

4959-23

07/19/2012

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

JUL 19 2012

OFFICE OF  
PREVENTION PESTICIDE  
AND TOXIC SUBSTANCES

Tammy Wright, Regulatory Specialist  
West Agro, Inc  
11100 N Congress Ave  
Kansas City, MO 64153

RE Notification Dated May 1, 2012  
Notification Pin Punch May 7, 2012  
Product Name Iosan  
EPA Registration Number 4959-23

Dear Ms Wright

This acknowledges receipt of your Notification submitted in accordance with the provisions of PR Notice 98-10 under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) section 3(c)9

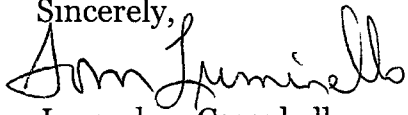
**Proposed Notification**

- Removal of udderwash illustration and use directions

**General Comments**

Based on a review of the material submitted, this Notification is acceptable

If you have any questions concerning this letter, please contact Tom Luminello by telephone, (703) 308-8075, or by e-mail at luminello.tom@epa.gov

Sincerely,  
  
 Jacqueline Campbell  
 Product Manager 34  
 Regulatory Management Branch II  
 Antimicrobials Division (7510-P)

Please read instructions on reverse before completing form

Form Approved

MB No. 2070-0080



United States  
Environmental Protection Agency  
Washington DC 20460

 Registration  
 Amendment  
 Other

OPP Identifier Number

### Application for Pesticide - Section I

1 Company/Product Number 4959 23	2 EPA Product Manager Emily Mitchell	3 Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4 Company/Product (Name) Iosan	PM# 32	
5 Name and Address of Applicant (Include ZIP Code) West Agro Inc 11100 N Congress Ave Kansas City MO 64153 <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 checked="" 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)

Removal of udderwash in product name and directions for use as required in agency letter dated Nov 5 2008  
 Notification of label change per PR Notice 2007 4 This notification is consistent with the guidance in PR Notice 2007 4 and the requirements of EPA's regulations at 40 CFR §§ 156 10 156 140 156 144 156 146 and 156 156 No other changes have been made to the labeling or the Confidential Statement of Formula for 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 the amended label is not consistent with the requirements of 40 CFR §§ 156 10 156 140 156 144 156 146 and 156 156 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

### Section - III

1 Material This Product Will Be Packaged In				2 Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" 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	Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* 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 1 5 and 15 gal		5 Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6 Manner in Which Label is Affixed to Product <input checked="" 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 Tammy Wright	Title Regulatory Specialist	Telephone No (Include Area Code) 816 891 6971
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		Date Application Received (Stamped)
2 Signature 	3 Title Regulatory Specialist	
4 Typed Name Tammy Wright	5 Date 1 May 12	

