

3432-65

4/15/2009

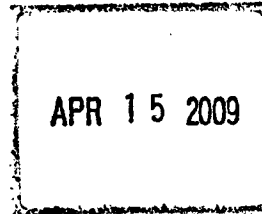
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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

OFFICE OF
PREVENTION, PESTICIDES
AND TOXIC SUBSTANCES

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



Subject: Copper 5 Algaecide
EPA Registration No. 3432-65
Application Date: March 13, 2009
Receipt Date: March 19, 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

- Addition of Alternate Brand Name: "Spectrum Special Winter Algaecide"

The notification application is acceptable and a copy has been inserted in your file for future reference.

Should you have any questions concerning this letter, please contact me by telephone at (703) 308-6415 or email address at: Lantz.Tracy@epa.gov during the hours of 9:00 am to 4:30 pm EST

Sincerely,

A handwritten signature in cursive script that reads "Tracy Lantz".

Tracy Lantz
Product Manager (34)
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 3432-65 | 2. EPA Product Manager | 3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name) Copper 5 Algaecide | PM# 34 | |
| 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)(ii), 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.

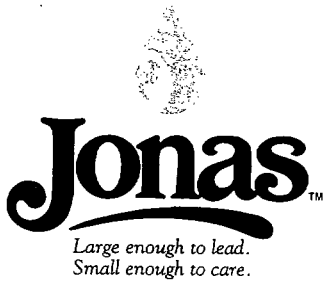
Alternate Brand Name is: Spectrum Special Winter Algaecide

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 checked="" type="checkbox"/> Plastic Glass Paper 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 type="checkbox"/> Label <input checked="" type="checkbox"/> Container | | 4. Size(s) Retail Container Pts., Qts., Gals. | | 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 type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled | | | <input checked="" type="checkbox"/> Other Silk Screen | | |

Section - IV

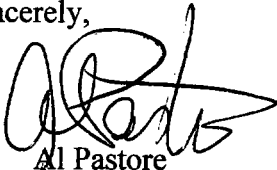
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|---------------------------------------------------|----------------------------------------|
| 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 3-13-09 | | | |



Subject: Alternate Brand Names
Copper 5 Algacide
EPA Registration: 3432-65
Application Date 3-13-09

Dear Product Manager,

Enclosed are the Proposed Alternate Brand Name: Spectrum Special Winter Algacide, the corresponding Form 8570-1 and a Stamped copy of the accepted label.

Sincerely,

Al Pastore
Technical Director

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**Swimming Pool Formula
Non-Foaming Formula**

ACTIVE INGREDIENT: Copper as elemental 0.59%
OTHER INGREDIENTS 99.41%
TOTAL 100.00%

This product contains 0.81 ounces (23 grams)
of copper per gallon from Copper Triethanolamine Complex.

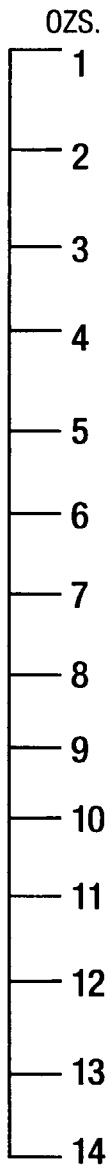
EPA REG. NO. 3432-65
EPA EST. NO. 3432-PA-1

**KEEP OUT OF REACH OF CHILDREN
CAUTION**

See side panel for additional
precautionary statements

NET CONT.: 1 PT.

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



**PRECAUTIONARY STATEMENTS
HAZARDS TO HUMANS AND DOMESTIC ANIMALS**

CAUTION: Causes eye irritation. Harmful if swallowed. Avoid contact with skin, eyes, or clothing.

| FIRST AID | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 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 by mouth-to-mouth, if possible. Call a poison control center or doctor for further treatment advice. |
| HOT LINE NUMBER ALGAECIDE | |
| Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact Chemtrec at 1-800-424-9300 for emergency medical treatment information. | |

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

INITIAL DOSE: For every 10,000 gallons of pool water add 48 ounces (1 1/2 quarts) of this ALGAECIDE

MAINTENANCE DOSE: When filling pool at beginning of swimming season add 24 ounces of this ALGAECIDE per 10,000 gal to the pool water. If pool has visible algae growth, add initial as indicated above. To remove algae debris, vacuum pool after 24 hours. If visible algae reappear or are still present, repeat this treatment as required to free pool of algae. When all signs of algae are gone from the pool, use recommended maintenance dose. Maintenance dose is to be added every 2 weeks. After heavy rain, or extended high temperatures or unusually heavy use, add maintenance dose more frequently. If weekly make-up water is equal to 10% or more of the pool capacity, add 8 ounces of this ALGAECIDE for each 2,500 gallons of new water added.

PESTICIDE STORAGE: Do not contaminate water, food, or feed by storage or disposal.

PESTICIDE DISPOSAL: Securely wrap original container in several layers of newspaper and discard in trash.

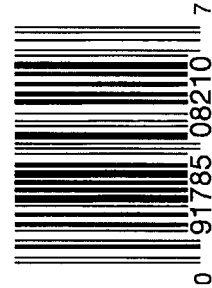
CONTAINER DISPOSAL: Do not reuse empty bottle. Rinse thoroughly before discarding in trash.

HOW TO ESTIMATE GALLON CAPACITY OF YOUR POOL

FOR CIRCULAR OR ELLIPTICAL POOLS: Multiply diameter x diameter x average depth (all in feet) x 5.9 = gallons.

FOR SQUARE OR RECTANGULAR POOLS: Multiply length x width x average depth (all in feet) x 7.5 = gallons.

This ALGAECIDE is compatible with those chemicals normally used to treat pools. Do not mix with any other chemicals.



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