

7946-14

3-21-2002

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

MAR 21 2002

OFFICE OF  
PREVENTION, PESTICIDES  
AND TOXIC SUBSTANCES

Ms. Samantha Bates, Agent for  
J.J. Mauget Company  
c/o Lewis & Harrison  
122 C Street, N.W. Suite 740  
Washington, DC 20001

Subject: Notification in Accordance with PR Notice 98-10  
Fungisol®  
EPA Registration Number 7946-14  
Application dated February 15, 2002

Dear Ms. Bates:

This will acknowledge receipt of your notifications, submitted under the provisions of PR Notice 98-10, FIFRA section 3 (c) 9.

**Proposed Notifications:**

- Change Typographical Errors
- Adding Storage and Disposal Directions

**General Comment:**

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

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

Should you have any questions concerning this letter, please contact me at (703) 308-6422 or Renae Whitaker at (703) 308-7003.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam Heyward".

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

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Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060, Approval expires 05-31-98



United States  
Environmental Protection Agency  
Washington, DC 20460

Registration  
 Amendment  
 Other NOTIFICATION

OPP Identifier Number  
265394

Application for Pesticide - Section I

1. Company/Product Number <b>7946-14</b>	2. EPA Product Manager <b>Mary Waller</b>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>Fungisol®</b>	PM# <b>21</b>	
5. Name and Address of Applicant (Include ZIP Code) <b>J.J. Mauget Co. 5435 Peck Road Arcadia, CA 91006-5847</b> <b><u>PLEASE DIRECT ALL CORRESPONDENCE TO THE CONTACT POINT LISTED BELOW</u></b> <input type="checkbox"/> Check if this is a new address	6. <b>Expedited Review.</b> 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

- Amendment - Explain below.
- Resubmission in response to Agency letter dated \_\_\_\_\_
- Notification - Explain below.
- Final printed labels in response to Agency letter dated \_\_\_\_\_
- "Me Too" Application
- Other - Explain below

Explanation: Use additional page(s) if necessary. (For Section I and Section II.)

**Notification to CHANGE TYPOGRAPHICAL ERRORS in Accordance With PR Notice 98-10**

This notification is consistent with the 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 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.

Signature: Samantha Bates Date: 2/15/02

Section - III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging wgt.      No. per container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Package wgt.      No. per container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <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 <b>Samantha Bates, Lewis &amp; Harrison, 122 C St., N.W. Suite 740, Washington D.C. 20001</b>	Title <b>Agent for J.J. Mauget Co.</b>	Telephone No. (Include Area Code) <b>202-393-3903 x19</b>
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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 <u>Samantha Bates</u>	3. Title <b>Agent for J.J. Mauget Co.</b>
4. Typed Name <b>Samantha Bates, Lewis &amp; Harrison</b>	5. Date <b>2/15/02</b>

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United States  
**Environmental Protection Agency**  
 Washington, DC 20460

Registration  
 Amendment  
 **Other: NOTIFICATION**

OPP Identifier Number  
**265394**

**Application for Pesticide - Section I**

1. Company/Product Number		2. EPA Product Manager	3. Proposed Classification
4. Company/Product (Name)		PM#	<input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
5. Name and Address of Applicant (Include ZIP Code)		6. <b>Expedited Review.</b> 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 _____	

**PLEASE SEND ALL CORRESPONDENCE TO "CONTACT POINT" LISTED BELOW**  
 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 type="checkbox"/> Other - Explain below

**Explanation:** Use additional page(s) if necessary. (For Section I and Section II.)

**ADDING STORAGE AND DISPOSAL DIRECTIONS**

**Notification of ADDING STORAGE AND DISPOSAL DIRECTIONS in Accordance With PR Notice 98-10**

*This notification is consistent with the 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 Notice 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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section - III**

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Metal	<input 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
3. Location of Net Contents information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input 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	Title	Telephone No. (Include Area Code) (202) 393-3903
<b>Certification</b> 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 <b>(Stamped)</b>
2. Signature	3. Title	
4. Typed Name	4. Date	

**Mauget**<sup>®</sup>  
**FUNGISOL**<sup>®</sup>  
 SYSTEMIC FUNGICIDE  
 IN READY TO USE CAPSULES  
 FOR TREE INJECTION USE FOR SEASONAL SUPPRESSION  
 OF CERTAIN DISEASES OF ORNAMENTAL TREES

