

3432-69

6/18/2013

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

OFFICE OF CHEMICAL SAFETY  
AND POLLUTION PREVENTION

June 18, 2013

Mr. Al Pastore, Technical Director  
N. Jonas & Company, Inc.  
4520 Adams Circle  
Bensalem, PA 19020

SUBJECT: FQPA Code 332 Alternate Brand Names per PR Notice 98-10  
PRODUCT NAME: **Maxi-Chlor II**  
EPA REG. NO.: **3432-69**  
APPLICATION DATE: April 29, 2013  
APPLICATION RECEIVED DATE: May 6, 2013

Dear Mr. Pastore:

This acknowledges receipt of your Notification application, submitted under the provisions of FIFRA section 3(c) 7(A) and PR Notice 98-10.

Pesticide Application:

N. Jonas & Company, Inc. is submitting the following seven ( 7 ) Alternate Brand Names for **EPA Reg. No. 3432-69:**

- 1.) Above & Beyond Chlorinating Granules;
- 2.) Above & Beyond Copper Algicide;
- 3.) Above & Beyond Algicide-50;
- 4.) Above & Beyond Algicide-30;
- 5.) Above & Beyond Super 3" Chlorinating Tablets;
- 6.) Above & Beyond 1" Chlorinating Tablets;
- 7.) Above & Beyond Calcium Hypochlorite.

General Comments:

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

The Notification application is **Acceptable**.

A copy of the **accepted** Notification is attached in **Regulatory File Jacket 3432-69**.

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If you have questions or comments with regard to this Agency Letter, the please contact Killian Swift via email at [Swift.Killian@epa.gov](mailto:Swift.Killian@epa.gov) or 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,



Michael L. Mendelsohn,  
Acting 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 <b>3432-69</b>	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>MAXI-CHLOR II</b>	PM#	
5. Name and Address of Applicant (Include ZIP Code) <b>N. Jonas &amp; Co. Inc. 4520 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. **THE PROPOSED ALTERNATE BRAND NAME IS:**  
**ABOVE & BEYOND CHLORINATING GRANULES**

**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
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container <b>1 to 25 lbs</b>		5. Location of Label Directions <input checked="" type="checkbox"/> On Label	
6. Manner in Which Label is Affixed to Product <input 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>
<b>Certification</b> 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 <b>Technical Director</b>	
4. Typed Name <b>Al Pastore</b>	5. Date <b>4/29/13</b>	

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# ABOVE & BEYOND

## Chlorinating Granules

**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 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 for treatment advice. **IF IRRITATED,** Move person to fresh air. If breathing is difficult, call 911 or an ambulance. **IF ON SKIN OR CLOTHING:** If contaminated, remove 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.

**ACTIVE INGREDIENT:**  
Sodium Dichloro-s-triazinetriene Dithydrate ..... 99.0%  
**OTHER INGREDIENTS** ..... 1.0%  
**TOTAL 100%**

**NET WT. NO. 3432-PA-1**  
**EPA REG. NO. 3432-69**

**KEEP OUT OF REACH OF CHILDREN**

**DANGER**

See back panel for additional precautionary statements.

**Net Wt. 2 lbs.**

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

### PRECAUTIONARY STATEMENTS

#### HAZARDS TO HUMANS AND DOMESTIC ANIMALS

**DANGER, CORROSIVE:** Causes irreversible eye damage. May be fatal if inhaled. Harmful if swallowed or absorbed through skin. Do not get in eyes, on skin or on clothing. Do not breathe dust, vapor or spray mist. Wear goggles, face shield, or safety glasses. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse.

#### ENVIRONMENTAL HAZARDS:

This pesticide is toxic to fish and aquatic organisms. Contact with water slowly liberates irritating and hazardous chlorine containing gases. Decomposes at temperatures above 464°F with liberation of harmful gases. When ignited, will burn with the evolution of chlorine and equally toxic gases. Never add water to this product. Always add product to large quantities of 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 fire and explosion. **IN CASE OF FIRE OR SMOKE:** Call the fire department. Do not attempt to extinguish the fire without a self contained breathing apparatus (SCBA). Do not let the fire burn. Flood with copious amounts of water. **DO NOT** use ABC or other dry chemical extinguishers since there is the potential for a violent reaction. **IN CASE OF CONTAMINATION OR DECOMPOSITION: DO NOT** re-seal container. Neutralize material to a non-oxidizing state for a safe disposal.

#### DIRECTIONS FOR USE:

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. **SWIMMING POOL WATER DISINFECTION:** This product is intended for use in controlling bacteria and algae in swimming pools. This product should be added directly to the surface of circulating water according to the directions. Reentry into treated swimming pools of spas is prohibited above levels of 3 ppm of chlorine. **START UP:** Before using this product, make sure that the filtration system is clean and operating properly. Adjust the pH of the water to the range of 7.2-7.6 using suitable products and a reliable test kit. Adjust the alkalinity of the water to a minimum of 125 ppm (mg/L), based on the test kit reading. Add a sufficient amount of this product directly to the surface of circulating water to raise the free chlorine level in the water to 5-6 ppm (mg/L), based on reading from a suitable test kit. The addition of 10 ounces of this product for each 10,000 gals. of water (7.5 grams / 1,000 liters) will provide approximately 5 ppm (mg/L) of available chlorine.

