

7401-463

06/19/2009

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

OFFICE OF
PREVENTION, PESTICIDES AND
TOXIC SUBSTANCES

JUN 19 2009

Ms. Leslie Oliver
Mandava Associates, LLC
6860 N Dallas Parkway, Suite 200
Plano, TX 75034

Subject: Revised Notification Changes in PR Notice 2007-4 and PR Notice 2008-1

Dear Ms. Oliver:

The Agency is in receipt of your Application(s) for Pesticide Notification under Pesticide Registration Notice (PRN) 2007-4 and 2008-1 dated April 30, 2009 for:

EPA Registration 7401-463

Hi-Yield Acephate

The Registration Division (RD) has conducted a review of this request for applicability under PRN 2007-4 and 2008-1 and finds that the label change(s) requested falls within the scope of PRN-2007-4 and 2008-1. The label has been date-stamped "Notification" and will be placed in our records.

If you have any questions, at 703 305-5409 or electronically at daniel.dani@epa.gov

Sincerely,

A handwritten signature in black ink, appearing to be "Dani Daniel".

Dani Daniel
Registration Division (7505P)
Insecticide/Rodenticide Branch

Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060



United States
Environmental Protection Agency
Washington, DC 20460

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

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 7401-463	2. EPA Product Manager Venus Eagle	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Hi-Yield Acephate	PM# 1	
5. Name and Address of Applicant (Include ZIP Code) Voluntary Purchasing Groups, Inc. 230 N. FM 87 Bonham, Texas 75418 <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 <u>08/16/07</u>	<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.)

Notification of label change relative to PR Notices 2008-1 and 2007-4. This notification is consistent with the guidance in PR Notices 2008-1 and 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 wilfully 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		<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Plastic
				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
* Certification must be submitted	If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container	Other (Specify) _____
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 8 oz. & 1 lb.		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 Madhu Mandava	Title Agent for Voluntary Purchasing Groups, Inc.	Telephone No. (Include Area Code) 972-265-7924
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.		8. Date Application Received (Stamped)
2. Signature 	3. Title Agent for Voluntary Purchasing Groups, Inc.	
4. Typed Name Madhu Mandava	5. Date April 30, 2009	



(FRONT LABEL PANEL)

Hi-Yield Acephate

Kills Imported Fire Ants

ACTIVE INGREDIENT

Acephate (O, S-Dimethyl acetylphosphoramidothioate).....75%

INERT INGREDIENTS.....25%

TOTAL.....100%

KEEP OUT OF REACH OF CHILDREN

CAUTION

(See Back/Side Panel for Additional Precautionary Statements)

Net Content 1 lb

(Back/Side Label Panel)

FIRST AID

Contains an organophosphate that inhibits cholinesterase.

- If swallowed:**
 - Call a poison control center or doctor immediately for treatment advice.
 - Do not induce vomiting unless told to do so by the 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 by mouth-to-mouth, if possible.
 - Call a poison control center or doctor for further treatment advice.

FOR EMERGENCY MEDICAL ASSISTANCE, CALL THE NATIONAL PESTICIDE INFORMATION CENTER 1-800-858-7378. Have the product container with you when calling a poison control center or doctor, or going for treatment.

NOTE TO PHYSICIAN: Acephate is a cholinesterase inhibitor. If signs of cholinesterase inhibition appear, atropine is antidotal. 2-PAM may also be used in conjunction with atropine but should not be used alone.

(BACK/SIDE LABEL PANEL)

**PRECAUTIONARY STATEMENTS
HAZARDS TO HUMANS & DOMESTIC ANIMALS**

CAUTION: Harmful if swallowed. Causes eye irritation. Avoid contact with eyes, skin and clothing. Avoid breathing dust or spray mist. Wash hands thoroughly after handling. Do not allow children or pets to come into contact with treated areas until dusts have settled.

ENVIRONMENTAL HAZARDS

This pesticide is toxic to birds. To protect the environment, do not allow pesticide to enter or run off into storm drains, drainage ditches, gutters or surface waters. Applying this product in calm weather when rain is not predicted for the next 24 hours will help to ensure that wind or rain does not blow or wash pesticide off the treatment area. This product is highly toxic to bees exposed to direct treatment or residues on blooming crops or weeds. Do not apply this product or allow it to drift to blooming crops or weeds if bees are visiting the treatment area.

DIRECTIONS FOR USE

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

READ ENTIRE LABEL. USE STRICTLY IN ACCORDANCE WITH PRECAUTIONARY STATEMENTS AND DIRECTIONS FOR USE AND WITH APPLICABLE STATE AND FEDERAL REGULATIONS.

For use as mound treatment on home lawns.

MOUND TREATMENT OF IMPORTED FIRE ANTS IN TURFGRASS

Plants	Insects	Amount Of Hi-Yield Acephate	Time Of Application	Recommended Application
Home Lawns	Imported Fire Ants	Mound Treatment- Dry Method: Evenly distribute 1-2 teaspoons over the mound.	For best results apply the material in the early morning or late afternoon when the ants are most active. Applications made under prolonged hot and dry conditions may be ineffective Due to the location of the ants deep within the nest.	Apply the specified amount of Hi-Yield Acephate as directed. Grass in treated areas may be injured. Do not treat mound more than once per season.

LIMITATIONS OF LIABILITY: To the extent consistent with applicable law, the exclusive remedy of the user or buyer for any and all losses, injuries or damages resulting from the use or handling of this product, whether in contract, warranty, tort, negligence, strict liability or otherwise, shall not exceed the purchase price paid or at Voluntary Purchasing Groups, Inc. election, the replacement of product.

Released For Shipment By:

Voluntary Purchasing Groups, Inc.
P. O. Box 460
Bonham, TX 75418
EPA Reg. No. 7401-463
EPA Est. No. 7401-TX-1

www.hiyield.com

