

10163-291

08/08/2008

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

OFFICE OF  
PREVENTION, PESTICIDES AND  
TOXIC SUBSTANCES

Mrs. Andrea Priest  
Registration Specialist  
Gowan Company  
P.O. Box 5569  
Yuma, AZ 85366

AUG 8 2008

RE: Notification of Primary Name Change to: Thiophanate-Methyl Technical 98.4  
EPA Registration Number: 10163-291  
Date of Submission: July 3, 2008

Dear Mrs. Priest:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 dated July 3, 2008, for the product, Thiophanate-Methyl Technical. The Registration Division (RD) has conducted a review of this request for its applicability under PRN 98-10 and finds that the actions requested fall within the scope of PRN 98-10. The label submitted with the application has been stamped "Notification" and will be placed in our records.

If you have any questions, please call me directly at 703-305-6249 or Joyce Edwards of my staff at 703-308-5479.

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

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060, Approval expires 2-28-



United States  
**Environmental Protection Agency**  
 Washington, DC 20460

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number

**Application for Pesticide - Section I**

1. Company/Product Number 10163-291	2. EPA Product Manager Mary Waller	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Thiophanate-Methyl Technical	PM# 21	
5. Name and Address of Applicant (Include ZIP Code) Gowan Company P.O. Box 5569 Yuma, AZ 85366 <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 <b>NOTIFICATION</b> <b>AUG 08 2008</b>	

**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 Primary Brand Name change per PR Notice 98-10. See enclosed cover letter.

**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
<b>* Certification must be submitted</b>	If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	Other (Specify) _____	
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"/> On Label <input type="checkbox"/> On Labeling accompanying product	
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 Andrea Priest	Title Registration Specialist	Telephone No. (Include Area Code) 928-539-5446
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<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 <i>Andrea Priest</i>	3. Title Registration Specialist	
4. Typed Name Andrea Priest	5. Date 7/2/08	



# THIOPHANATE-METHYL TECHNICAL 98.4 FOR FORMULATING USE ONLY

<b>ACTIVE INGREDIENT:</b>	<b>% BY WT.</b>
Thiophanate-methyl: Dimethyl [1,2-phenylenebis(iminocarbonothioyl)]bis[carbamate].....	98.4%
<b>OTHER INGREDIENTS</b> .....	<b>1.6%</b>
	<b>TOTAL 100.0%</b>

**KEEP OUT OF REACH OF CHILDREN  
CAUTION**

FIRST AID	
<b>If swallowed</b>	<ul style="list-style-type: none"> <li>• Call a Poison Control Center or doctor immediately for treatment advice.</li> <li>• Have person sip a glass of water if able to swallow.</li> <li>• Do not induce vomiting unless told to do so by the poison control center or doctor.</li> <li>• Do not give anything by mouth to an unconscious person.</li> </ul>
<b>If in eyes</b>	<ul style="list-style-type: none"> <li>• Hold eye open and rinse slowly and gently with water for 15-20 minutes.</li> <li>• Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>
<b>If on skin or clothing</b>	<ul style="list-style-type: none"> <li>• Take off contaminated clothing.</li> <li>• Rinse skin immediately with plenty of water for 15-20 minutes.</li> <li>• Call a poison control center or doctor for treatment advice.</li> </ul>
<b>If inhaled</b>	<ul style="list-style-type: none"> <li>• Move person to fresh air.</li> <li>• If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably by mouth-to-mouth, if possible.</li> <li>• Call a poison control center or doctor for further treatment advice.</li> </ul>
HOT LINE NUMBER	
Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact. 1-888-478-0798 for emergency medical treatment information.	

**PRECAUTIONARY STATEMENTS  
Hazards to Humans and Domestic Animals  
CAUTION**

Harmful if swallowed, absorbed through skin, or inhaled. Causes moderate eye irritation. Avoid contact with skin, eyes, or clothing. Avoid breathing dust. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, or using tobacco. Remove contaminated clothing and wash before reuse.

**ENVIRONMENTAL HAZARDS**

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 this product into sewer systems without previously notifying the local sewage treatment plant authority. For guidance, contact your regional office of the Environmental Protection Agency. Do not contaminate water when disposing of equipment washwaters.

**DIRECTIONS FOR USE**

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

**ONLY FOR FORMULATION INTO END-USE FUNGICIDE PRODUCTS FOR THE FOLLOWING USES:**

1. Turf and ornamentals;
2. Pistachio; Preharvest use only on almond, apple, apricot, cherry, peach, pear, pecan, and plum;
3. Uses for which USEPA has accepted the required data and/or citations of data that the formulator has submitted in support of registration;
4. Uses for experimental purposes that are in compliance with USEPA requirements.

Formulators using this product are responsible for obtaining EPA registration for their formulated product.

NET CONTENTS \_\_\_\_\_ POUNDS

EPA Reg. No 10163-291  
EPA Est. No. 084264-IND-002



**NOTIFICATION  
AUG 08 2008**

Produced For:  
Gowan Company  
PO Box 5569  
Yuma, AZ 85365-5569