**SHOCK TREATMENT:** The pool water should be superchlorinated or shocked every 7 days or whenever the combined chlorine level is above 0.5 ppm (mg/L). Combined chlorine is the difference between total and free chlorine, as measured by a suitable test kit. Add a sufficient amount of this product directly to the surface of circulating water to raise the available chlorine level to 5-6 ppm (mg/L), based on the test kit reading. The addition of 10 ozs. of this product for each 10,000 gals. of water (7.5 grams / 1,000 L) will provide approximately 5 ppm (mg/L) of available chlorine. If the combined chlorine reading is not below 0.5 ppm (mg/L) and the water has not been restored to its normal clarity, repeat the shock treatment described above. Do not enter water until free available chlorine reading is below 0.3 ppm (mg/L), combined chlorine is below 0.5 ppm (mg/L), and the water is restored to its normal clarity.

**MAINTENANCE TREATMENT:** Add this product daily or as needed to maintain the free available chlorine residual in the water at 1-3 ppm (mg/L) as indicated by a reliable test kit. The addition of 2 ozs. of this product per 10,000 gals. of water (1.5 grams / 1,000 L) will provide approximately 1 ppm (mg/L) of available chlorine. Weather and usage effect sanitizer levels. In addition, some oils, lotions, fragrances, cleaners, etc. may cause foaming or cloudy water as well as reduce the efficiency of this product. Maintain the pH at 7.2-7.6 and the alkalinity at a minimum of 125 ppm (mg/L). When the total dissolved solid (TDS) reaches 3000 ppm (mg/L) or whenever the water becomes difficult to manage, the water should be drained and fresh water added to the pool. Chlorine must be allowed to dissipate from treated pool water before discharge. Do not chlorinate the pool within 24 hrs. prior to discharge.

**WINTERIZING:** Thoroughly clean and vacuum the pool. While the water is still clear and clean, apply 16 ounces of this product for each 10,000 gallons of water (12 grams per 1,000 liters) while the filtration system is running. This will increase the available chlorine by approximately 8 ppm (mg/L). Cover pool, prepare heater, filter and heater components for winter by following manufacturers' instructions.

#### STORAGE AND DISPOSAL:

Do not contaminate water, food or feed by storage or disposal. **STORAGE:** Keep material dry and in a dry area. Store in original container, where temperatures do not exceed 125°F (52°C) for 24 hours. Retie polyethylene liner after each use and keep container tightly closed.

#### PESTICIDE DISPOSAL:

Pesticide wastes are toxic. Improper disposal of excess pesticide, spray mixture, or rinsate is a violation of Federal Law. If these wastes cannot be disposed of by use according to label instructions, contact your State Pesticide or Environmental Control Agency, or the Hazardous Waste representative at the nearest EPA Regional Office for guidance. Do not put product, spilled product, or filled or partially filled containers into the trash or waste compactor. Contact with incompatible materials could cause a reaction and fire. **DO NOT** transport wet or damp material. Neutralize material to a non-oxidizing state for safe disposal.

#### CONTAINER DISPOSAL:

Nonrefillable container. Do not reuse or refill this container. Offer for recycling if available. If empty, do not reuse this container. Place in trash or offer for recycling if available. If Partly Filled: Call your local solid waste agency for disposal instructions. Never place unused product down any indoor or outdoor drains.



NET CONT: 1 QT



United States  
**Environmental Protection Agency**  
 Washington, DC 20480

Registration  
 Amendment  
 Other

5/17  
 EPA Registration Number  
**214396**

**Application for Pesticide - Section I**

1. Company/Product Number <b>3432-79</b>	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>ALGITEC 7.0</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 checked="" 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 ALTERANTE BRANDNAME IS:  
**ABOVE & BEYOND COPPER-ALGICIDE**

**Section - III**

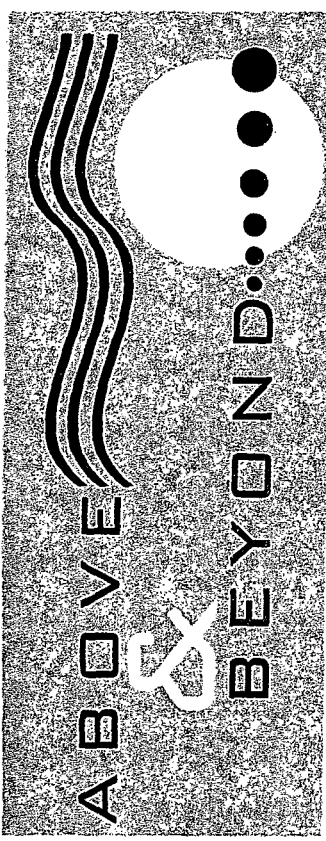
1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <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.	<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 <b>Quart &amp; Gallon</b>		5. Location of Label Directions <input checked="" type="checkbox"/> ON LABEL	
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 <b>Silk Screened</b>		

**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.		6. Date Application Received (Stamped)
2. Signature 	3. Title <b>TECHNICAL DIRECTOR</b>	
4. Typed Name <b>AL PASTORE</b>	5. Date <b>4/29/13</b>	

6/17

OZ. 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28



# ABOVE & BEYOND

## Copper Algicide

**ACTIVE INGREDIENTS:**  
Copper Triethanolamine Complex\* 24.75%

**OTHER INGREDIENTS** 75.25%

**TOTAL INGREDIENTS: 100.00%**  
\*This product contains 0.76 lbs. of elemental copper per gallon from Copper Triethanolamine.

