


Please read instructions on reverse before completing form. Form Approved OMB No. 2070-0060. Approval expires 11-30-93

(A)  EPA	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number 204232
	Application for Pesticide		

Section I		
1. Company/Product Number 8591-10	2. EPA Product Manager PM#	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) AG-415		
5. Name and Address of Applicant (Include ZIP Code) DIVERSEY WATER TECHNOLOGIES 7145 PINE ST. CHAAGRIN FALLS, OH 44022 <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 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.)

RE LETTER 7-21-95

BEST COPY AVAILABLE

Child Resistant Packaging <input checked="" type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> No	Water Soluble Packaging <input checked="" type="checkbox"/> No	2. Type of Container <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 Package 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) of Retail Container 5, 30, 55, 300, bulk 9A	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 checked="" 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 ELAINE MURTAUGH	Title DIRECTOR, REGULATORY	Telephone No. (Include Area Code) 216-247-5000
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 Elaine Murtaugh	3. Title DIRECTOR, REGULATORY	
4. Typed Name ELAINE MURTAUGH	5. Date 7-21-95	

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AG-415

Industrial Microbiocide

ACTIVE INGREDIENT:

Poly (oxyethylene (dimethyliminio) ethylene-(dimethyliminio) ethylene dichloride) 15%

INERT INGREDIENTS 85%

This product contains 1.29 lbs. of active ingredient per gallon and weighs 8.6 lbs. per gallon.

EPA REG. NO. 8591-10

EPA EST NO.

NEEDS TO BE REPRODUCED IN FULL
FOR THE PROTECTION OF THE PUBLIC
HEALTH AND THE ENVIRONMENT
NEARBY TO HUMANS AND DOMESTIC ANIMALS

CAUTION: Harmful to fish. Avoid breathing vapors. Avoid contact with skin and eyes, or clothing.

ENVIRONMENTAL HAZARDS: This pesticide is toxic to fish. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans or other waters unless in accordance with the requirements of a National Pollutant Discharge Elimination System (NPDES) permit and the permitting authority has been notified in writing prior to discharge. Do not discharge effluent containing this product to sewer systems without previously notifying the local sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of the EPA.

FIRST AID: If swallowed, drink promptly a large quantity of milk, egg whites, gelatin solution, or, if these are not available, drink large quantities of water. Avoid alcohol. Call a physician immediately.

Sold by:
DIVERSEY WATER TECHNOLOGIES INC.
P.O. BOX 200
CHAGRIN FALLS, OH 44022

LOT NO. _____
NET CONTENTS _____ gal.

