

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

May 17, 2004

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

Subject: SCORCH  
EPA Registration No. 3432-76  
Application Date: April 13, 2004  
Receipt Date: April 22, 2004

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 : "NATURE'S WAY SHOCK-X"

**General Comments**

Based on a review of the material submitted, the following comments apply:

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

Should you have any questions or comments concerning this letter, please contact me at (703) 308-6345.

Sincerely,

Wanda Mitchell  
Product Reviewer 32  
Regulatory Management Branch II  
Antimicrobials Division (7510C)

**CONCURRENCES**

SYMBOL	7510C	7570C					
SURNAME	E. Berg	Mitchell					
DATE	5/17/04	5/17/04					



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

Registration  
 Amendment  
 Other

OPP Identifier Number  
 214396 <sup>283</sup>

**Application for Pesticide - Section I**

1. Company/Product Number 3432-76	2. EPA Product Manager PM#	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) SCORCH	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 _____	
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		

**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.

Notification: 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.

**Proposed Alternate Brand Name**

NATURE'S WAY Brand, Product Name Is: SHOCK-X

**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 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 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) 215-639-8071
2. Signature 		6. Date Application Received (Stamp)
3. Title TECHNICAL DIRECTOR		
4. Typed Name AL PASTORE		
5. Date 4/13/09		

**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.

# SCORCH

GRANULAR  
CHLORINATING  
POWDER

**FOR BURNING UP ORGANIC MATERIALS  
IN SWIMMING POOLS**

FIRST AID	
IF ON SKIN OR CLOTHING	<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>
IF INHALED	<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>
IF IN EYES	<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 center for treatment advice.</li> </ul>
IF SWALLOWED	<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>
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.	

EPA Reg. No. 3432-76  
EPA Est. No. 3432-PA-1

**ACTIVE INGREDIENT:**  
Calcium Hypochlorite ..... 68%  
**OTHER INGREDIENTS..... 32%**  
**TOTAL 100%**

\*Available Chlorine 65%

**KEEP OUT OF REACH  
OF CHILDREN  
DANGER**

See back panel for additional precautions.

Mfg. by: **n. jonas & co., inc.**  
Bensalem, PA 19020

**NET WT. 2 LBS.**



**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.

**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.**

**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.

**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.

**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:** 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. Do not reuse empty container. Rinse empty container thoroughly with water to dissolve all material before discarding. Place in trash collection or dispose in approved landfill.

**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.



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