

8/9/2011

Mr. David Grede
Garratt-Calahan Company
EH&S Manager
50 Ingold Road
Burlingame CA 94010

AUG -9 2011

Subject: Formula 35
EPA Registration Number: 8540-13
Amendment Date: June 9, 2011
EPA Receipt Date: July 11, 2011

Dear Mr. Grede:

This letter acknowledges receipt of the notification identified above submitted under provisions of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) as amended and PR Notice 98-10.

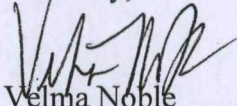
- Clarification of information on Initial and Subsequent dose to provide active ingredient concentration

Based on a review of the submitted information, this notification is acceptable. Your proposed changes will be made part of the record for this file.

General Comments

Should you have any questions concerning this letter, please contact Emilia Oiguenblik at (703) 347-0109 or Velma Noble at (703) 308-6233.

Sincerely,



Velma Noble
Product Manager (31)
Regulatory Management Branch I
Antimicrobials Division (7510P)

CONCURRENCES

SYMBOL	SURNAME	DATE						

Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060

Print Form



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 8540-13	2. EPA Product Manager Velma Noble	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Formula 35	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) Garratt-Callahan Company 50 Ingold Road Burlingame CA 94010 <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.)

Clarification of information on Initial and Subsequent dose paragraphs to provide active ingredient concentration, as requested in a telephone call with Tracy Lantz on June 9, 2011.

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 checked="" 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 checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 5, 30, 55, 275 gallons	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 Adhesive backed label			<input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled	<input type="checkbox"/> Other _____	

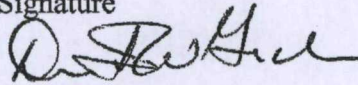
Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name David W. Grede	Title EHS Manager	Telephone No. (Include Area Code) 650-697-5811
2. Signature 		6. Date Application Received (Stamped)
3. Title EHS Manager		
4. Typed Name David W. Grede	5. Date Jun 9, 2011	
<p>Certification</p> <p>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.</p>		

CERTIFICATION STATEMENT FOR 35 Submission

"Notification of label change per PR Notice 1998-10. 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. Update to Storage and Disposal section only. 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."

Signature



7/27/11



FORMULA 35

TWIN-CHAIN QUATERNARY AMMONIUM COMPOUND CONCENTRATE WATER TREATMENT MICROBICIDE FOR BUILDING AND RECIRCULATING COOLING TOWERS.

ACTIVE INGREDIENTS:

DIDECYL DIMETHYL AMMONIUM CHLORIDE	25.0%
INERT INGREDIENTS	75.0%
TOTAL	100.0%

KEEP OUT OF REACH OF CHILDREN DANGER

FIRST AID

IF IN EYES	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 SWALLOWED	<ul style="list-style-type: none"> 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 doctor. Do not give anything by mouth to an unconscious person.

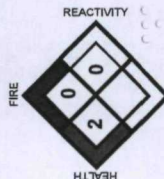
HOT LINE NUMBER

You may contact the Poison Center at 1-800-222-1222 for emergency medical treatment information.

Have the product container or label with you when calling a Poison Control Center or doctor, or going for treatment. You may also call 1-303-623-5716 day or night for emergency medical treatment information.

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

See Side Panel For Additional Precautionary Statements



PRODUCT NO. 0315036
NET WEIGHT 210 LBS. (30 GAL.)

Main Office: 50 Ingold Road, Burlingame, CA 94010 (650) 697-5811 FAX (650) 692-6098
Plants: Addison, IL Atlanta, GA Edison, NJ Dallas, TX Burlingame, CA

PRECAUTIONARY STATEMENTS
HAZARDS TO HUMANS AND DOMESTIC ANIMALS

STORAGE AND DISPOSAL

WWW.G-C.COM

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

PESTICIDE STORAGE: Avoid freezing, excessive heat or exposure to light, especially direct sunlight. Store in a cool, well ventilated location. If heating is necessary to prevent freezing, care must be taken to prevent overheating. Average product temperature must be maintained below 110°F. Temperature monitoring is recommended. Drums must be opened in well-ventilated areas. Leaking or damaged drums must be placed in overpack drums for management. Spills must be absorbed and properly disposed.

PESTICIDE DISPOSAL: Pesticide wastes may be acutely hazardous. Improper disposal of excess pesticide, spray mixture or rinseate is a violation of Federal L if these wastes cannot be disposed of by use according to label instructions, contact your State Pesticide or Environmental Control Agency, or the Hazardous Waste Representative at the nearest EPA Regional Office for Guidance.

CONTAINER HANDLING:

NONREFILLABLE CONTAINER (Less than or equal to 5 gallon container): Do not reuse or refill this container.

RESIDUE REMOVAL: Triple rinse container (or equivalent) promptly after emptying. Triple rinse as follows: Empty remaining contents into application equipment or a mix tank and drain for 10 seconds after the flow begins to drip. Fill the container 1/4 full with water and recap. Shake for 10 seconds. Pour rinseate into application equipment or a mix tank or store rinseate for later use or disposal. Drain for 10 seconds after the flow begins to drip. Repeat this procedure two more times. Offer for recycling if available.

NONREFILLABLE CONTAINER (Greater than 5 gallon container): Do not reuse or refill this container.

TRIPLE RINSE REMOVAL: Triple rinse container (or equivalent) promptly after emptying. Triple rinse as follows: Empty remaining contents into application equipment or a mix tank. Fill the container 1/4 full with water. Replace and tighten closures. Tip container on its side and roll it back and forth, ensuring at least one complete revolution, for 30 seconds. Stand the container on its end and tip it back and forth several times. Turn the container over onto its other end and tip it back and forth several times. Empty the rinseate into application equipment or a mix tank or store rinseate for later use or disposal. Repeat procedure two more times. Then offer for recycling or reconditioning. If not available, puncture and dispose in a sanitary landfill.

EPA REG. NO.	8540-13	[]
EPA EST. NO.	8540-CA-1	[]
	8540-TX-1	[]
	8540-GA-1	[]
	8540-IL-1	[]
	8540-NJ-1	[]

MANUFACTURED BY GARRATT-CALLAHAN COMPANY

REV 6/10/2011

MADE IN USA

NOTIFICATION
Date Reviewed: *Ceguenblak*
Reviewed By: *8/9/11*

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