EPA EST. NO. 3432-PA-1  
EPA REG. NO. 3432-79

**KEEP OUT OF REACH OF CHILDREN**

**CAUTION**  
See back panel for additional precautionary statements and first aid.

NET CONT: 1 QT.

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

**PRECAUTIONARY STATEMENTS**

**HAZARDS TO HUMANS AND DOMESTIC ANIMALS**

**CAUTION:** Causes moderate eye irritation. Harmful if swallowed, absorbed through the skin or inhaled. Avoid contact with skin, eyes or clothing. Avoid breathing vapors or spray mist. Prolonged or frequently repeated skin contact may cause allergic reactions in some individuals. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, using tobacco or using the toilet. Remove and wash contaminated clothing before reuse.

<b>IF ON SKIN OR CLOTHING</b>	<b>FIRST AID</b>
<b>IF IN EYES</b>	<ul style="list-style-type: none"> <li>Take off contaminated clothing.</li> <li>Rinse skin immediately with plenty of water for 15-20 minutes.</li> <li>Call a poison control center or doctor for treatment advice.</li> </ul>
<b>IF SWALLOWED</b>	<ul style="list-style-type: none"> <li>Hold eye open and rinse slowly and gently with water for 15-20 minutes.</li> <li>Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.</li> <li>Call a poison control center or doctor for treatment advice.</li> </ul>
<b>IF INHALED</b>	<ul style="list-style-type: none"> <li>Call poison control center or doctor immediately for treatment advice.</li> <li>Have 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.</li> <li>Do not give anything by mouth to an unconscious person.</li> <li>Move person to fresh air.</li> <li>If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth, if possible.</li> <li>Call a poison control center or doctor for further treatment advice.</li> </ul>
<b>HOT LINE NUMBER</b>	
Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact 303-595-9048 (collect) for emergency treatment information or 800-424-9300 (CHEMTREC) for transportation and spills information.	
<b>NOTE TO PHYSICIAN</b>	
Probable mucosal damage may contraindicate the use of gastric lavage.	

**PHYSICAL OR CHEMICAL HAZARDS:** Do not mix with other chemicals.

**ENVIRONMENTAL HAZARDS:** This pesticide is toxic to fish and aquatic organisms. **DIRECTIONS FOR USE:** It is a violation of Federal Law to use this product in a manner inconsistent with its labeling. Read entire label and use strictly in accordance with precautionary statements and directions. This product is concentrated. Mix the correct amount of this product with one (1) gallon of water and distribute around the edge of the pool. Apply the initial treatment dosage to a freshly filled pool or at first visible signs of algae. Thereafter, apply maintenance dose every two (2) weeks. For each 10,000 gallon of pool volume add an initial dose of 4.0 oz. And thereafter, a maintenance dose of 2.0 oz. every two (2) weeks.

**NOTE:** Buyer assumes all responsibility for safety and use not in accordance with directions. This product is especially made to control algae growth in all types of swimming pools. Water treated with this product can be used immediately-**NO WAITING**. The long lasting action controls existing algae and the maintenance dosages control algae regrowth. This product will not cause the water to foam and will not alter the pH or chlorine residual of the water. **STORAGE AND DISPOSAL:** Do not contaminate food or feed by storage or disposal. **Pesticide Storage:** Keep this product in original tightly closed container in an area inaccessible to children and persons unfamiliar with its use. **Container Disposal:** Nonrefillable container. Do not reuse or refill this container. If Empty: Offer for recycling or wrap securely in several layers of newspaper and discard in trash. If Partly Filled: Call your local waste agency for disposal instructions. Never place unused product down any indoor or outdoor drain.

**POOL FORMULA:** (Capacity in Gallons) **Rectangular or Square Pools:** Length x width x average depth (feet) x 7.5=gallons.  
**Round Pools:** Diameter x Diameter x Average Depth (feet) x 5.9=gallons.



NET CONT: 1 QT



United States  
Environmental Protection Agency  
Washington, DC 20460

Registration  
Amendment  
 Other

OPP Identifier Number  
214396

### Application for Pesticide - Section I

1. Company/Product Number 3432-11	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) ALGITEC 50	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)(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 BRANDNAME IS:  
ABOVE & BEYOND ALGICIDE-50

### 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
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container Quart		5. Location of Label Directions <input checked="" type="checkbox"/> On Label	
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 Screened		

### 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 4/29/13	

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# PRECAUTIONARY STATEMENTS HAZARDS TO HUMANS AND DOMESTIC ANIMALS

**DANGER CORROSIVE:** Causes irreversible eye damage and skin burns. Do not get in eyes, or on skin, or on clothing. Wear goggles or face shield and rubber gloves when handling. May be fatal if swallowed. Avoid contamination of food. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse.

