



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 9444-192	2. EPA Product Manager Marion Johnson, Jr.	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) DRAX® Roach Assault SWT	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) WATERBURY COMPANIES, INC. P.O. BOX 640/129 CALHOUN STREET INDEPENDENCE, LA 70443 <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 _____	NOTIFICATION AUG 25 2003
<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.)

See attached cover letter for complete details.

Section - III

1. Material This Product Will Be Packaged in:				2. Type of Container	
Child-Resistant Packaging <input 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 type="checkbox"/> No	<input type="checkbox"/> Metal <input 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 type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input 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 Cynthia L. Rohner		Title Registration Specialist		Telephone No. (Include Area Code) (85) 878-6751 Ext. 210	
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.					8. Date Application Received (Stamped)
2. Signature <i>Cynthia L. Rohner</i>		3. Title Registration Specialist			
4. Typed Name Cynthia L. Rohner		5. Date 8/15/03			

"Proposed"

Drax® Roach Assault SWT

Kills and Controls Cockroaches

- Attracts and Kills Roaches
- For Use in Cracks, Crevices, and Hard to Reach Places
- Works Fast

NOTIFICATION

AUG 25 2003

FOR USE IN Homes, Apartments, Nursing Homes, Mobile Homes, Hospitals, Schools, Commercial Structures, Offices, Restaurants, Food Processing Establishments, Food Handling Establishments, Grocery Stores, Hotels, Motels, Detention Facilities, Zoos, Kennels, Ships, and Railcars

ACTIVE INGREDIENTS:

Orthoboric Acid	50.0%
INERT INGREDIENTS	50.0%
	100.0%

STORE IN A COOL PLACE

KEEP OUT OF REACH OF CHILDREN

CAUTION

SEE BACK PANEL FOR ADDITIONAL PRECAUTIONS

EPA Reg. No. 9444-192

EPA Est. No. 9444-LA-1

NET WEIGHT 1.2 oz/33 g

3/4

**PRECAUTIONARY STATEMENTS
HAZARDS TO HUMANS & DOMESTIC ANIMALS**

CAUTION

Harmful if swallowed or absorbed through skin. Causes eye irritation. Avoid contact with skin, eyes, or clothing. Wash thoroughly with soap and water after handling.

FIRST AID

If Swallowed: Call a physician or Poison Control Center. Drink 1 or 2 glasses of water and induce vomiting by touching back of throat with finger. If person is unconscious, do not give anything by mouth and do not induce vomiting.

If In Eyes: Flush eyes with plenty of water. Call a physician if irritation persists.

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. Remove cap at tip of barrel of the prefilled, disposable syringe and apply paste only in areas not easily accessible to children and pets. Apply paste near aggregation and harboring areas. Apply behind and under the following: stove, refrigerators, dishwashers, sinks, counters, shelving, washing machines, tubs, waterpipes, around pipe collars, drains, sewers, man holes, electrical boxes, cracks and crevices of baseboards, in corners of cupboards, cabinets and closets. Remove drawers from chests and cabinets, apply freely into corners of drawer wells. Reapply every two to three months. All visible paste should be packed into cracks and crevices. Remove excess paste and dispose into garbage. Avoid contamination of food and feed stuff.

Food Areas: (Restaurants, Food Processing and Food Handling Establishments, Dining Rooms, etc.): In Food Areas, application is limited to crack and crevice treatment only in areas where food and feed stuff are received, sorted, prepared, packaged (canning, boxing, or wrapping) or served. Care must be taken to avoid depositing this product on serving surfaces where food and feed stuff are processed or exposed. Avoid areas likely to be contacted by food. **Non-Food Areas:** Apply to cracks and crevices and around water pipes in areas such as garbage rooms, locker rooms, mop closets, boiler rooms and lavatories.

STORAGE & DISPOSAL

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

STORAGE: Store in original container away from food and feedstuffs. Keep product in a locked storage area.

DISPOSAL: **If empty:** Do not reuse this container. Place in trash or offer for recycling if available. **If partly filled:** Call your local solid waste agency or 1800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain.

Manufactured by
**WATERBURY
COMPANIES, INC.**
P. O. Box 1812
Waterbury, CT 06722
985-878-6751 [For Reviewer: Optional text]
Made in USA

www.CBProProducts.com [For Reviewer: Optional text]



WATERBURY
COMPANIES, INC.

414

129 Calhoun Street - P.O. Box 640
Independence, Louisiana 70443
Tel: 985.878.6751
Fax: 985.878.2178

August 15, 2003

Mr. Marion Johnson, Product Manager #10
Document Processing Desk (NOTIF)
Office of Pesticide Programs (7504C)
U.S. Environmental Protection Agency
Room 266 A, Crystal Mall 2
1921 Jefferson Davis Highway
Arlington, VA 22202-4501

**RE: Notification Request for Marketing Claims
Drax® Roach Assault SWT, EPA Reg. No. 9444-192**

Dear Mr. Johnson:

Enclosed is the application for Notification of Market Claims per PR Notice 98-10. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46. 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 Notice 98-10 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.

This submission package includes the Application Form, one (1) copy of the current label, and three (3) copies (one highlighted) of the revised label. Also enclosed is a self-addressed, stamped postcard so that we may obtain notice when the Agency has processed this notification.

Please contact me at 985/878-6751 ext. 210 (e-mail at crohner@watco.com) if additional information is needed to expedite this matter and thank you for your continued support.

Sincerely,

Cynthia L. Rohner

Cynthia L. Rohner
Registration Specialist

