

9215-6

1/5

December 9, 2003

Dean C. Allred  
President  
Aqua Tri  
17872 Mitchell  
Irvine, CA 92614

Subject: ALL CLEAR 1" CHLORINATING TABLETS  
EPA Registration No. 9215-6  
Application Date: November 6, 2003  
Receipt Date: November 14, 2003

Dear Mr. Allred :

This acknowledges receipt of your notification, submitted under the provision of PR Notice 98-10, FIFRA section 3(c)9.

**Proposed Notification**

- addition of alternate brand name : "FRESH&CLEAN 1" TABLETS Chlorinating Tablets"

**General Comments**

Based on a review of the material submitted, the following comments apply:

The notification application is acceptable and a copy has been inserted in your file for future reference.

Should you have any questions or comments concerning this letter, please contact me at (703) 308-6345.

Sincerely,

Wanda Mitchell  
Product Manager 32  
Regulatory Management Branch II  
Antimicrobials Division (7510C)

CONCURRENCES							
SYMBOL	7510C	7570C					
SURNAME	E. Berg	Mitchell					
DATE	12-9-03	12-9-03					



Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060, Approval expires 2-28-95



United States  
Environmental Protection Agency  
Washington, DC 20460

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

GPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number 09215-6	2. EPA Product Manager Brennis	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) FRESH&CLEAN 1" Chlorinating tablets	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) AQUA TRI 17872 MITCHELL IRVINE, CA 92614 <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.)

NOTIFICATION OF ALTERNATE BRAND NAME PER PR NOTICE 98-10  
SEE ATTACHMENT

### Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes <input 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
				<input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted		If "Yes" Unit Packaging 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) Retail Container 5 lb - 10 lb - 25 lb		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input checked="" type="checkbox"/> Other SCREEN PRINT		

### Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Dean C. Allred	Title President	Telephone No. (include Area Code) 949-474-7707
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 	3. Title President	
4. Typed Name Dean C. Allred	5. Date Nov. 6, 2003	



Corporate Headquarters  
17872 Mitchell  
P. O. Box 17148  
Irvine, California 92623-7148  
949-474-7707

November 6, 2003

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 notice98-10 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.

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# FRESH & CLEAN™

## 1" TABLETS

**CHLORINATING TABLETS** Controls bacteria and algae  
**FOR USE IN TRICHLORO-S-TRIAZINETRIONE FEEDING DEVICES**

<b>ACTIVE INGREDIENT:</b>	
Trichloro-s-triazinetrione and related isocyanurates	99.2%
<b>INERT INGREDIENTS</b>	.8%
	<b>100.0%</b>
<b>Available Chlorine</b>	<b>90%</b>

**KEEP OUT OF REACH OF CHILDREN**

**DANGER:**

SEE OTHER PRECAUTIONS AND FIRST AID  
ON SIDE PANEL.

**NET WT 5 LBS**

ADDITIONAL SIZES: 5 LB, - 10 LB, - 25 LB

NOTIFICATION  
 Date Reviewed: 12/9/03  
 Reviewed By: G. D. [Signature]