FIRST AID	
<b>IF IN EYES</b>	<ul style="list-style-type: none"> <li>Hold eye open and rinse slowly and gently with water for 15-20 minutes.</li> <li>Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.</li> <li>Call a poison control center or doctor for treatment advice.</li> </ul>
<b>IF ON SKIN OR CLOTHING</b>	<ul style="list-style-type: none"> <li>Take off contaminated clothing.</li> <li>Rinse skin immediately with plenty of water for 15-20 minutes.</li> <li>Call a poison control center or doctor for treatment advice.</li> </ul>
<b>IF SWALLOWED</b>	<ul style="list-style-type: none"> <li>Call a poison control center or doctor immediately for treatment advice.</li> <li>Have person sip a glass of water if able to swallow.</li> <li>Do not induce vomiting unless told to do so by a poison control center or doctor.</li> <li>Do not give anything by mouth to an unconscious person.</li> </ul>
<b>IF INHALED</b>	<ul style="list-style-type: none"> <li>Move person to fresh air.</li> <li>If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth, if possible.</li> <li>Call a poison control center or doctor for further treatment advice.</li> </ul>
Have the product container or label with you when calling a poison control center or doctor, or going for treatment.	
NOTE TO PHYSICIAN	
Probable mucosal damage may contraindicate the use of gastric lavage.	

**ENVIRONMENTAL HAZARDS:** This pesticide is toxic to fish and aquatic organisms.

### DIRECTIONS FOR USE

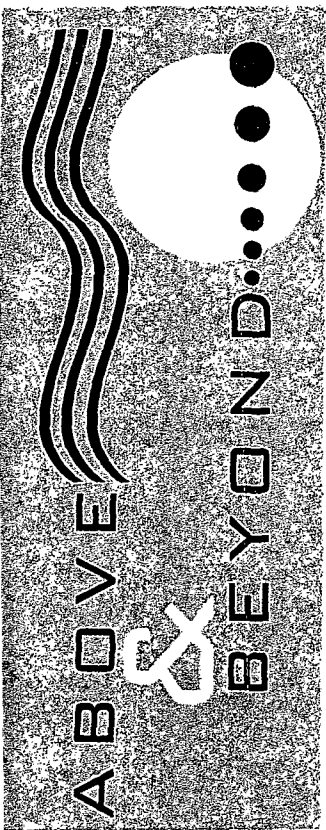
It is a violation of federal law to use this product in a manner inconsistent with its labeling. When first filling pool or when no algae are visible use this product at a rate of 5.2 fluid oz. to each 10,000 gallons of pool water. If algae growth is visible apply the initial dose. Vacuum pool after 24 hours to remove dead algae. If algae growth is still visible repeat dose as necessary until pool is free of visible algae. Therefore follow up with maintenance dose of 1.3 fluid oz per 10,000 gallons of pool water every 3-5 days or as needed to maintain 2 ppm active. Test kits are available for this use. For booster application add 1.3 fluid oz. per 10,000 gallons after a heavy or prolonged rainfall or when there is a heavy bathing load. The above directions should be followed even when the pool is not in use. If algae growth is noticeable, apply the initial dose. This product is compatible with many swimming pool chemicals and when used as directed it is not harmful to the metal paint, plastic or tile surfaces of the swimming pool. When used as directed, will help improve the appearance and cleanliness of the swimming pool water. THIS PRODUCT helps inhibit the growth of unsightly algae. When properly stored for prolonged periods of time, will not lose its effectiveness or strength and requires no special equipment for treating swimming pool water. The correct use-dilution may be added directly to the pool in any spot, or added to the water circulation equipment. Do not use water containing residue from this product to irrigate crops used for food or feed.

**STORAGE AND DISPOSAL:** Do not contaminate food or feed by storage, disposal, or cleaning of equipment. **STORAGE:** Store in original containers and place in locked storage area. Keep from freezing. Small spills may be mopped up or flushed away with water or absorbed on some absorbent material and incinerated.

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

**CONTAINER DISPOSAL:** Nonrefillable container. Do not reuse or refill this container. Offer for recycling if available. If Empty: Do not reuse this container. Place in trash or offer for recycling if available. If Partly Filled: Call your local solid waste agency for disposal instructions. Never place unused product down any indoor or outdoor drain.

**FOR OVAL POOLS:** Multiply diameter x diameter x average depth (all in feet) x 5.9 = gallons. **FOR RECTANGULAR POOLS:** Multiply length x width x average depth (all in feet) x 7.5 = gallons.



# Algicide-50

**ALGAEICIDE CONCENTRATE**

**FOR KILLING AND CONTROLLING ALGAE AND ALGAL SLIME GROWTH IN POOLS**

**Effective in Hard Water Controlled Sudsing Action**

**NET CONT: 1 QT.**

**ACTIVE INGREDIENTS:**  
Alkyl (50% C14, 40% C12, 10% C16) dimethyl benzyl ammonium chloride... 50%  
**OTHER INGREDIENTS:**..... 50%  
**TOTAL 100%**  
weight approx. 8 lbs. per gallon

**KEEP OUT OF REACH OF CHILDREN**

**DANGER**

See back panel for additional precautionary statements and first aid.

