

Please read instructions on reverse before completing form.

 <p>United States Environmental Protection Agency Washington, DC 20460</p>	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number <h1 style="margin:0;">225621</h1>
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Application for Pesticide - Section I

1. Company/Product Number 10445-22	2. EPA Product Manager Johnson	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Tektamer 38 Liquid Concentrate	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Calgon Corporation P.O. Box 1346 Pittsburgh, PA 15230 <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"/> Modification of existing label.	<input type="checkbox"/> Other (Specify below) _____

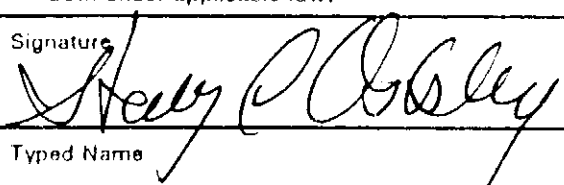
Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Update Environmental Hazards statement according to PR Notice 93-10.

Section - III

1. Type of Packaging <input type="checkbox"/> Child-Resistant Packaging <input type="checkbox"/> Water Soluble Packaging <input type="checkbox"/> Other (Specify) _____	2. Type of Container <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"/> 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"/> Other _____ <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Stanley C. Oslosky	Title Manager, Product Regulations	Telephone No. (Include Area Code) 412-777-5802
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.		6. Date Application Received (Stamped)
2. Signature 	3. Title Manager, Product Regulations	
4. Typed Name Stanley C. Oslosky	5. Date 10/6/95	

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TEKAMER[®]

LIQUID CONCENTRATE

PRECAUTIONARY STATEMENTS
HAZARDS TO HUMANS
AND DOMESTIC ANIMALS

DANGER: CORROSIVE TO EYES

CAUSES EYE DAMAGE AND SKIN IRRITATION.
DO NOT GET IN EYES, ON SKIN, OR CLOTHING.
WEAR GOGGLES OR FACE SHIELD AND RUBBER GLOVES WHEN HANDLING.
MAY BE FATAL IF INHALED.
DO NOT BREATHE VAPORS OR SPRAY MIST.
HARMFUL IF SWALLOWED OR ABSORBED THROUGH THE SKIN.
WASH CONTAMINATED CLOTHING THOROUGHLY BEFORE REUSE.
DO NOT CONTAMINATE FEED OR FOODSTUFFS.

STATEMENT OF PRACTICAL TREATMENT

EYE: IF IN EYES, FLUSH EYES WITH WATER FOR AT LEAST 15 MINUTES.
GET MEDICAL ATTENTION IMMEDIATELY.
SKIN: IF ON SKIN, WASH WITH SOAP AND WATER. CALL A
PHYSICIAN IF IRRITATION PERSISTS.
INHALATION: IF INHALED, REMOVE TO FRESH AIR IMMEDIATELY.
INTERNAL: 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 OR, IF AVAILABLE,
BY ADMINISTERING SYRUP OF IPECAC. DO NOT INDUCE VOMITING
OR GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.

NOTICE

SELLER MAKES NO WARRANTY, EXPRESSED OR IMPLIED, CONCERNING THE USE
OF THIS PRODUCT OTHER THAN INDICATED ON THE LABEL. BUYER ASSUMES
ALL RISK OF USE AND/OR HANDLING OF THIS MATERIAL WHEN
SUCH USE AND/OR HANDLING IS CONTRARY TO LABEL INSTRUCTIONS.

7167/09-95

TO INHIBIT THE GROWTH OF MICROORGANISMS
IN AQUEOUS SYSTEMS

ACTIVE INGREDIENT:

1,2-DIBROMO-2,4-DICYANOBUTANE
INERT INGREDIENTS

**KEEP OUT OF REACH
OF CHILDREN
DANGER**

SEE SIDE PANEL FOR ADDITIONAL PRECAUTIONARY STATEMENTS

EPA REGISTRATION NO. 10445-22
EPA Establishment No.

NET WT. LBS. / 0 KG

CALCON CORPORATION
CORPORATE CENTER • PITTSBURGH, PA

MADE IN U.S.A.

BEST COPY AVAILABLE

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TEKTAMER® LB LIQUID CONCENTRATE

00-7167-

PRODUCT CODE

TO INHIBIT THE GROWTH OF MICROORGANISMS
IN AQUEOUS SYSTEMS

ACTIVE INGREDIENT:

1,2-DIBROMO-2,4-DICYANOBUTANE 25%

INERT INGREDIENTS 75%

**KEEP OUT OF REACH
OF CHILDREN
DANGER**

SEE SIDE PANEL FOR ADDITIONAL PRECAUTIONARY STATEMENTS

EPA REGISTRATION NO. 10445-22

EPA Establishment No.

NET WT. LBS. / 0 KGS.

CALGON CORPORATION
CALGON CENTER • PITTSBURGH, PA

MADE IN U.S.A.

DIRECTIONS FOR USE:

IT IS A VIOLATION OF FEDERAL LAW TO USE THIS PRODUCT IN A MANNER INCONSISTENT WITH ITS LABELING.

THE AMOUNT NECESSARY FOR DESIRED PROTECTION VARIES, DEPENDING ON EXPOSURE CONDITIONS. FOR FURTHER APPLICATION INFORMATION REFER TO THE PRODUCT BULLETIN.

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 EFFLUENT CONTAINING THIS PRODUCT TO SEWER SYSTEMS WITHOUT PREVIOUSLY NOTIFYING THE LOCAL SEWAGE TREATMENT PLANT AUTHORITY. FOR GUIDANCE CONTACT YOUR STATE WATER BOARD OR REGIONAL OFFICE OF THE EPA.

STORAGE AND DISPOSAL:

KEEP CONTAINER TIGHTLY CLOSED. DO NOT REUSE EMPTY CONTAINER. RESEAL AND OFFER FOR RECONDITIONING, OR TRIPLE RINSE AND OFFER FOR RECYCLING, RECONDITIONING, OR DISPOSAL IN AN APPROVED LANDFILL AREA.

For more information, contact your local health department or the nearest office of the Environmental Protection Agency. The Agency's Office of Public Health and Environmental Affairs, 177 1900, and the U.S. Department of Health and Environmental Affairs.

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