Yes" Unit Packaging wgt. No. per 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" 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 2 to 50 lbs.		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
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) 215-639-8071
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 both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Technical Director	
4. Typed Name Al Pastore	5. Date 3-18-09	



Subject: Alternate Brand Names
Application Date 3-18-09

Dear Product Manager,

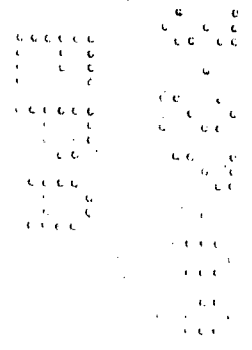
Enclosed are the Proposed Alternate Brand Names:

- Maxi-Clor II: EPA Registration # **3432-69**
Proposed Alternate Name is:
Highland Pool & Spa Brand, Chlorinating Granules
- Maxi-Clor Super 3" Chlorinating Tablets: EPA Registration # **3432-61**
Proposed Alternate Brand Name is:
Highland Pool & Spa Brand, Super 3" Chlorinating Tablets
- Maxi Clor Chlorinating Tablets: EPA Registration # **3432-24**
Proposed Alternate Brand Name is:
Highland Pool & Spa Brand, 1" Chlorinating Tablets
- Maxi Clor Chlorinating Sticks: EPA Registration # **3432-36**
Proposed Alternate Brand Name is:
Highland Pool & Spa Brand, Chlorinating Sticks
- Pro Algaecide: EPA Registration # **3432-31**
Proposed Alternate Brand Name is:
Highland Pool & Spa Brand, Algaecide-30
- Algitec 7.0: EPA Registration # **3432-79**
Proposed Alternate Brand Name is:
Highland Pool & Spa Brand, Copper Algaecide

and the corresponding Form 8570-1 and a Stamped copy of the accepted labels.

Sincerely,

Al Pastore
Technical Director



**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.

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

FIRST AID	
IF SWALLOWED	<ul style="list-style-type: none"> Call a poison control center or doctor immediately for treatment advice. 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. Do not give anything by mouth to an unconscious person.
IF IN EYES	<ul style="list-style-type: none"> 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 center for treatment advice.
IF ON SKIN OR CLOTHING	<ul style="list-style-type: none"> 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.
IF INHALED	<ul style="list-style-type: none"> Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth, if possible. Call a poison control center or doctor for further treatment advice.
<p>Have this product container or label with you when calling a poison control center or doctor, or going for treatment.</p>	
<p>NOTE TO PHYSICIAN Possible chemical damage may contraindicate the use of gastric lavage.</p>	

Highland POOL & SPA

EPA Est. No. 3432-PA-1 • EPA Reg. No. 3432-61-

Super 3" Chlorinating Tablets

CONCENTRATE • STABILIZED • SLOW DISSOLVE • COMPLETELY SOLUBLE • NO MINERAL SCALE BUILD UP • SUPER CHLORINATING TABLETS FOR WATER DISINFECTION • 24 HOUR CHLORINE RESIDUAL FOR ROUND THE CLOCK ACTIVITY

ACTIVE INGREDIENTS
Trichloro-S-triazinetrione 91.7%

OTHER INGREDIENTS
Approximately 90% available chlorine

TOTAL 100%

KEEP OUT OF REACH OF CHILDREN

DANGER
See label panel for instructions in handling.

NET WT. 10 LBS

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

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.

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 6,000 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 20 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.



4 of 4

NEXT

LABEL

(3 of 3)

3432-61

4/16/2009

1 of 4

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460



Office of Pesticide Programs

APR 16 2009

Al Pastore
N. Jonas and Co., Inc.
4520 Adams Circle
Bensalem, PA 19020

FILE COPY

Subject: **Maxi-Clor Super 3" Chlorinating Tablets**
EPA Registration Number: 3432-61
Application Dated: March 18, 2009
Receipt Dated: March 27, 2009

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:

- Alternate Brand Name " Water Wizard Pools Super 3" Chlorinating Tablets "

General Comment:

Based on a review of the material submitted, the following comment applies:

This notification is accepted and a copy has been inserted in your file for future reference.

Should you have any questions concerning this letter, please contact Wanda Henson at (703) 308-6345.

Sincerely,

Wanda Henson
Product Reviewer (32)
Regulatory Management Branch II
Antimicrobials Division (7510P)

Please read instructions on reverse before completing form.