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



NET CONT: 1 QT





Environmental Protection Agency  
Washington, DC 20460

Registration  
 Amendment  
 Other

214396

Copy

Application for Pesticide - Section I

1. Company/Product Number 3432-31	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) PRO ALGAECIDE	PM#	
5. Name and Address of Applicant (Include ZIP Code) N. JONAS & 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: 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:

ABOVE & BEYOND ALGICIDE -30

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
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container QUART, GALLON	5. Location of Label Directions <input type="checkbox"/> <input checked="" type="checkbox"/> ON LABEL		
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 <u>Silk Screened</u>	

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
<p align="center"><b>Certification</b></p> <p>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.</p>		<p>6. Date Application Received (Stamped)</p>
2. Signature 	3. Title TECHNICAL DIRECTOR	
4. Typed Name AL PASTORE	5. Date 4/29/13	

10/17

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**PRECAUTIONARY STATEMENT**

**HAZARDS TO HUMANS AND DOMESTIC ANIMALS**

**CAUTION:** Harmful if swallowed. Avoid breathing vapors. Avoid contact with skin, eyes, or clothing.

FIRST AID	
<b>IF SWALLOWED</b>	<ul style="list-style-type: none"> <li>• Call a poison control center or doctor immediately for treatment advice.</li> <li>• Have person sip a glass of water if able to swallow.</li> <li>• Do not induce vomiting unless told to do so by a poison control center or doctor.</li> <li>• Do not give anything by mouth to an unconscious person.</li> </ul>
<b>IF INHALED</b>	<ul style="list-style-type: none"> <li>• Move person to fresh air.</li> <li>• If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth, if possible.</li> <li>• Call a poison control center or doctor for further treatment advice.</li> </ul>
<b>IF ON SKIN OR CLOTHING</b>	<ul style="list-style-type: none"> <li>• Take off contaminated clothing.</li> <li>• Rinse skin immediately with plenty of water for 15-20 minutes.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>
<b>IF IN EYES</b>	<ul style="list-style-type: none"> <li>• Hold eye open and rinse slowly and gently with water for 15-20 minutes.</li> <li>• Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>
Have the product container or label with you when calling a poison control center or doctor, or going for treatment.	

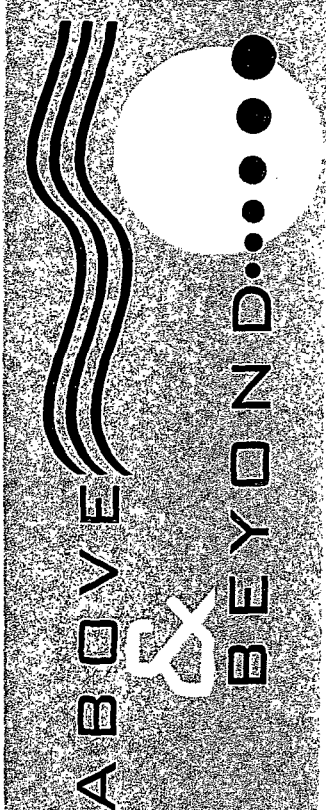
**ENVIRONMENTAL HAZARDS:** This pesticide is toxic to fish and aquatic organisms.

**DIRECTIONS FOR USE**

It is a violation of federal law to use this product in a manner inconsistent with its labeling. This product is used to prevent and control the growth of algae, including so called "black algae", in swimming pools. For maximum effectiveness, pools containing heavy growth of algae should be cleaned prior to using this product. For pools having visible growth of algae, add an initial dose of 24 to 36 oz. per 10,000 gal. water and remove settled algae debris by cleaning (vacuuming). For treatment of freshly cleaned and filled pool, add initial dose 14 to 24 ozs. per 10,000 gal. pool water. To maintain pools free of visible algae growth, subsequent additions of 4 1/2 ozs. per 10,000 gal. (approx. 1 oz. per 2,500 gal.) should be used every 5-7 days after initial treatment. Uniform distribution is necessary. Pour this product all around pool and throughout the pool water for maximum effectiveness. This product is compatible with those chemicals normally used to treat pools and is effective at both acid and alkaline pH. This product can be used in pools treated with chlorine chemicals and may reduce the amount of those chemicals normally required. However, do not mix this product with concentrated dry or liquid chlorine products.

**TO CALCULATE GALLONAGE FOR ROUND OR OVAL POOLS:** Multiply diameter x diameter x average depth (all in feet) x 5.9 = gallons. **FOR RECTANGULAR POOLS:** Multiply length x width x average depth (all in feet) x 7.5 = gallons.

**STORAGE AND DISPOSAL:** Do not contaminate water, food, or feed by storage or disposal. **PESTICIDE STORAGE:** Keep container closed and in cool place when not in use. Leaking or damaged containers should be placed in a plastic bag and discarded in trash. **Mop up spills with clear water.** All pesticides should be kept out of reach of children and stored away from food. **PESTICIDE DISPOSAL:** Wastes resulting from the use of this product may be disposed of on site or at an approved waste disposal facility. **CONTAINER DISPOSAL:** Nonrefillable container. Do not reuse or refill this container. Offer for recycling if available. If Empty: Do not reuse this container. Place in trash or offer for recycling if available. If Partly Filled: Call your local solid waste agency for disposal instructions. Never place unused product down any indoor or outdoor drain.



