

9215-7

02/19/2010

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460



United States  
Environmental Protection  
Agency

Office of Pesticide Programs

Dean C. Allred  
President  
Aqua Tri  
17872 Mitchell  
P.O. Box 17148  
Irvine, CA 92623-7148

FEB 19 2010

**FILE COPY**

Subject: All Clear 3" Tablets, Jumbo Chlorinating Tablets  
EPA Registration No. 9215-7  
Application Dated: January 27, 2010  
Receipt Dated: February 3, 2010

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:**

- Company name change from "Aqua Tri" to "Aqua Tri®"

**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 into your file for future reference.

Should you have any questions or comments concerning this letter, please contact me at [Henson.Wanda@epa.gov](mailto:Henson.Wanda@epa.gov) or call (703) 308-6345.

Sincerely,

Wanda Henson  
Product Reviewer 32  
Regulatory Management Branch II  
Antimicrobials Division (7510P)



United States  
Environmental Protection Agency  
Washington, DC 20460

Registration  
 Amendment  
 Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 9215-7	2. EPA Product Manager Tom Luminello	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) All Clear 3" Tablets, Jumbo Chlorinating Tablets	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Aqua Tri 17872 Mitchell N., Suite 250 Irvine, Ca. 92614-6034 <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.)  
To change the name Aqua Tri to a ® registered name.

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 type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper Other (Specify) <u>FIBER DRUM</u>
* 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 4.375, 8.75, 13.12, 35, 50, 300	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 Paper glued <input type="checkbox"/> Stenciled <input checked="" type="checkbox"/> Other <u>Silk Screened</u>			

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 Jan 27, 2010	



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

January 27, 2010

Document Processing Desk (NOTIF)  
Office of Pesticide Programs (7504P)  
U.S. Environmental Protection Agency  
1200 Pennsylvania Ave., N.W.  
Washington, DC 20460-0001

Attention: Tom Luminello

Subject: Company Name Aqua Tri  
All Clear® 3" Tablets, Jumbo Chlorinating Tablets  
EPA Registration Number 9215-7

We enclose form 8570-1 as a notification to change the company name Aqua Tri to the registered company name Aqua Tri®. Two copies of the label are enclosed with the notification.

Sincerely,

Dean C. Allred  
President

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NOTIFICATION  
Date Reviewed: 2/19/00  
Reviewed By: W. Jensen

# ALL CLEAR®

## 3" TABLETS JUMBO CHLORINATING TABLETS

FOR USE IN SWIMMING POOL FLOATERS AND FEEDERS

Controls bacteria and algae

(Approximate weight of each tablet 7.0 oz.)

**ACTIVE INGREDIENT:**

Trichloro-s-triazinetriene ..... 98.3%

**INERT INGREDIENTS** ..... 1.7%

100.0%

Available Chlorine ..... 90%

**KEEP OUT OF REACH OF CHILDREN**

**DANGER:**

SEE OTHER PRECAUTIONS AND FIRST AID ON BACK PANEL

**NET WT 50 LBS.**

EPA Est. No. 9215-CA-1

EPA Reg. No. 9215-7

Repackaged by AQUA TRI® 17872 Mitchell, Irvine, CA 92614-6034

The full environmental hazard statement is required only on sizes 50 pounds and over.  
4.375, 8.75, 13.12, 25, 35, 50, and 300 pounds.

**FIRST AID**

**If swallowed:** Call a poison control center immediately for treatment advice. Have the 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 a doctor. Do not give anything by mouth to an unconscious person.

**If in eyes:** Hold eyelids open and rinse slowly with water for 15 to 20 minutes. Remove contact lenses if present after 5 minutes then continue rinsing eye. Call 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 to 20 minutes. Call a poison control center or doctor.

**If inhaled:** Move person to fresh air. If person is not breathing call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth if possible. Call a poison control center or doctor for further treatment advice.

