

## **PLEASE NOTE**

**This image contains more than one label approved for this product on this date.**

December 5, 2003

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

Subject: All Clear Granular Swimming Pool & Spa Sanitizer  
EPA Registration No. 9215-8  
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 Swimming Pool Sanitizer"

**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	7510C						
SURNAME	E. Berg	Mitchell						
DATE	12-5-03	12-5-03						



United States  
Environmental Protection Agency  
Washington, DC 20460

 Registration  
 Amendment  
 Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number 09215-8	2. EPA Product Manager Brennis	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) FRESH&CLEAN SWIMMING POOL SANITIZER	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
* Certification must be submitted				<input type="checkbox"/> Other (Specify) _____	
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
<b>Certification</b> 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 <b>(Stamped)</b>
2. Signature 	3. Title President	
4. Typed Name Dean C. Allred	5. Date Nov. 6, 2003	

# FRESH & CLEAN™

## SWIMMING POOL SANITIZER

GRANULAR, CONCENTRATED

ACTIVE INGREDIENT:

Sodium dichloro-s-triazinetrione \_\_\_\_\_ 97.0%

INERT INGREDIENTS \_\_\_\_\_ 3.0%

100.0%

Available Chlorine \_\_\_\_\_ 62%

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



**NEXT**

**LABEL**

December 5, 2003

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

Subject: All Clear Granular Swimming Pool & Spa Sanitizer  
EPA Registration No. 9215-8  
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 : "All Clear Spa Sanitizer"

**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						
SURNAME	E. Berg						
DATE	12-05-03						



United States  
Environmental Protection Agency  
Washington, DC 20460

 Registration  
 Amendment  
 Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number 09215-8	2. EPA Product Manager Brennis	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) ALL CLEAR SPA SANITIZER	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
* Certification must be submitted				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 1 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 Doan C. Allred	Title President	Telephone No. (Include Area Code) 949-474-7707
<b>Certification</b> 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 <b>(Stamped)</b>
2. Signature 	3. Title President	
4. Typed Name Dean C. Allred	5. Date Nov. 6, 2003	



# ALL-CLEAR™

## SPA SANITIZER GRANULATED, CONCENTRATED

### ACTIVE INGREDIENT:

Sodium Dichloro-s-triazinetriene ..... 97.0%

INERT INGREDIENTS ..... 3.0%

100.0%

Available Chlorine ..... 62%

KEEP OUT OF REACH OF CHILDREN

### DANGER:

SEE OTHER PRECAUTIONS AND FIRST AID  
ON SIDE PANEL

EPA Est. No. 9215-CA-1 EPA Reg. No. 9215-8

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

NET WT 1 LB

### 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. May be fatal if inhaled. Harmful if swallowed or absorbed through skin. Do not get in eyes, on skin or on clothing. Do not breathe dust, vapor or spray mist. Wear goggles, face shield or safety glasses. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse.

**ENVIRONMENTAL HAZARD-** This pesticide is toxic to fish and other aquatic organisms.

**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 allow chemical to come in direct contact with the liner or painted surface of pool as discoloration can occur. Do not pour into 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 labeling. **FOR CONTROL OF BACTERIA AND ALGAE (OUTDOORS) IN SPAS:**

1. Before bathing, test water pH, chlorine residual and alkalinity using a suitable test kit. Adjust chlorine residual to 3 ppm. Reentry into treated swimming pools/spas is prohibited above levels of 3 ppm of chlorine. After bathing superchlorinate to 6 ppm (1 level tablespoon per 500 gallons of water). Use a chlorine stabilizer, especially outdoors, to prolong chlorine residual. Maintain pH of water between 7.2 and 7.6 and total alkalinity between 125 and 175 ppm.

2. One tenth oz. (1/2 tsp.) per 500 gal. of water gives 1 ppm and 1 level tbsp. gives 6 ppm. of chlorine. To use, broadcast granules into water with jets running.

3. With 4 bathers in a 500 gal. spa, a 2 ppm chlorine residual can drop below the minimum 1 ppm in 15 to 20 minutes. Less water or more bathers will accelerate loss. Test often and keep chlorine residual above 1 ppm.

4. Weekly, superchlorinate water to 5 or 6 ppm (see 2 above). Do not bathe until chlorine drops to 3 ppm. Draining and cleaning of spa is recommended whenever the water becomes difficult to manage or chlorine stabilizer goes over 100 ppm, as measured with a suitable cyanuric acid test kit. Avoid use of products such as body lotions that consume chlorine.

### STORAGE AND DISPOSAL:

Do not contaminate water, food, or feed by storage or disposal. 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 DISPOSAL:** Triple rinse with water to dissolve all material before discarding container. Do not reuse container. Place in trash or recycle.