

9404-93

10/16/2008

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

OFFICE OF
PREVENTION, PESTICIDES AND
TOXIC SUBSTANCES

Mr. H.R. McLane
Agent for Sunniland Corporation
C/O H.R. McLane Inc
7210 Red Road, Suite 206A
Miami, FL 33143-5321

OCT 16 2008

Subject: Label Notification(s) for Pesticide Registration Notice 2007-4

Dear Registrant:

The Agency is in receipt of your Application(s) for Pesticide Notification under Pesticide Registration Notice (PRN) 2007-4 dated August 26, 2008 for:

EPA Registration 9404-93 Sunniland Atra-4 St. Augustine Lawn Weed Killer

The Registration Division (RD) has conducted a review of this request for applicability under PRN 2007-4 and 98-10 and finds that the label change(s) requested falls within the scope of PRN-2007-4. The label has been date-stamped "Notification" and will be placed in our records.

Please be reminded that 40 CFR Part 156.140(a)(4) requires that a batch code, lot number, or other code identifying the batch of the pesticide distributed and sold be placed on nonrefillable containers. The code may appear either on the label (and can be added by non-notification/PR Notice 98-10) or durably marked on the container itself.

If you have any questions, please contact me directly at 703-305-6249 or Banza Djapao of my staff at 703-305-7269.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Arrington".

Linda Arrington
Notifications & Minor Formulations Team Leader
Registration Division (7505P)
Office of Pesticide Programs



United States
 Environmental Protection Agency
 Washington, DC 20460

Registration
 Amendment
 Notification

EPA
 Registration No.
9404-93

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Application for Pesticide Section I PR NOTICE 2007-4 Notification Date **Aug. 26, 2008**

1. Company / Product Number: 9404-93		2. EPA Product Manager Dr. JIM TOMPKINS		3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted	
4. Company Product Name: Atrazine 4 St. Augustine Lawn Weed Killer		PM Number - 25		<input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and address of Applicant: (Include Zip Code) Sunniland Corporation P.O. Box 8001 Sanford, FL, 32772		6. Expedite Review. In accordance with FIFRA Section 3(c)(3)(b)(i), My product is similar or identical in composition and labeling			
<input type="checkbox"/> Check if this is a new address		EPA Reg. No. N/A		Product Name: N/A	

Section II

<input type="checkbox"/> Amendment- Explain below (-----F)	Final Printed Labels in response to
<input type="checkbox"/> Resubmission in response to Agency Letter Dated: _____	Me Too Applications, _____
<input checked="" type="checkbox"/> Notification - Explain Below Compliance with PRN 2007-4	<input type="checkbox"/> Other Explain below

Explanation: Use additional pages if necessary (For Section I and Section II) *this is a NOTIFICATION that brings this labeling in compliance with PR NOTICE 2007-4 concerning the STORAGE AND DISPOSAL section as found on this 1 page draft label's right column using the last EPA ACCEPTED version dated Oct. 27, 2005 as the base version for this NOTIFICATION. Our Certification for this NOTIFICATION appears in our cover letter as page 2 of 4 included in this dossier. Please place this NOTIFICATION as a permanent portion of the file for the product. Thank you for your cooperation in this matter.*

Section III

1. Material This Product will be packed in:					
Child Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Certification must be submitted Date: _____	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging Wgt. No. Per Container		Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package Wgt. No. Per Container		2. Type of Container <input type="checkbox"/> Metal (Poly Lined) <input checked="" type="checkbox"/> Plastic HDPE (Fluorine treated) <input type="checkbox"/> Glass <input type="checkbox"/> Paper- Poly lined <input checked="" type="checkbox"/> Other "BAREX"
	3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input checked="" type="checkbox"/> Container		4. Size(s) Retail Container 8 oz.; 16 oz.; 32 oz.		5. Location of label directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> Label 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

Contact Point (Complete items below for identification of individual to be contacted if necessary to process this application.)
 Name: **H. R. McLane, Inc.** Title: **Agent 305-661-1706** Telephone No. (Include Area code)
7210 Red Rd. suite 206A miami, FL 33143 **Sunniland Corporation** **1-800-432-1130**