**ACTIVE INGREDIENT:**  
 Debacarb  
 [2-(2-ethoxyethoxy) ethyl-2-benzimidazole carbamate]..... 1.7%  
 Carbendazim  
 Methyl 2-benzimidazole carbamate..... 0.3%

**INERT INGREDIENTS:**..... 98.0%  
 100.0%

**KEEP OUT OF REACH OF CHILDREN  
 CAUTION**

FIRST AID	
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.
IF ON THE 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 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 SWALLOWED	Call a poison control center or doctor immediately for treatment advice. Have person sip a 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.

**HOT LINE NUMBER**

Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact 1-800-535-5053 for emergency treatment information.

**NOTE TO PHYSICIAN**  
 There is no specific antidote available. Treat Patient symptomatically.

MFG. BY: J.J. MAUGET CO.  
 TOWN, STATE: ARCADIA, CA 91006  
 EPA ESTABLISHMENT NO.: 7946-CA-1  
 EPA REGISTRATION NO.: 7946-14

Net Contents: 25 capsules plus 25 feeder tubes per carton  
 \_\_\_\_\_ 25 capsules @ 4 mL, 100mL net or  
 \_\_\_\_\_ 25 capsules @ 6 mL, 150 mL net  
 \_\_\_\_\_ Shipping box: 12 cartons as above.

**PRECAUTIONARY STATEMENTS  
 HAZARDS TO HUMANS AND DOMESTIC ANIMALS  
 CAUTION**

Harmful if swallowed or absorbed through the skin. Avoid contact with skin, eyes or clothing. Causes eye irritation Wash thoroughly with soap and water after handling. Avoid breathing vapors. Remove contaminated clothing and wash before reuse.

**PERSONAL PROTECTIVE EQUIPMENT:**  
 Some Materials that are chemical-resistant to this product are listed below. If you want more options, follow the instructions for category C on an EPA chemical resistance category selection chart.

- APPLICATOR AND OTHER HANDLERS MUST WEAR:**
- Long-sleeved shirt and long pants.
  - Shoes plus socks
  - Chemical resistant gloves, such as polyethylene or butyl rubber or neoprene rubber or viton
  - Protective eyewear

**ENVIRONMENTAL HAZARDS:**

Do not apply directly to water, or to areas where surface water is present or to intertidal areas below the mean high water mark. Do not contaminate water when disposing of equipment washwaters.

**PHYSICAL OR CHEMICAL HAZARDS:**

Do not use or store near heat or open flame.

**DIRECTIONS FOR USE**

IT IS A VIOLATION OF FEDERAL LAW TO USE THIS PRODUCT IN A MANNER INCONSISTENT WITH ITS LABELING.

Do not apply this product in a way that will contact workers or other persons, either directly or through drift. Only protected handlers may be in the area during application. For any requirement specific to your State or Tribe, consult the agency responsible for pesticide regulation.

**AGRICULTURAL USE REQUIREMENTS**

Use this product only in accordance with it's labeling and the Worker Protection Standard, 40 CFR 170. This standard contains requirements for the protection of agricultural workers on farms, forest, nurseries and greenhouses, and the handlers of agricultural pesticides. It contains requirements for training, decontamination, notification, and emergency assistance. It also contains specific instructions and exceptions pertaining to the statements on this label about personal protective equipment ( PPE ). The requirements in this box only apply to uses of this product that are covered by the Worker Protection Standard.

## GENERAL DIRECTIONS

Measure the tree at chest height in inches. If measuring the circumference of the tree, divide this number by six (6) to determine the number of capsules needed. If measuring the diameter of the tree, divide this number by two (2) to determine the number of capsules needed. It is preferred to apply the injector units around the tree at the root flare.