**Algicide-30**

**ACTIVE INGREDIENT:**  
 Poly (oxyethylene (dimethyliminio) ethylene (dimethyliminio) ethylene dichloride) ..... 30%  
**OTHER INGREDIENT:** ..... 70%  
**TOTAL 100%**  
 This product contains 2.88 lbs. of active ingredient per gallon and weighs 8.97 lbs. per gallon

EPA EST. NO. 3432-PA-1  
 EPA REG. NO. 3432-31-

**KEEP OUT OF REACH OF CHILDREN**  
**CAUTION**  
 See back panel for additional precautions and first aid.

- **Effective Against Green, Black and Mustard Algae**
- **No Foaming**
- **No Staining**
- **No Discoloration**
- **No Metals**

**NET CONT: 1 QT.**

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

NET CONT: 1 QT



U.S. 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"/> Restricted
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.

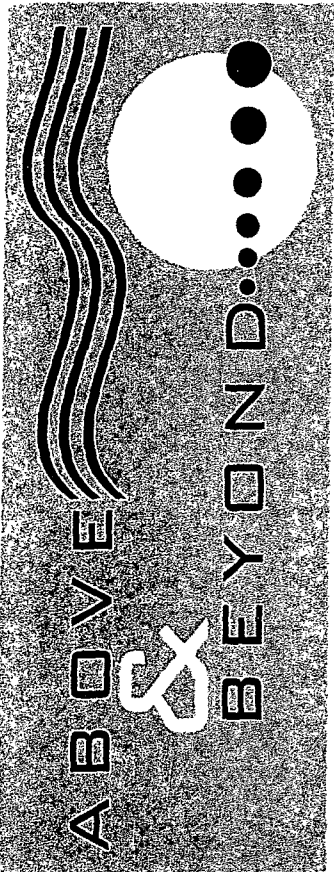
THE PROPOSED ALTERNATE BRAND NAME IS: ABOVE & BEYOND SUPER 3" CHLORINATING TABLETS

**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 both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Technical Director	
4. Typed Name Al Pastore	5. Date 4/29/13	



# Super 3" Chlorinating Tablets

**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. Give anything to drink only with water. IF IN EYES: Hold eyes open and flush slowly and gently with water for 15-20 minutes. IF ON SKIN: Wash with soap and water for the first 15 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 PHARMACEUTICAL: Probable mucosal damage may contraindicate the use of gastric lavage.

**ACTIVE INGREDIENTS:**

Trichloro-s-Triazinetrione	99%
OTHER INGREDIENT	1%
<b>TOTAL</b>	<b>100%</b>

Approximately 90% available chlorine

EPA Est. No. 3432-PA-1 • EPA Reg. No. 3432-61  
**KEEP OUT OF REACH OF CHILDREN**

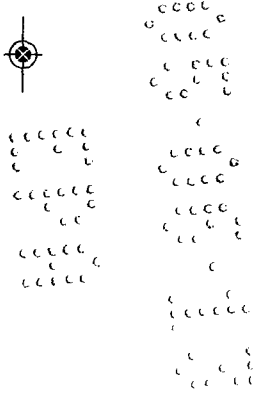
**DANGER**

See back panel for additional precautionary statements.

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

Net Wt. 5 lbs.

- 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





United States  
**Environmental Protection Agency**  
 Washington, DC 20460

Registration  
 Amendment  
 Other

OPP Identifier Number  
**214396**

**Application for Pesticide - Section I**

1. Company/Product Number 3432-24	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>MAXI-CHLOR CHLORINATING TABLETS</b>	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)(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:

ABOVE & BEYOND 11" 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
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 5, 10, 15, 25, 50 lbs.		5. Location of Label Directions <input checked="" type="checkbox"/> On Label	
6. Manner in Which Label is Affixed to Product				<input type="checkbox"/> Other _____	
				<input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled	

**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 4/24/13	

**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 mist. 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, chewing gum, using tobacco or using the toilet. Remove contaminated clothing and wash before reuse.

**ENVIRONMENTAL HAZARDS:** This pesticide is toxic to fish and aquatic organisms.  
**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 contamination or decomposition, do not reseal 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. Do not re-enter treated pools if chlorine level in water is above 4 ppm due to the potential for bodily harm.

1. Before using chlorinating tablets make sure that there is a 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 7 tablets for 2500 gals. of pool water either into a tablet dispenser and float it in the pool or directly into skimmer basket if one is available. Tablets must not be thrown directly into or on a vinyl liner as bleaching will result.
3. Use a good pool water test kit at least once a day to check both pH and chlorine levels. pH must be between 7.2-7.6 and adjusted as necessary. Chlorine must 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. Do not mix 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, raise chlorine residual 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 4 ppm of chlorine. Tablets will last approximately 5-7 days depending upon temperature and amount of water flow. Since there are approximately 48 tablets to the pound, a 2 lb. jar will last a 2,500 gal. pool 7 weeks; a 5,000 gal. pool approximately 3 1/2 weeks; and a 10,000 gal. pool a little less than 2 weeks. A 4 lb. jar will last a 2,500 gal. pool 14 weeks; a 5,000 gal. pool 7 weeks; and a 10,000 gal. pool approximately 4 weeks, etc.

**STORAGE AND DISPOSAL:**

Do not contaminate food or feed by storage, disposal, or cleaning of equipment. **PESTICIDE STORAGE:** 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.