Form Approved

EPA Form No. 2070-0060

Print Form



United States
Environmental Protection Agency
Washington, DC 20460

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 3432-61	2. EPA Product Manager PM# 32	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Maxi-Clor Super 3" Chlorinating Tablets	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: <input checked="" type="checkbox"/> EPA Reg. No. _____ Product Name _____	
5. Name and Address of Applicant (Include ZIP Code) N.Jonas and Co., Inc. 4520 Adams Circle Bensalem, PA. 19020 <input type="checkbox"/> Check if this is a new address		

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 the provisions of PR Notice 98-10 and EPA regulations at 40 DFR 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 statements to the EPA. I further understand that if this notification is not consistent with the terms of PR 98-10 and CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under section 12 and 14 of FIFRA.

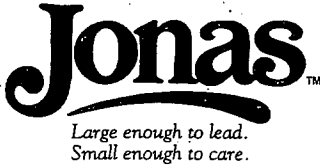
Alternate Brand Name is: Water Wizard Pools, Inc., Super 3" Chlorinating Tablets

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 checked="" type="checkbox"/> Metal <input 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
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 2 to 50 lbs.	5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
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) 215-639-8671
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 	3. Title Technical Director	
4. Typed Name Al Pastore	5. Date 3-18-09	



Subject: **Alternate Brand Names**
Application Date 3-18-09

Dear Product Manager,

Enclosed are the Proposed Alternate Brand Names:

- **Maxi-Clor II: EPA Registration # 3432-69**
Proposed Alternate Name is:
Water Wizard Pools, Inc., Chlorinating Granules
- **Maxi-Clor Super 3" Chlorinating Tablets: EPA Registration # 3432-61**
Proposed Alternate Brand Name is:
Water Wizard Pools, Inc., Super 3" Chlorinating Tablets
- **Scorch: EPA Registration # 3432-76**
Proposed Alternate Brand Name is:
Water Wizard Pools, Inc., Shock
- **Algitec-50: EPA Registration # 3432-11**
Proposed Alternate Brand Name is:
Water Wizard Pools, Inc., Algicide-50
- **Algicil Algicide: EPA Registration # 3432-42**
Proposed Alternate Brand Name is:
Water Wizard Pools, Inc., Algicide-60
- **Algitec 7.0: EPA Registration # 3432-79**
Proposed Alternate Brand Name is:
Water Wizard Pools, Inc., Copper Algicide

and the corresponding Form 8570-1 and a Stamped copy of the accepted labels.

Sincerely,

Al Pastore
Technical Director



**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.

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



**WATER
WIZARD
POOLS, Inc.**

EPA Est. No. 3432-PA-1 • EPA Reg. No. 3432-61-

Super 3" Chlorinating Tablets

**CONCENTRATE • STABILIZED • SLOW DISSOLVE
COMPLETELY SOLUBLE • NO MINERAL SCALE BUILD-UP
SUPER CHLORINATING TABLETS FOR WATER DISINFECTION
24-HR CHLORINE RESIDUAL FOR ROUND THE CLOCK ACTIVITY**

ACTIVE INGREDIENTS:	99%	KEEP OUT OF REACH OF CHILDREN DANGER See label panel for precautionary statements.
OTHER INGREDIENTS:	1%	
TOTAL 100%		

Approximate 24-Hr Chlorine Residual

NET WT. 10 LBS.

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

FIRST AID	
IF SWALLOWED	<ul style="list-style-type: none"> Call a poison control center or doctor immediately for treatment advice. 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. Do not give anything by mouth to an unconscious person.
IF IN EYES	<ul style="list-style-type: none"> Hold eye open and flush 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 center for treatment advice.
IF ON SKIN OR CLOTHING	<ul style="list-style-type: none"> Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call a poison control center or doctor center for treatment advice.
IF INHALED	<ul style="list-style-type: none"> Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth, if possible. Call a poison control center or doctor for treatment advice.
Have the product container or label with you when calling a poison control center or doctor, or going for treatment.	
NOTE TO FITNESS	
Probable excesses chlorine may contribute to the use of gastric lavage.	

contamination or decomposition, do not re-seal 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.

- 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 5,000 gallons of water.
- Place approximately 1 super tablet for 6,000 gallons of water per week either into a tablet dispenser and float it in the pool or directly into a swimmer basket if one is available. In no case should tablets be thrown directly into or on a vinyl liner as bleaching will result.
- 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 baring 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 3-7 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 decanting 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.



4064