

3432-61

3/4/2014

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, DC 20460

OFFICE OF CHEMICAL SAFETY
AND POLLUTION PREVENTION

MAR 4 2014

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

Subject: Alternate Brand Name per PR Notice 98-10
Maxi-Chlor Super 3" Chlorinating Tablets
EPA Registration Number: **3432-61**
Application Date: December 19, 2013
EPA Receipt Date: December 20, 2013

Dear Mr. Pastore:

This acknowledges receipt of your Notification application, submitted under the provisions of FIFRA 3(c)9 and PR Notice 98-10.

Purpose of the Notification:

N. Jonas & Company, Inc. is submitting the following Alternate Brand Name for **EPA Reg. No. 3432-61:**

Gary's Pool & Patio Store Super 3" Chlorinating Tablets

General Comments:

Based on the review of the information submitted, the following comments apply.

The Notification is **Acceptable.**

A copy of the **accepted** Notification is attached in **Regulatory File Jacket 3432-61** for future reference.

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If you have questions or comments with regard to this Agency Letter, please contact me by email at **Swift.Killian@epa.gov** by telephone at **703-308-6346**. When you are submitting information or data in response to this Agency Letter, please send a copy of this Agency Letter with your response in order to facilitate processing.

Sincerely yours,



Demson Fuller,
EPA Product Manager 32
Regulatory Management Branch II
Antimicrobials Division 7510P



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"/> Restrictive
4. Company/Product (Name) MAXI-CHLOR SUPER 3" CHLORINATING TABLETS	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) N. Jonas & Co., Inc. 4525 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: **Gary's Pool & Patio Store 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	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 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 	3. Title Technical Director	
4. Typed Name Al Pastore	5. Date 12/5/13	

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Large enough to lead.
Small enough to care.

• **Document Processing Desk (AMEND)**
• Office of Pesticide Programs (7504P)
• U.S. Environmental Protection Agency
• 1200 Pennsylvania Ave. N
Washington, D.C. 20460
12/09/13

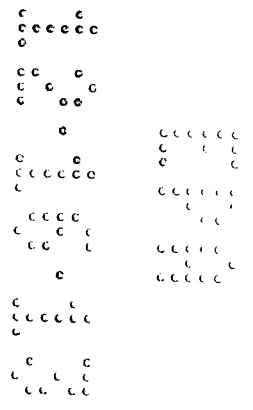
RE: Alternate Brand Name

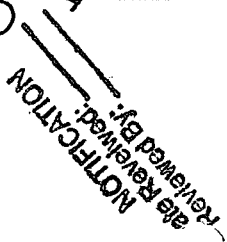
Enclosed is the application for an alternate brand name for Maxi- Chlor Super 3"
Chlorinating Tablets, 3432-61.

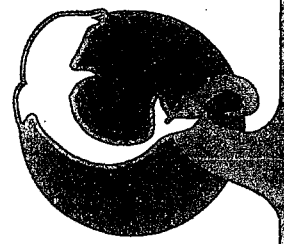
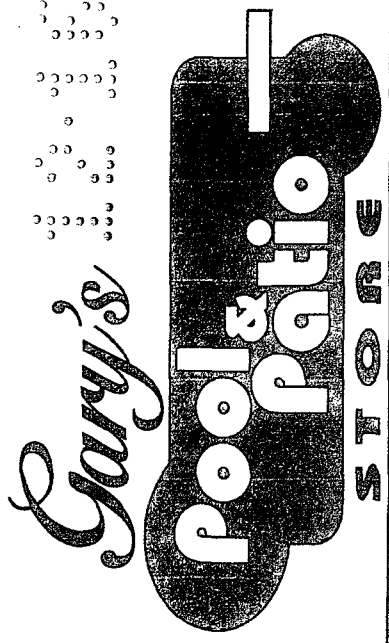
New proposed name is Gary's Pool & Patio Store Super 3" Chlorinating Tablets.

Thank you,

Al Pastore
N. Jonas & Co., Inc
4525 Adams Cir.
Bensalem Pa 19020



NOTIFICATION 08-19-14
 Revisited by: 



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

FIRST AID: Have the product container or label with you when calling a poison control center or doctor or going for treatment. **IF SWALLOWED:** Call a poison control center or doctor immediately for treatment advice. Have person sip a glass of water if able to swallow. Do not induce vomiting unless told to by a poison control center or doctor. Do not give anything by mouth to an unconscious person. **IF IN EYES:** 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 for treatment advice. **IF ON SKIN OR CLOTHING:** 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:** 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. **NOTE TO PHYSICIAN:** Probable mucosal damage may contraindicate the use of gastric lavage.

ACTIVE INGREDIENTS:

Trichloro-S-Triazinetriene 99%

OTHER INGREDIENT 1%

TOTAL 100%

Approximately 90% available chlorine

KEEP OUT OF REACH OF CHILDREN
DANGER

See back panel for additional precautionary statements.
 EPA. Reg. No. 3432-61 EPA. Est. No. 3432-PA-1

Net Wt. 25 lbs.

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

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