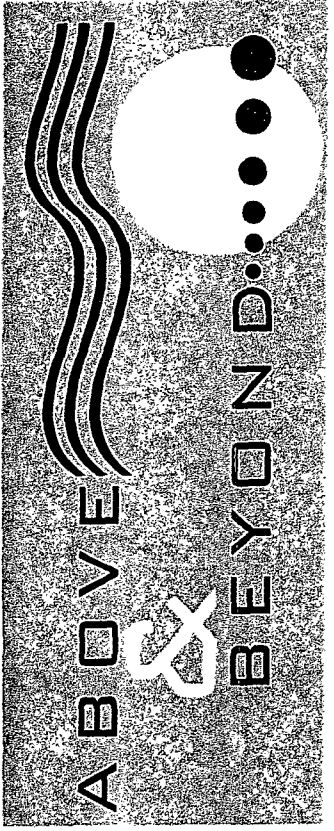
**PESTICIDE DISPOSAL:** Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide, spray mixture, or rinsate is a violation of Federal Law. If these wastes cannot be disposed of by use according to label instructions, contact your State Pesticide or Environmental Control Agency, or the Hazardous Waste Representative at the EPA Regional Office for guidance.

**CONTAINER HANDLING AND DISPOSAL:**

Nonrefillable container. Do not reuse or refill this container. Offer for recycling if available. If Empty: Do not reuse this container. Place in trash or offer for recycling if available. If Partly Filled: Call your local solid waste agency for disposal instructions. Never place unused product down any indoor or outdoor drain.



NET CONT: 1 QT



# 1" Chlorinating Tablets

**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 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. **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-Triazinetrone..... 99%

**OTHER INGREDIENT**..... 1%

**TOTAL** 100%  
Approximately 90% available chlorine

EPA EST. NO. 3432-PA-1  
EPA REG. NO. 3432-24

**KEEP OUT OF REACH OF CHILDREN**

# DANGER

See back panel for additional precautionary statements.

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

**Net Wt. 2 lbs.**

- **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**





United States  
**Environmental Protection Agency**  
 Washington, DC 20460

Registration  
 **Amendment**  
 Other

OPP Identifier Number  
 214396

15/17

**Application for Pesticide - Section I**

1. Company/Product Number 3432-20005	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) JCH Calcium Hypochlorite	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)(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.

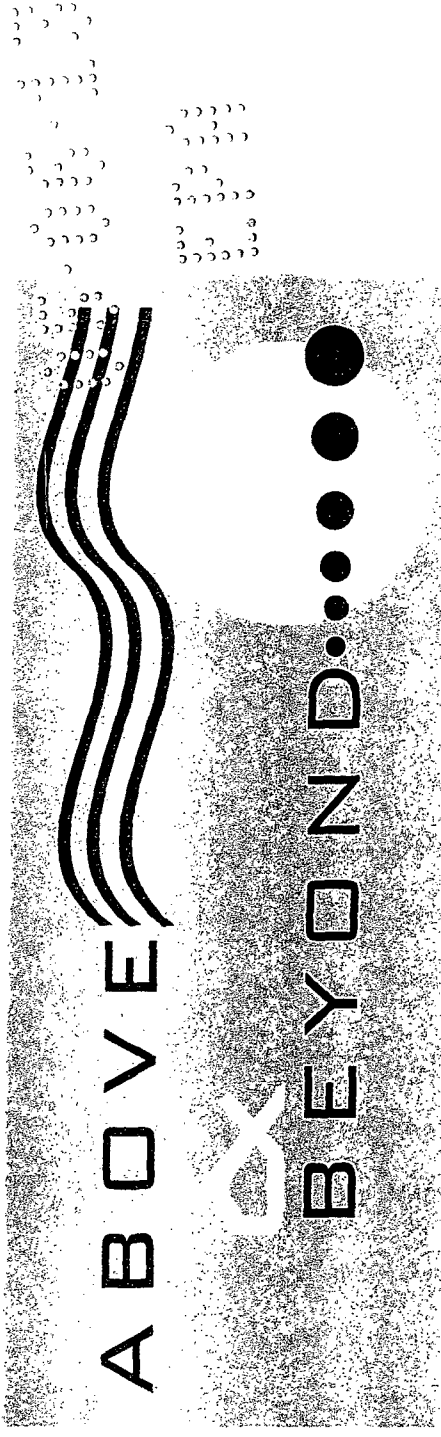
THE PROPOSED ALTERNATE BRAND NAME IS:  
 ABOVE & BEYOND CALCIUM HYPOCHLORITE

**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
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1 lb., 5 lb.		5. Location of Label Directions <input checked="" type="checkbox"/> On Label	
6. Manner in Which Label is Affixed to Product <input 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
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 4/29/13	



ABOVE

BEYOND

# Calcium Hypochlorite

**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.

**ACTIVE INGREDIENT:**

Calcium Hypochlorite..... 68%  
 OTHER INGREDIENTS ..... 32%  
**TOTAL 100%**

Approximately Chlorine 65%  
 EPA Est. No. 3432-PA-1 • EPA Reg. No. 3432-20005

**KEEP OUT OF REACH OF CHILDREN**

**DANGER**

See back panel for additional precautionary statements.

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

Net Wt. 25 lbs.