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

**Have the product container or label with you when calling a poison control center or doctor, or going for treatment.** You may also contact the poison control Hot Line at 1-800-222-1222 for emergency medical treatment advice.

**PRECAUTIONARY STATEMENTS - Hazard to humans and domestic animals.**

**DANGER:**

**CORROSIVE. CAUSES IRREVERSIBLE EYE DAMAGE. CAUSES BURNS TO SKIN. IRRITATING TO NOSE AND THROAT. MAY BE FATAL IF SWALLOWED.** Do not get in eyes, on skin or on clothing. Wear goggles or face shield and rubber gloves when handling. Avoid breathing dust or fumes. Remove and wash contaminated clothing before reuse.

**ENVIRONMENTAL HAZARDS:** This pesticide is toxic to fish and aquatic organisms. 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.

**PHYSICAL OR CHEMICAL HAZARD - STRONG OXIDIZING AGENT. WILL BURN WITH THE EVOLUTION OF CHLORINE AND EQUALLY TOXIC GASES. CONTACT WITH WATER SLOWLY LIBERATES IRRITATING AND HAZARDOUS CHLORINE-CONTAINING GASES. DECOMPOSES AT 460°F. to 480°F. WITH LIBERATION OF HARMFUL GASES.** Mix only with water. Use clean, dry utensils. Do not add this product to any dispensing device containing remnants of any other product. Such use may cause a violent reaction leading to

fire or explosion. Contamination with moisture, organic matter, or other chemicals may start a chemical reaction with generation of heat, liberation of hazardous gases, and possible generation of fire and explosion. In case of fire, contamination or decomposition, do not reseal container. If possible isolate container in open air or well ventilated area. Flood with large volumes of water, if necessary.

**Do not add this product directly into a swimming pool or spa as discoloration of plastic liner or painted pool surface may occur.**

**Do not place in the skimmer. Do not mix with other chemicals.**

**DIRECTIONS FOR USE - It is a violation of Federal law to use this product in a manner inconsistent with its labelling.** When starting up a new pool, superchlorinate to satisfy chlorine demand and to establish a chlorine residual of 1.0 ppm to 1.5 ppm available chlorine. To accomplish this, add 2 oz. All Clear<sup>®</sup> Swimming Pool Sanitizer per 1,000 gallons of pool water. The next morning, add All Clear<sup>®</sup> Cyanuric Acid to stabilize the pool according to directions given on the label. Test pool water frequently with a suitable test kit and maintain a chlorine residual of 1.0 ppm to 1.5 ppm at all times (as determined by daily or more frequent use of a chlorine test kit). Immerse one All Clear<sup>®</sup> 3" Tablet (or more until residual is obtained) for each 5,000 to 10,000 gallons of pool water by means of feeder or float (but never directly into the pool, as discoloration of the pool liner or paint could occur). Variables such as water temperature, water flow rate, filter cycles, bather loads and methods of application will affect the dissolution speed of the tablet and therefore the rate of flow of chlorine solution into the pool. During summer and peak bather loads, superchlorinate at least twice monthly as directed above. Keep the pH between 7.2 and 7.6 as determined by a suitable test kit.

**STORAGE AND DISPOSAL:**

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

**PESTICIDE STORAGE:** Store in original container, tightly closed away from heat or open flame. Store in a cool, dry, well ventilated place. Keep container off wet floors.

**PESTICIDE DISPOSAL:** Do not put spilled product, filled or partially filled containers in the trash. Dispose of waste material according to label use directions otherwise call 1-800-CLEANUP for guidance from your local solid waste agency.

**CONTAINER HANDLING: Nonrefillable container. Do not reuse or refill this container.** Triple rinse container promptly after emptying. Triple rinse as follows: Empty the remaining contents into application equipment or mix tank. Fill the container 1/4 full with water and recap. Shake for 10 seconds. Pour rinsate into application equipment or a mix tank or store rinsate 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, or place in trash.**

