

3525-38

11/3/2008

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460



United States
Environmental Protection
Agency

Office of Pesticide Programs

FILE COPY

November 3, 2008

Debbie Schaub
Qualco, Inc.
225 PASSAIC Street
Passaic, NJ 07055

Subject: **UNIVERSAL REPLACEMENT CARTRIDGE**
EPA Registration Number: 3525-38
Application Dated: October 10, 2008
Receipt Date: October 20, 2008

Dear Ms. Schaub:

This acknowledges receipt of your notification, submitted under the provision of PR Notice 98-10, FIFRA Section 3(c) 9.

Proposed Notification

- Updated Storage and Disposal per PR- Notice 2007-4.

General Comment

Based on a review of the material submitted, the following comment applies:

This notification is accepted and a copy has been inserted in your file for future reference.

Should you have any questions concerning this letter, please contact Wanda Henson at (703) 308-6345.

Sincerely,

Wanda Henson
Product Reviewer (32)
Regulatory Management Branch II
Antimicrobials Division (7510P)

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United States
Environmental Protection Agency
 Washington, DC 20460



Registration
 Amendment
 Other

OPP Identifier
 Number

Application for Pesticide - Section I

1. Company/Product Number 3525-38	2. EPA Product Manager ROBERT BRENNIS	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
Company/Product (Name) UNIVERSAL REPLACEMENT CARTRIDGE	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) QUALCO, INC. 225 PASSAIC STREET PASSAIC, NJ 07055		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. <u>3525-38</u> Product Name <u>UNIVERSAL REPLACEMENT CARTRIDGE</u>
<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 checked="" type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) is necessary. (For section I and Section II.)
 UPDATE STORAGE AND DISPOSAL AS PER PR NOTICE 2007-4

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 *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt. _____	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt. _____	No. per container _____	<input type="checkbox"/> Metal	<input type="checkbox"/> Plastic
	No. per container _____	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 4 LB.		5. Location of Label Directions <input checked="" type="checkbox"/>	
6. Manner in Which Label is Affixed to Product			<input type="checkbox"/> Lithograph	<input checked="" type="checkbox"/> Other <u>SILK SCREENED</u>	
			<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 DEBBIE SCHAUB	Title GENERAL ADMINISTRATOR	Telephone No. (Include Area Code) 973-473-1222
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 	4. Title GENERAL ADMINISTRATOR	
5. Typed Name DEBBIE SCHAUB	6. Date	

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QUALCO, INC.

225 Passaic Street
Passaic, NJ 07055

Phone No.: (973) 473-1222

Fax No.: (973) 473-0535

Website: www.Qualco.com

October 10, 2008

Attn.: Ms. Emily Mitchell
Product Manager 32
Regulatory Management Branch II
Antimicrobial Division 7510C
US EPA
200 Pennsylvania Avenue
Washington, D.C. 20460-0001

Ref: 3525-38
Universal Replacement Cartridge

Dear Ms. Mitchell:

Enclosed is our notification to update the storage and disposal as per PR
Notice 2007-4.

If you need any additional information, please let me know.

Sincerely,



Debbie Schaub

Enc.



QUALCO, INC.

225 Passaic Street
Passaic, NJ 07055

Phone No.: (973) 473-1222
Fax No.: (973) 473-0535
Website: www.Qualco.com

October 10, 2008

Attn.: Ms. Emily Mitchell
Product Manager 32
Regulatory Management Branch II
Antimicrobial Division 7510C
US EPA
200 Pennsylvania Avenue
Washington, D.C. 20460-0001

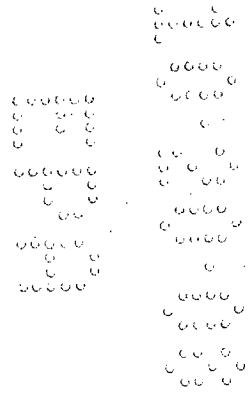
Ref: 3525-38
Universal Replacement Cartridge

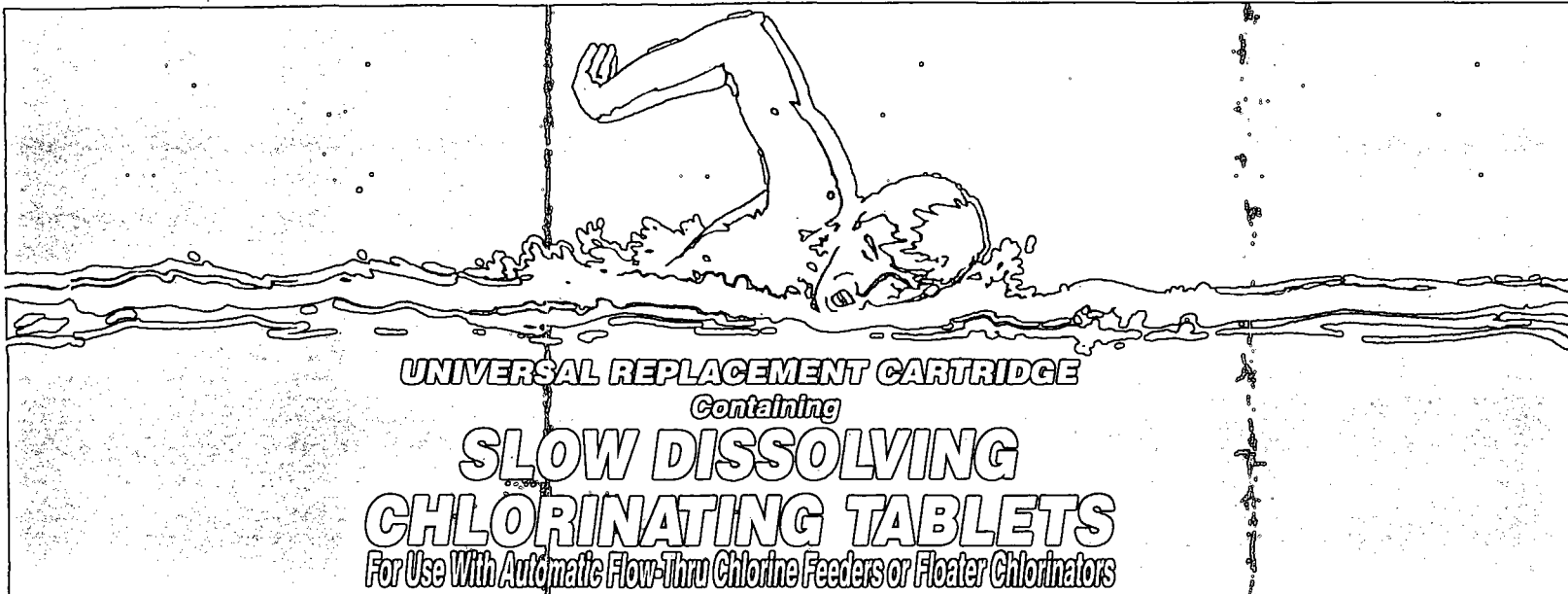
Dear Ms. Mitchell:

This notification is consistent with the provisions of PR Notice 2007-4 and EPA regulations at 40CFR 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 Notice 95-2 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.

Sincerely,

Debbie Schaub





ACTIVE INGREDIENT:
 Trichloro-s-triazinetrione..... 99.3%
 OTHER INGREDIENTS 0.7%
TOTAL 100.0%
 Available Chlorine..... 89.0%

KEEP OUT OF REACH OF CHILDREN	
DANGER	
FIRST AID STATEMENT	
IF SWALLOWED:	Call a poison control center or doctor immediately for treatment advice. Have person sip glass of water if able to swallow. Do not induce vomiting unless told to do so by a poison control center or doctor. Do not give anything by mouth to an unconscious person.
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 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.
HOT LINE NUMBER:	Have the product container or label with you when calling the poison control center or doctor, or going for treatment. You may also contact 973-473-1222 for further questions.
NOTE TO PHYSICIAN:	Probable mucosal damage may contraindicate the use of gastric lavage.

Net Weight: 4 lbs. (1.814 kg)

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The Universal Replacement Cartridge controls the growth of bacteria and algae in swimming pools. It consistently releases a pre-measured dose to eliminate the need for measuring and handling chemicals. The Universal Replacement Cartridge will fit E-Z Chlor Feeders, Guardex T300 & T400 Feeders, Tabex Aquarian Feeders, Sylvan Skimmer Feeders, AnthoPure T100 Feeders, Guardex, most float rings and more.

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. Reentry into treated swimming pools/spas is prohibited above levels of 3.0 ppm.

1. Check the pH of the pool water with a test kit and adjust as necessary to maintain a pH range of 7.2 to 7.6.
2. Add Chlorine Stabilizer or an equivalent product containing cyanuric acid if the pool has not been stabilized previously.
3. Superchlorinate newly filled pools or pools with no chlorine residual with a shock treatment, following all label directions. NOTE: Do not enter pool until the chlorine residual has dropped to 2.0 ppm (parts per million).
4. Punch out holes marked "1" and "2" on the sides of this cartridge. Then punch out additional holes until a satisfactory chlorine residual is reached. As more holes are punched, the chlorine residual will rise.
5. It is recommended that the pH and chlorine levels be checked daily with a test kit to maintain a pH level of 7.2 to 7.6 and a chlorine residual of 1.0 to 1.5 ppm.
6. When cartridge is empty, replace it immediately. The Universal Replacement Cartridge is designed to be used in automatic chlorinators, floating dispensers and other types of flow thru proportioning devices. In certain pools, the cartridge may be placed in the skimmer and screwed into the skimmer cover. Follow the equipment manufacturer's directions to insure a constant chlorine residual of 1.0 to 2.0 ppm. IMPORTANT: Do not remove tablet from cartridge or refill when empty. If the cartridge is placed in the skimmer, do not add other chemicals to the skimmer. Do not mix this product with other chemicals.

PRECAUTIONARY STATEMENTS

Hazards To Humans And Domestic Animals
DANGER: Keep Out Of Reach Of Children.
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 mists. 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 or using tobacco. Remove contaminated clothing and wash before reuse.

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 and explosion. Contamination with moisture, organic matter, or other chemicals may start a chemical reaction with generation of fire and explosion. In case of contamination or decomposition, do not reseal container. Isolate container, if possible, in open air or well ventilated area. Flood with large volumes of water to dissolve all materials before discarding this container.

ENVIRONMENTAL HAZARDS

This pesticide is toxic to fish and other aquatic organism. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans or other waters unless in accordance with the requirements of a National Pollutant Discharge Elimination System (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.

STORAGE AND DISPOSAL

STORAGE: Keep product dry in tightly closed container when not in use. Store in a cool, dry, well ventilated area away from heat and open flame.

NONREFILLABLE CONTAINER:

IF EMPTY: Do not reuse or refill this container. Place in trash or offer for recycling if available.

IF PARTLY FILLED: Call your local solid waste agency or 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain.

EPA Reg. No. 3525-38

EPA Est. No. 3525-NJ-1

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Manufactured by:

QUALCO, INC.

225 Passaic Street
Passaic, NJ 07055