16/17



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**PRECAUTIONARY STATEMENTS**

**HAZARDS TO HUMANS AND DOMESTIC ANIMALS:** Danger, highly corrosive. Causes skin and eye damage. May be fatal if swallowed. Do not get in eyes, on skin, or in clothing. Do not handle with bare hands. Wear goggles or face shield and use rubber gloves and only thoroughly clean dry utensils when handling. Irritating to nose and throat. Avoid breathing dust and fumes. Remove and wash contaminated clothing before reuse. **PHYSICAL AND CHEMICAL HAZARDS:** Danger, strong oxidizing agent. Add product to water only. Contamination may start a chemical reaction with generation of heat, liberation of hazardous gases, and possible fire and explosion. Avoid any contact with flame or burning material, such as lighted cigarettes. Do not contaminate with moisture, garbage, dirt, organic matter, chemicals, including other pool chemicals, pool chlorinating compounds, household products, cyanuric acid, pool stabilizers, soap products, paint products, solvents, acids, vinegar, beverages, oil, pine oil, dirty rags or any other foreign matter. Do not use moist or damp utensils.

**ENVIRONMENTAL HAZARDS:** This product is toxic to fish and aquatic organisms. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans or other waters unless in accordance with the requirements of National Pollutant Discharge Elimination Systems (NPDES) permit and the permitting authority has been notified in writing prior to discharge. Do not discharge effluent containing this product to sewer systems without previously notifying the local sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of the EPA.

**DIRECTIONS FOR POOL USE:** It is a violation of Federal law to use this product in a manner inconsistent with its labeling. A concentrated chlorine agent in dry, free-flowing form. This product controls growth of algae and effectively kills many bacteria thus helping to keep the pool in a sanitary condition. For best results, in vinyl pools add the product as a solution (1 oz. in 2 qts. of water) to the pool water, and in concrete pools scatter the granular material directly over the pool surface. **IMPORTANT:** When mixing, add product to water in a clean pail. **DO NOT** add water to the product. All mixing must be done outdoors.

**READ THE PRECAUTIONARY STATEMENTS BEFORE USE.**

**INITIAL CHLORINATION:** For initial chlorination of any pool water, add 1 oz. for each 1,000 gallons. Allow 5 minutes to dissolve and then test the chlorine residual with a pool test kit and if below 1.0 ppm (parts per million) repeat this dosage until 1.0 ppm is obtained. Pool should not be entered until chlorine residual reads 1.0 - 3.0 ppm.

**ROUTINE CHLORINATION DOSAGE:** Subsequently add 3-4 oz. per 5,000 gallons daily or as often as needed to maintain 1.0 ppm whether the pool is in use or not. Use a test kit frequently to determine chlorine residual. If any chlorine residual is present, it is possible to increase the residual in pool water by 1.00 ppm by using 1 oz. per 5,000 gallons of water. For best results, in vinyl pools add the product as a solution (1 oz. in 2 qts. of water) to the pool water, and in concrete pools scatter the granular material directly over the pool surface. **IMPORTANT:** When mixing, add product to water in a clean pail. **DO NOT** add water to the product. All mixing must be done outdoors.

**MAINTENANCE OF pH:** pH should be maintained in the 7.2-7.6 range. Use any product available for this purpose, follow directions on the label. Maintaining 1.0 ppm (parts per million) chlorine residual and a 7.2-7.6 pH range will result in clean, sparkling water. **STABILIZED POOLS:** If cyanuric acid is used to stabilize available chlorine, follow label directions for that product. Always maintain the chlorine residual at 1.0-1.4 ppm as determined by test kit. Add 3 oz. of product per 10,000 gallons of water every other day or as often as needed to maintain 1.0 - 1.5 ppm chlorine residual. To control algae during the pool season, superchlorinate every two weeks at the rate of 1 oz. per 1,000 gallons of water when the temperature is below 80° F and once every week when the temperature is above 80° F. Pool should not be entered until chlorine reads 1.0 - 3.0 ppm.

**SHOCK TREATMENT OR SUPERCHLORINATION:** Every 7 days, or as necessary, superchlorinate the pool with 10 to 20 oz. of product for each 10,000 gallons of water to yield 5 to 10 ppm available chlorine by weight. If algae develop, shock treat or superchlorinate the pool water by adding 1 oz. Per each 500 gallons of water. Allow 5 minutes for product to dissolve and repeat if necessary. Thoroughly clean pool by scrubbing surface of algae growth, then vacuum and cycle through filter. Pool should not be entered until chlorine residual reads 1.0-3.0 ppm. **EMERGENCY HANDLING:** In case of contamination or decomposition, do not reseal container. If possible, isolate container in open and well-ventilated area. Flood with large volumes of water. **STORAGE AND DISPOSAL:** Do not contaminate water, food or feed by storage or disposal. **PESTICIDE STORAGE:** Keep product dry in tightly closed container when not in use. Store in a cool, dry, well ventilated area away from heat or open flame. **CONTAINER DISPOSAL:** Nonrefillable container. Do not reuse or refill this container. Offer for recycling if available. If Empty: Do not reuse this container. Place in trash or offer for recycling if available. If Partly Filled: Call your local solid waste agency for disposal instructions. Never place unused product down any indoor or outdoor drain. **HOW TO DETERMINE POOL CAPACITY (IN U.S. GALLONS)** For Rectangular Pools: average depth x length x width (all in feet) x 7.5 = gallons. For Round Pools: Diameter of pool x diameter of pool x average depth (all in feet) x 5.9 = gallons.