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 false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application received (Stamped)
2. Signature: By H. R. McLane 		3. Title Agent	
4. Typed Name of registrant Mr. Clyde L. Cline, Operations Manager Sunniland Corporation		5. Date 08-26-08	

3/5 EPA

INDEX

NOTIFICATION

NOTIFICATION TO COMPLY WITH PR NOTICE 2007-4 CONCERNING THE STORAGE AND DISPOSAL SECTION REVISED COPY

REGISTRANT

SUNNILAND CORPORATION
P.O.BOX 8001
SANFORD, FL 32772

TO: DR. JIM TOMPKINS PM-25

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PRODUCT NAME OF RECORD

"SUNNILAND ATRAZINE 4 ST/ AUGUSTINE LAWN WEED KILLER

EPA REG. NO. 9404-93

PAGE

INDEX	1
COVER LETTER to: MS. JOANNE I. MILLER PM-23.....	2
1 COPY OF EPA FORM 8570-1 EPA REG. NO. 9404-93...	3
1 COPY OF THE 1 PAGE DRAFT LABEL	4
PR NOTICE 2007-4 COPY FOUND HI-LITED NEAR THE BOTTOM OF THE LABEL'S RIGHT COLUMN.	

WE ENCLOSE A RETURN POSTCARD FOR EPA SIGNATURE OF RECEIPT MAILING STICKERS FOR RETURN TO H. R. MCLANE, INC.

AUG 26 2008



H. R. McLANE, INC.

4/5

7210 Red Road, Suite 206A - Miami, Florida 33143-5321 U.S.A.
Phone 305 661 1706 - Fax 305 661 3036 - E-Mail hrmclaneinc@bellsouth.net
Consulting in EPA Regulatory Affairs
FIFRA Licensing & Registrations - Since 1948

AUG. 26, 2008

DR. JIM TOMPKINS PM-25
DOCUMENT PROCESSING DESK (PR NOTICE 2007-4 NOTIFICATION)
OFFICE OF PESTICIDE PROGRAMS (7504 - P)
ENVIRONMENTAL PROTECTION AGENCY
1200 PENNSYLVANIA, AVE. N.W.
WASHINGTON, D. C. 20460-0001

PHONE 703-305-5697
FAX 703-305-6596

Subject: NOTIFICATION TO COMPLY WITH REQUIREMENTS OF PR NOTICE 2007-4
Registrant: CTX SUNNILAND CORPORATION EPA EST. NO. 9404-FL-1
P.O. BOX 8001- SANFORD, FL 32772

Product: ATRAZINE 4 ST. AUGUSTINE LAWN WEED KILLER.
REG.NO.9404-93

DEAR DR. TOMPKINS:

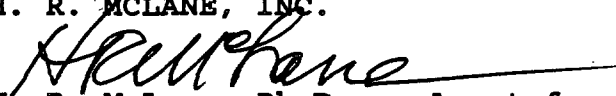
THIS NOTIFICATION DEALS WITH THE STORAGE AND DISPOSAL
REVISED LABEL COPY REQUIRED BY PR NOTICE 2007-4 FOUND AT
THE BOTTOM OF THE RIGHT COLUMN OF THE ENCLOSED
DRAFT LABEL PAGENATED AS 4 OF 4 IN THIS DOSSIER.

INDEX	1
COVER LETTER to: DR. JIM TOMPKINS	PM-25..... 2
1 COPY OF EPA FORM 8570-1 EPA REG. NO. 9404-93...	3
1 COPY OF THE 1 PAGE DRAFT LABEL	4

PR NOTICE 2007-4 COPY FOUND NEAR THE BOTTOM OF
THE LABEL'S RIGHT COLUMN.

-----> CERTIFICATION FOR THIS NOTIFICATION

"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, 156.156. 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 terms of 40 CFR 156-10, 156.140 156.144M 156.146M 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."

Sincerely
H. R. McLane, INC.

