



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number 9444-209	2. EPA Product Manager Marion Johnson, Jr.	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) DRAX® Ant Kil Gel 2X RBA	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)(ii), 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 checked="" type="checkbox"/> Final printed labels in response to Agency letter dated _____	PR NOTICE 2001-6  <b>NOTIFICATION</b> SEP 05 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) 878-8751 Ext. 210	
<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 (Stamped) 
2. Signature 		3. Title Registration Specialist	
4. Typed Name Cynthia L. Rohner		5. Date 6/11/03	

2/4

# **D R A X ®**

## **Ant Kil Gel 2X RBA**

**For the control of sugar feeding  
ants including Argentine ants,  
Fire ants, ghost ants, pharaoh ants,  
pavement ants, odorous house ants,  
and carpenter ants**

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

**ACTIVE INGREDIENT:**

Orthoboric Acid .....	1.00%
INERT INGREDIENTS .....	<u>99.00%</u>
	100.00%

**KEEP OUT OF REACH OF CHILDREN**  
**CAUTION**

**SEE BACK PANEL FOR ADDITIONAL PRECAUTIONS**

**EPA Reg. No. 9444-209**

**EPA Est. No. 9444-LA-1**

**NET WEIGHT 12 oz / 340 g**

3/4

## PRECAUTIONARY STATEMENTS HAZARDS TO HUMANS & DOMESTIC ANIMALS

### CAUTION

Harmful if swallowed or absorbed through the 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. **If on Skin:** Wash with plenty of soap and water. Get medical attention.

### DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. Apply gel only in areas inaccessible to children and pets.

**INDOORS:** Remove cap at tip of barrel of the prefilled, disposable syringe. Apply gel indoors in areas where ants are seen. Place behind and under the following: stoves, refrigerators, dishwashers, sinks, counters, shelving, tubs, waterpipes, around drains, sewers, electrical boxes, in cracks and crevices around windowframes, baseboards and shelves, and in corners of cupboards, cabinets and closets. Renew as needed.

**OUTDOORS:** Where ants are seen entering the building, place gel along walkways, sidewalks, directly on ant nests and along window and doorsills. Renew as needed.

**Food Areas:** (Restaurants, Food Processing and Food Handling Establishments, Dining Rooms, etc.): In Food Areas, application is limited only in areas where food and feed stuff are received, stored, prepared, packaged (canning, boxing, or wrapping) or served. Do not use in edible product areas of food handling establishments, restaurants or other areas where food is commercially prepared or processed. 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:** Place around water pipes in areas such as garbage rooms, locker rooms, mop closets, boiler rooms and lavatories.

Drax Ant Kil Gel 2X RBA can also be dispensed from a container.

### 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. Store in a cool place.

**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.

[For Reviewer: The Steel graphics symbol is optional if label space allows it.]

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](http://www.CBProProducts.com) [For Reviewer: Optional text]

RVEPA208S&D



WATERBURY  
COMPANIES, INC.

4/4

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

June 11, 2003

Mr. Marion Johnson, Jr., 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 per PR Notice 2001-6  
DRAX® Ant Kil Gel 2X RBA, EPA Reg. No. 9444-209**

Dear Mr. Johnson:

Notification of label change relative to PR Notice 2001-6. This notification is consistent with the guidance in PR Notice 2001-6 and the requirements of EPA's regulations at 40 CFR 156.10 and 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 if this notification is not consistent with the guidance of PR Notice 2001-6 and the requirements of 40 CFR 156.10 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.

Attached are EPA Form 8570-1 and a copy of the label with the revisions highlighted in yellow. 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 or via email at [crohner@watco.com](mailto:crohner@watco.com) if additional information is needed to expedite this notification request.

Sincerely,

Cynthia L. Rohner  
Registration Specialist