Apply the following dosage depending on tree diameter;

4 ml - 2 to 10 inches dbh

6 ml - 10 inches and above

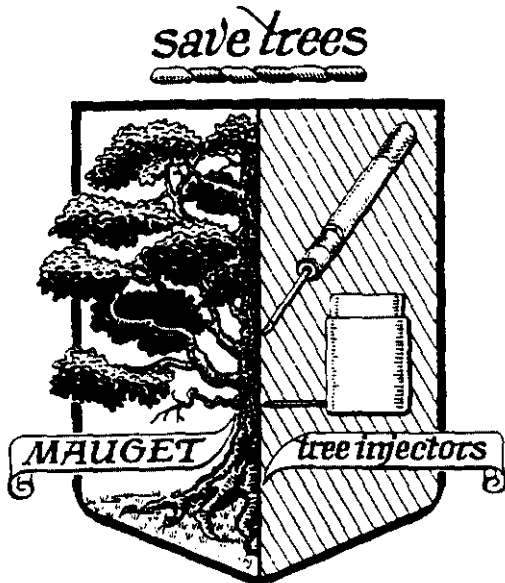
Consult the enclosed pamphlet "Directions for use and application of Mauget "Micro-Injection System" for additional instructions. Applicators shall remove capsules promptly after treatment.

**Important:** Preventative application is more effective than therapeutic treatment in trees showing disease symptoms. Trees in advanced stages of disease development may not respond to treatment. Infected trees will absorb the material more slowly due to the vascular plugging caused by the disease. If Fungisol is not absorbed within 24 hours, the tree is considered high risk and has a poor chance of survival.

## RESTRICTIONS

Do not inject trees that are less than two inches in diameter.

This product is not to be used on trees which will produce food within the year following treatment.



## NOTICE OF WARRANTY

J.J. Mauget Co. makes no warranty of merchantability, fitness for any purpose or otherwise expressed or implied concerning this product or its uses which extends beyond the use of the product under normal conditions in accord with the statements made on this label.

# Mauget®

## FUNGISOL®

Make application when disease first appears. Repeat treatment if disease symptoms progress. Do not repeat within 3 months of first application. Some diseases may require repeated yearly application. Preventative Dutch Elm Disease treatments are made 4 weeks after Bark Beetle emerges. Therapeutic treatments are made as soon as possible after flagging branch is observed.

USE	DISEASE
Alder	Ceratocystis Canker, Fusarium Wilt Physalospora (Bleeding Canker)
Arbovitae	Kabatina Branch Canker
Ash	Anthrachnose (Fall application only)
Bay Tree	Fusarium Wilt, Nectria Canker
Birch	Melanconium Dieback
Buckthorn	Nectria (Tubercularie) Canker
Campana	Verticillium Wilt
Carob	Verticillium Wilt
Catalpa	Verticillium Wilt
Cedar	Coryneum Blight, Diplodia TipBlight Phomopsis, Kabatina
Cypress	Cedar Branch Canker
Douglas Fir	Phomopsis Canker
Elm	Cephalosporium Uimi (Elm Wilt) Ceratocystis Uimi (Dutch Elm Disease) Cytospora Canker, Fusarium Wilt, Vermicularia Dieback, Verticillium Wilt
Fir	Cytospora Canker
Gum Sweet	Ceratocystis Canker
Madrone	Thielaviopsis Decline, Fusarium Wilt
Maple	Ceratocystis Canker
Magnolia	Verticillium Wilt
Mimosa	Fusarium Peronosporum (Mimosa Wilt)
Mulberry (Fragrant)	Ceratocystis Canker
Oak	Oak Wilt (Ceratocystis fagacearum) Anthrachnose, Nectria Canker, Oak Decline (Botryodiplodia, Cephalosporium, Dothiorella, Fusarium, Pestalotia, Phialochora, Verticillium)
Olive	Fusarium Wilt, Verticillium Wilt
Palm	Penicillium verwoeseni (Pink Bud Rot)
Pine	Atropellis Canker, Ceratocystis Dieback, Fusarium moniliforme F. Subglutinans (Pine Pitch Canker), Leptographium Canker
Pistachio (Non-Crop)	Verticillium Wilt
Poplar	Cytospora Canker
Redwood	Botryosphaeria Branch Canker, Coryneum Canker (Coast and Sierra)
Spruce	Cytospora Canker
Sycamore	Anthrachnose (Spring application only) Ceratocystis Canker
Walnut (Black Non-Crop)	Melanconium Dieback
Willow	Cytospora Canker

