



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

July 27, 2004

OFFICE OF
PREVENTION, PESTICIDES AND
TOXIC SUBSTANCES

Al Pastore
N. Jonas & Co., Inc.
4525 Adams Circle
Bensalem, PA 19020

Subject: **Copper Algaecide**
EPA Registration No. 3432-79
Application Dated March 3, 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:

- Alternate Brand Name (Aurora Pools Copper Algaecide)

General Comment:

Based on a review of the material submitted, the following comment apply.

The notification is acceptable. A copy of the notification has been inserted in your file for future reference.

Should you have any questions or comments concerning this letter, please contact me at (703) 308-6422 or Stacey Grigsby at (703) 305-6440.

Sincerely,

Stacey Grigsby
/ Adam Heyward
Product Manager (34)
Regulatory Management Branch II
Antimicrobials Division (7510C)

Enclosure(s)

273

Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060, Approval expires 2-28-95



Copy To: M. United States
Environmental Protection Agency
Washington, DC 20480

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number
214396

Application for Pesticide - Section I

1. Company/Product Number 3432-79	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) ALGITEC 7.0	PM#	
5. Name and Address of Applicant (Include ZIP Code) N. Jonas & Co., Inc. 4525 Adams Circle Bensalem, PA 19020 <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 ALTERNATE BRAND NAME IS:

AURORA POOLS COPPER 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		<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 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
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.		3. Date Application Received (Stamped)
2. Signature 	3. Title TECHNICAL DIRECTOR	
4. Typed Name AL PASTORE	5. Date 3/3/84	

