

3432-66

8/7/2014

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

OFFICE OF
CHEMICAL SAFETY
AND POLLUTION PREVENTION

AUG 17 2014

Al Pastore
N. Jonas and Co., Inc.
4525 Adams Circle
Bensalem, PA 19020-0425

Subject: Winter Algaecide and Quick Shock
EPA Registration Number(s): 3432-26 and 3432-66
Application Date: June 25, 2014
Receipt Date: July 8, 2014

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:

Adding Alternate Brand Name(s)

Winter Algaecide – proposed name: Clean H2O Center Pool and Spa Care Poly-10

Quick Shock – proposed name: Clean H2O Center Pool and Spa Multi Purpose Shock

General Comment:

Based on a review of the material submitted, the following comment applies: your notification's to update as referenced above is acceptable and a copy has been inserted in your file for future reference.

Should you have any questions or comments concerning this letter, you may contact me by telephone at (703) 308-6416 or by e-mail at campbell.jacqueline@epa.gov or Terria Northern by telephone at (703) 347-0265 or by e-mail at northern.terria@epa.gov during the hours of 8:00am to 4:00pm EST. When submitting information or data in response to this letter, a copy of this letter should accompany the submission to facilitate processing.

Please read instructions on reverse before completing form.

Form Approved, OMB 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 3432-66	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Quick Shock	PM#	
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)(ii), 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 of 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.

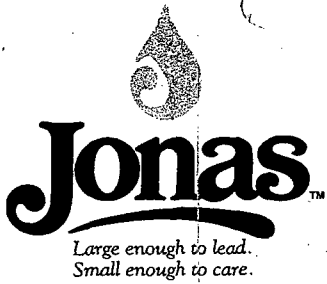
Clean H2O Center Pool and Spa Care Multi Purpose Shock

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		If "Yes" Package 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							
3. Location of Net Contents information <input type="checkbox"/> Label <input checked="" type="checkbox"/> Container		4. Size(s) Retail Container 1.5, 10 lb		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 Printed on Pks		<input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input checked="" 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) 215-635-8071
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 6/25/14	



Document Processing Desk (AMEND)
 Office of Pesticide Programs (7504P)
 U.S. Environmental Protection Agency
 1200 Pennsylvania Ave. NW
 Washington, D.C. 20460

6/30/14
 RE: Alternate Brand Name

Enclosed are two applications, one for an alternate brand name for Quick Shock, 3432-66. The proposed name is Clean H2O Center Pool and Spa Care Multi Purpose Shock.

The Second application is for an alternate brand name, Winter Algaecide, 3432-26. New Purpose name is Clean H2O Center Pool and Spa Care Poly-10.

Thank you

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



CLEAN **H₂O** CENTER
Pool and Spa Care

Multi Purpose Shock

Shock, Clarifier and Floc in one Product. Designed for all pool surfaces. Treat and Swim in as Soon as 15 Minutes*

*Refer to re-entry statement on back panel for additional guidance.

FIRST AID: Have the product container or label with you when calling a poison control center or doctor or going for treatment. **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 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. **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 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. **NOTE TO PHYSICIAN:** Probable mucosal damage may contraindicate the use of gastric lavage.

EPA, Reg. No. 3432-66 **ACTIVE INGREDIENTS:**
EPA, Est. No. 3432-PA-1 Sodium dichloro-s-triazinetriene* 57%
OTHER INGREDIENTS: 43%
*Available chlorine 35% **TOTAL 100%**

KEEP OUT OF REACH OF CHILDREN

DANGER **Net Wt. 5 lbs.**

See back panel for additional precautionary statements.

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