H. R. McLane, Ph.D.... Agent for
MR. CLYDE L. CLINE; OPERATIONS MANAGER.
HRM/nb/ encl: as above. cc/CLC/SC

Sumiland

Atrazine 4

St. Augustine Lawn Weed Killer

For the control of both emerged weeds and weeds from seeds in St. Augustinegrass and Centipedegrass. Use 1.5 tablespoonfuls per 100 square feet.

ACTIVE INGREDIENT:

Atrazine	4.00%
Related Compounds.....	0.08%
OTHER INGREDIENTS:.....	95.92%
TOTAL	100.00%

KEEP OUT OF REACH OF CHILDREN CAUTION

See FIRST AID below
SHAKE WELL BEFORE USING

EPA Reg. No. 9404-93 EPA Est. No. 9404-FL-1

FIRST AID

IF SWALLOWED - 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 by a poison control center or doctor. Do not give anything by mouth to an unconscious person.

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 for treatment advice. Have this product container or label with you when calling a poison control center, or doctor, or when going for treatment. For information on this pesticide product including health concerns, medical emergencies or incidents Call the National Pesticide Information Center at 1-800-8587378.

NOTE TO PHYSICIAN: There is no specific antidote for atrazine. If this product is ingested, induce emesis or lavage stomach. The use of activated charcoal may be considered.

Net Contents: 16 Fluid Ounces

Sumiland Corporation

P.O. BOX 9001 - Sanford, FL 32772

OCT 16 2008

picture(s) of any listed weed(s)

at optional location(s) on label

NOTIFICATION
OPTIONAL

OCT 16 2008

PR NOTICE 2007-4 NOTIFICATION VERSION

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. Not for use on turf being grown for sale or other commercial use, as sod, or for commercial seed production or research purposes.

GENERAL PRECAUTIONS AND RESTRICTIONS:

Do not apply this product in a way that will contact any persons or pet, weather directly or through drift. Keep people and pets out of the area during application. Do not allow people or pets to enter the treated area until sprays have dried.

IMPORTANT: Read the entire directions for use, all precautions and the conditions of sale and warranty before using this product. **FAILURE TO FOLLOW THE DIRECTIONS FOR USE AND PRECAUTIONS ON THIS LABEL MAY RESULT IN POOR WEED CONTROL, CROP INJURY, ILLEGAL RESIDUES, OR PERSONAL INJURY.**

APPLICATION PROCEDURES:

Do not use near adjacent desirable plants or in greenhouses or injury may occur. To avoid spray drift, apply with a coarse low pressure spray. Do not apply under windy conditions. Avoid spray overlap.

This product is to be mixed with water only. Combinations with other chemicals in the application mixture are not recommended. Do not apply when temperatures exceed 90 ° F.

Use only on healthy turfgrass which is not under heat or drought stress and reasonably free of infestations of insect, nematodes, and disease. Applications during the summer should be limited to spot treatment only. Do not use on muck or alkaline soils.

Do not use over rooting areas of tress, ornamentals, vegetables or other desirable plants other than the indicated turfgrasses.

Do not re-plant treated areas (except with listed turfgrass) within 12 months after treatment or injury may result. Do not overseed turf areas within 6 months after application. Sprigging of listed turfgrass is allowed in treated areas, some yellowing or stunting may occur.

RATES OF APPLICATION FOR ST. AUGUSTINEGRASS AND CENTIPEDEGRASS

Areas to be treated	Amount of This product	Suggested amount of water
100 sq.ft.	1.7 tbsp.	1 Qt.
500 sq.ft.	4.3 fl. oz.	1 Gal.
2,000 sq.ft.	1.1 pint	4 Gals.

Determine total area to be treated and base rate of application on the above rates.

PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

CAUTION: Harmful if swallowed or absorbed through skin. Avoid contact with skin, eyes or clothing. Wash thoroughly after handling and before eating, drinking, chewing gum, or using tobacco. Remove and wash contaminated clothing before reuse.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Wear Long-sleeved shirt, long pants, chemical resistant gloves and shoes plus socks.

USER SAFETY RECOMMENDATIONS

Users should: 1) Wash hands before eating, drinking, chewing gum, using tobacco, or using the toilet. 2) Remove clothing immediately if pesticide gets inside, then wash thoroughly and put on clean clothing. Remove PPE immediately after handling this product. Wash the outside of gloves before removing. As soon as possible wash thoroughly and change into clean clothing.