## PESTICIDE STORAGE AND DISPOSAL

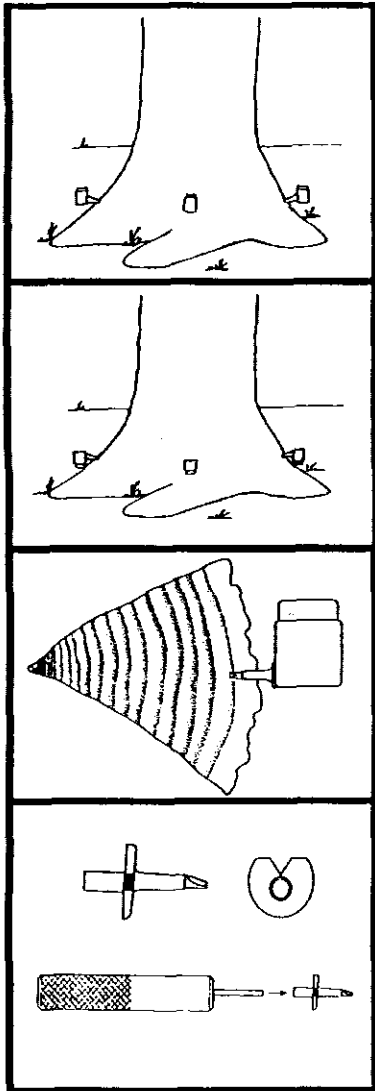
Do not contaminate water, food or feed by storage or disposal.

**STORAGE:** Store in a cool place over 45° F with units in an upright position.

**PESTICIDE DISPOSAL:** Wastes resulting from the use of this product may be disposed of on site or at an approved waste disposal facility.

**CONTAINER DISPOSAL:** Dispose of empty capsules in a sanitary landfill or by incineration if approved by State and Local authorities.

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**9. CAPSULE POSITION**

Turn the capsule right side up to allow the material to flow through the tube into the xylem and phloem tissue in the tree.

**10. REMOVAL & DISPOSAL**

Allow time for the tree to absorb all the liquid material. Turn the capsule upside down for a minute before removal. Applicators shall remove capsules promptly after treatment. Follow instructions on product label for capsule disposal.

**11. MICRO MINI-FEEDER TUBE**

For established trees with thin bark (less than 3/8" thickness). Use a 7/64" drill bit to produce a micro-injection site.

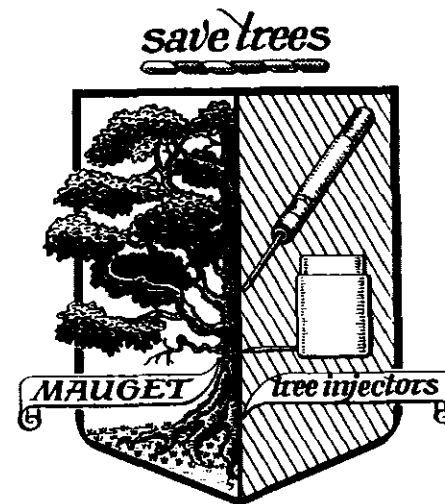
**12. MICRO MINI-INSERTION TOOL**

Because the 7/64" micro-injection site is so small, it is recommended that the Micro-mini insertion tool (316-NAM) be used to prevent plugging of the feeder tube & insure a clear pathway to the cambium tissue. Be sure to place the tube with the notch up.

