

8154-9

06-21-2010

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

OFFICE OF CHEMICAL SAFETY
AND POLLUTION PREVENTION

June 21, 2010

Frank Biancone
KOK Products, Inc.
700 South 3B's & K Road
Galena, OH 43021

Subject: Sanamax Swimming Pool Water Disinfectant
EPA Registration Number 8154-9
Application Date: April 28, 2010
Application Received: May 28, 2010

Dear Frank:

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

- Revisions to Storage and Disposal Statement in accordance with Pesticide Registration Notice 2007-4.

General Comments

Based on a review of the material submitted, the notification is acceptable.

Should you have any questions or comments concerning this letter, please contact Tom Luminello at (703) 308-8075.

Sincerely,

for Tom Luminello

Wanda Y. Henson
Acting Product Manager 32
Regulatory Management Branch II
Antimicrobials Division (7510P)

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Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060

Print Form



United States
Environmental Protection Agency
Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 8154-9	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Sanamax Swimming Pool Water Disinfectant	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) K-O-K PRODUCTS, INC. 700 South 3B's and K Road Galena, Ohio 43021 <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: <input checked="" type="checkbox"/> 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 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.)

Label changes to comply with PR notice 2007-4

Section - III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging wgt. 10.0/lbs	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt. _____	2. Type of Container <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper Other (Specify) _____
* Certification must be submitted		No. per container 4	No. per container 1
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 1/gallon (US)	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 type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input checked="" type="checkbox"/> Other Poly Sleeve	

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Frank Biancone	Title President	Telephone No. (Include Area Code) 740-548-0526
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 both under applicable law.		8. Date Application Received (Stamped) ○○○○ ○○○○ ○○○○ ○○○○ ○○○○ ○○○○
2. Signature 	3. Title President	
4. Typed Name Frank Biancone	5. Date 04/28/2010	



Swimming Pool

Water Disinfectant

Liquid Chlorinator



ACTIVE INGREDIENT:
Sodium Hypochlorite . . . 10.0%
INERT INGREDIENTS: 90.0%
TOTAL: 100.0%

**KEEP OUT OF REACH OF CHILDREN
DANGER**

EPA Reg. No. 8154-9
EPA Est. No. 8154-OH-1

FIRST AID

IF IN EYES: Hold open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first five minutes, then continue rinsing eyes. 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 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 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 the Poison Control Center or a doctor. Do Not give anything by mouth to an unconscious person. Have the product container or label with you when calling a Poison Control Center or doctor, or going for treatment.

NOTE TO PHYSICIAN: Probable mucosal damage may contraindicate the use of gastric lavage.

See side panel for additional precautionary statements.

NET CONTENTS: 1 Gallon (128 Fl. Oz.) (3.785L)

NO PRINT MARGIN 1/4"

FRONT PANEL 9 1/4"

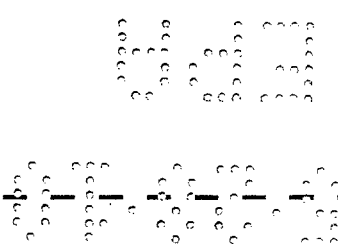
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A Reg. No. 8154-9
A Est. No. 8154-OH-1

ent, after the first five
minutes. Call a Poison
preferably by mouth to
ass of water if able to
thing by mouth to an
r going for treatment.



NO PRINT MARGIN 1/4"

DANGER: SHIP AND STORE THIS CONTAINER IN AN UPRIGHT POSITION AT ALL TIMES. VENTED CAP MAY LEAK, CAUSING BLEACHING AND DAMAGE.

SWIMMING POOL WATER DISINFECTION

DIRECTIONS:

For a new pool or spring start-up, superchlorinate with 64 to 128 fl. oz. of product for each 10,000 gallons of water to yield 5 to 10 ppm available chlorine by weight. Check the level of available chlorine with a test kit. Re-entry into treated **pools** after treatment is prohibited above levels of 4ppm of chlorine due to risk of bodily harm. Adjust and maintain pool water pH to between 7.2 to 7.6. Adjust and maintain the alkalinity of the pool to between 50 to 100 ppm.

To maintain the pool, add manually or by a feeder device 12 fl. oz. of this product for each 10,000 gallons of water to yield an available chlorine residual between 0.6 to 1.0 ppm by weight. Stabilized pools should maintain a residual of 1.0 to 1.5 ppm available chlorine. Test pH, available chlorine residual and alkalinity of the water frequently with appropriate test kits. Frequency of water treatment will depend upon temperature and number of swimmers.

Every 7 days, or as necessary, superchlorinate the pool with 64 to 128 fl. oz. of this product for each 10,000 gallons of water to yield 5 to 10 ppm available chlorine by weight. Check the level of available chlorine with a test kit. Re-entry into treated **pools** after treatment is prohibited above levels of 4ppm of chlorine due to risk of bodily harm.

At the end of the swimming pool season or when water is to be drained from the pool, chlorine must be allowed to dissipate from treated pool water before discharge. Do not chlorinate the pool within 24 hours prior to discharge.

WINTERIZING POOLS - While water is still clear and clean, apply 4 oz. of this product per 1,000 gallons, while filter is running, to obtain a 3 ppm available chlorine residual, as determined by a suitable test kit. Cover pool, prepare heater, filter and heater components for winter by following manufacturers' instructions.

Manufactured By:
K-O-K PRODUCTS, INC.,
700 S. Three B's & K Road,
Galena, Ohio 43021



www.kokproducts.com | Product 5102 | (740)-548-0526

NO PRINT MARGIN 1/4"

1/2 BACK PANEL 4 5/8"

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