ENVIRONMENTAL HAZARDS

Atrazine can travel (seep or leach) through soil and can enter groundwater which may be used as drinking water. Atrazine has been found in groundwater. Users are advised not to apply atrazine to sand and sandy soil where the water table (groundwater) is close to the surface and where these soils are very permeable (i.e. drained). Your local agricultural agencies can provide further information on the type or soil in your area location of groundwater.

This pesticide is toxic to aquatic invertebrates. Do not apply directly to water or to areas where surface water is present or to intertidal areas below the mean high water mark. Do not apply when weather conditions favor drift from treated areas. Runoff and drift from treated areas may be hazardous to aquatic organisms in neighboring areas. Do not contaminate water when disposing of equipment washwaters. (08-28-08)

Directions for Use (continued)

Application should only be made with a conventional compressed air sprayer equipped with a flat fan spray tip. Correct calibration of the sprayer is essential. Overdosing will cause severe plant injury and death of the desired turf. Insufficient application may not give anticipated weed control. "Hose-End" Type sprayers are not recommended because of difficulty with precise calibration and application.

APPLICATION RESTRICTIONS:

Maximum rate per application on Turfgrass (including lawns) is 8.6 fluid ounces per 1,000 square feet (1 lb. a.i./A). Maximum of two applications per year is permitted.

USE DIRECTIONS:

Weeds controlled or suppressed: Annual Bluegrass, (poa annua), Chickweed, (Common and Mouse-ear), Crabgrass (suppression only), Cranesbills, Cudweed, Dichondra, Florida Betony, Henbit, Knotweed, Lespedeza, Moneywort, Mustards, Narrowleaf Vetch, Parsley-Piert, Sandspur, Smutgrass, Spurge, Spurweed, Swinecrest, Woodsorrel and various annual clovers,

Established St. Augustinegrass and Centipedegrass.

This product may be applied during both dormant and growing seasons. Best results are usually obtained when applied in early spring or dormant periods when weeds are small or have not emerged. Do not apply more than two treatments per year.

This product controls Spurweed, Florida Betony, Annual Bluegrass and many other problem weeds in St. Augustinegrass and Centipedegrass turfs.

This product will control both emerged weeds and weeds from seeds. Rain or water within 2 to 3 days of application may decrease the effectiveness on emerged weeds, however, for the control of weeds from seeds, rainfall or watering is necessary within 7 to 10 days after treatment.

Spurweed: Control of Spurweed can best be obtained by applying when Spurweed has newly emerged, (December and January).

Florida Betony:

This weed emerges in the Fall. Apply this product in the mid to late October followed by a second application in mid to late February.

Dichondra, Moneywort:

Apply this product in early April followed by a second application in July.

NOTE: Applications for Spurweed or Florida Betony generally will give control or suppression of the other listed weeds. However, as a general rule, this product will give best control when applied to young tender weeds or just prior to weed emergence.

STORAGE AND DISPOSAL

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

PESTICIDE STORAGE: Store pesticide in the original container in a locked storage area.

PESTICIDE DISPOSAL: If partly filled: Call your local solid wastes agency or 800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain.

CONTAINER DISPOSAL: If empty, Nonrefillable container. Do not reuse or refill this container. Place in trash or offer for recycling if available.

WARRANTY CONDITIONS OF SALE

OUR RECOMMENDATIONS FOR USE of this product are based upon tests believed to be reliable. Follow directions carefully. Timing and method of application, weather, and crop conditions, mixtures with other chemicals not specifically recommended and other influencing factors in the use of this product are beyond the control of the Seller. Buyer assumes all risks of use, storage, and handling not in strict accordance with the directions given herewith.

To the extent required by law, in no case shall the manufacturer or the seller be liable for consequently, special or indirect damages resulting from the use or handling of this product when such use and/or handling is not in strict accordance with directions given herewith. The foregoing is a condition of sale by the seller and is accepted as such by the buyer.

Product Batch Code No. _____