**DIRECTIONS**  
for use and application of

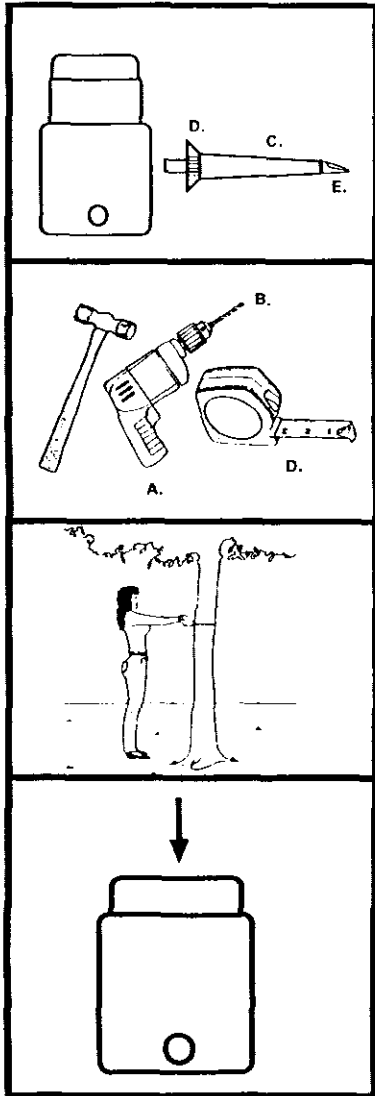
**Mauget**<sup>®</sup>

**Micro-Injection system**



REFER TO PRODUCT LABEL FOR ADDITIONAL  
PRECAUTIONS AND LIMITATIONS ON THE  
USE OF THIS PRODUCT

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### 1. WHAT'S THE SYSTEM?

- A)...The Maugelet two piece capsule.
- B)...Insert hole.
- C)...Feeder tube.
- D)...Flanged gun-site end.
- E)...Tapered beveled end.

### 2. WHAT TOOLS ARE NEEDED?

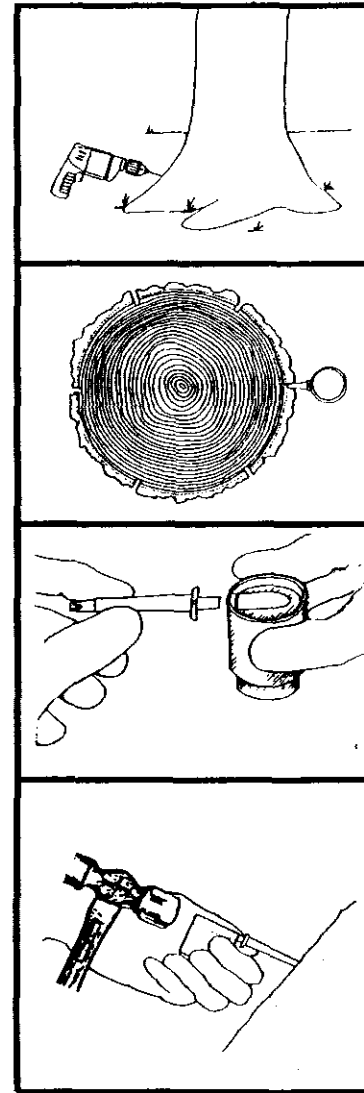
- A)... Electric Drill.
- B)... 11/64" Drill bit.
- C)... Plastic Mallet (Hammer).
- D)... Tape Measure
- E)... Consult product label for specific Personal Protective Equipment (PPE) required.

### 3. HOW MANY CAPSULES?

Measure the tree at chest height. If measuring the circumference, divide this number by 6 (six) to determine the number of capsules needed. If measuring the diameter, divide this number by two (2) to determine the number of capsules needed.

### 4. PRESSURIZING CAPSULE

Place capsule on firm flat surface and compress by pressing with bottom of foot, heel of hand or under some conditions with a plastic or rubber mallet.



### 5. HOW DO I DRILL?

Pre-Drill the injection site at a slight downward angle at the root flair (approximately 6" above ground level) using a clean 11/64" drill bit. Drill to a depth of 3/8" (into the healthy xylem tissue). For the Micro-mini feeder tube, see #'s 11 & 12. Disinfect drill bit and Micro mini-insertion tool prior to use on each tree.

### 6. HOW DEEP?

It is important that the feeder tube be set to the proper depth into the xylem. If set too deeply, flow is restricted by blockage in the heartwood; if set too shallow, leaks may occur. The feeder tubes are "beveled" cut to allow for 1/4" +/- error.

### 7. COMBINING CAPSULE & TUBE

Place by hand, the feeder tube's flange end with flange notch upwards into a compressed inverted capsule. Push the end of the tube flush with the internal capsule seal.

### 8. PLACING UNIT IN TREE

Firmly seal the beveled end of feeder tube with the attached inverted capsule into the pre-drilled injection hole. Tap the top corner of the capsule directly behind the feeder tube with a plastic mallet while supporting the capsule with the other hand. This action will simultaneously seat the feeder tube into the tree while breaking the capsule seal and releasing the material into the tree.

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