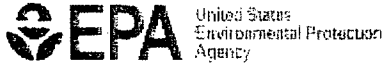


3525-99

11/25/2008

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



Office of Pesticide Programs

Qualco, Inc
225 Passaic Street
Passaic, N. J. 07055

NOV 25 2008

Attention: Debbie Schaub

Subject: Permacide Liquid Permanent Algicide

EPA Registration No: 3525-99

Notification Dated October 15, 2007

This will acknowledge receipt of your notification to revise the Storage and Disposal section as per PR Notice 2007-4 and to update the Environmental hazards, submitted under the provisions of FIFRA Section 3(c)(9). Based on a review of the submitted material, the following comments apply.


The Notification is in compliance with PR Notice 98-10 and is acceptable. This information has been made a part of your file.

If you have any questions concerning this letter, please contact Martha Terry at (703) 308-6217.

Sincerely

A handwritten signature in black ink that reads "Marshall Swindell".

Marshall Swindell
Product Manager (33)
Regulatory Management Branch 1
Antimicrobials Division (7510P)

	United States Environmental Protection Agency Washington, DC 20460		Registration Amendment Other	OPP Identifier Number
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Application for Pesticide – Section I

1. Company/Product Number 3525-95	2. EPA Product Manager VELMA NOBLE	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) PERMACIDE LIQUID PERMANENT ALGAECIDE	PM# 31	
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>3525-95</u> Product Name <u>Permacide Liquid Permanent Algaecide</u>


Section - II

<input checked="" type="checkbox"/> Amendment – Explain below <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification – Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application <input checked="" type="checkbox"/> Other – Explain below.
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Explanation: Use additional page(s) is necessary. (For section I and Section II.)

REVISED STORAGE AND DISPOSAL AS PER PR NOTICE 2007-4 AND UPDATED ENVIRONMENTAL HAZARDS.

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	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Unit Packaging wgt.	No. per container	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) <u>SLEEVE</u>	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		Size(s) Retail Container 1 qt., 1/2 gal., 1 gal.		4. Location of Label Directions 				
5. 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>SLEEVE</u>	

Section – IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name	Title	Telephone No. (Include Area Code)			
DEBBIE SCHAUB	GENERAL ADMINISTRATOR	973-473-1222			
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		4. Title			
		GENERAL ADMINISTRATOR			
5. Typed Name		6. Date			
DEBBIE SCHAUB		10-15-08			

QUALCO, INC.

225 Passaic Street
Passaic, NJ 07055

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

October 15, 2008


Attn.: Ms. Velma Noble
Product Manager 31
Regulatory Management Branch II
Antimicrobial Division 7510C
US EPA
1200 Pennsylvania Avenue
Washington, DC 20460-001

Ref: 3525-95
Permacide Liquid Permanent Algaecide

Dear Ms. Noble:

Please find enclosed our amended registration for Permacide Liquid Permanent Algaecide to update the Environmental Hazards and Storage and Disposal statement as per PR Notice 2007-4.

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

Sincerely,

Debbie Schaub

Enc.

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Permicide

LIQUID Permanent Algaecide

ACTIVE INGREDIENTS:

Copper as Elemental*	2.57%
INERT INGREDIENTS	97.43%
TOTAL	100.00%

*From Copper Sulfate Pentahydrate.

Net Contents: 1 gal. (128 fl. oz.)

**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.

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DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

INITIAL TREATMENT: Permicide Liquid Permanent Algaecide* must be added to pool water free of visible algae. To insure this condition, superchlorinate pool water. Then add Permicide Liquid Permanent Algaecide to pool water as indicated in the dosage table below after allowing the chlorine residual to fall to 2.0 ppm. Do not enter the pool until the chlorine residual falls to 2.0 ppm.

PERMACIDE PERMANENT ALGAECIDE DOSAGE CHART (For Initial Treatment Upon Filling Pool)

POOL GALLONAGE	INITIAL AMOUNT
675 gallons	1 cupful
2,700 gallons	1 quart
5,400 gallons	1/2 gallon
10,800 gallons	1 gallon

Using the dosage recommended above, apply the proper amount by directly adding to the pool as you walk around the outside edge.

*Permanency is approximately 1 month depending on weather conditions and bather load.

E.P.A. Reg. No. 3525-95

E.P.A. Est. No. 3525-NJ-1

Manufactured by:

QUALCO, INC.

225 Passaic Street
Passaic, NJ 07055

PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

DANGER: Keep Out Of Reach Of Children. Corrosive. Causes eye and skin damage. Do not get in eyes, on skin or on clothing. Wear goggles or safety glasses and rubber gloves when handling this product. Harmful if swallowed. May cause skin sensitization in certain individuals. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse.

ENVIRONMENTAL HAZARDS

This pesticide is toxic to fish and other aquatic organism.

STORAGE AND DISPOSAL

Do not contaminate water, food or feed by storage or 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.

10120

Made & Printed in U.S.A.

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S/S