

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 2-28-95



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number
225616

Application for Pesticide - Section I

1. Company/Product Number 10445-60	2. EPA Product Manager Johnson	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Metasol T-10 WB	PM# 31	
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"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

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

- Update Environmental Hazards statement on label and product according to PR Notice 93-10.
- Delete reference to Merck & Co.

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"/> 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 Stanley C. Oslosky	Title Manager, Product Regulations	Telephone No. (Include Area Code) 412-777-8802
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 9/20/95	



METASOL[®] T-10W

PRECAUTIONARY STATEMENTS HAZARDS TO HUMANS AND DOMESTIC ANIMALS

DANGER

CAUSES EYE BURNS AND SKIN IRRITATION.
HARMFUL OR FATAL IF SWALLOWED OR ABSORBED
THROUGH THE SKIN.

DO NOT GET IN EYES, ON SKIN, OR ON CLOTHING.

DO NOT BREATHE VAPORS.

USE WITH ADEQUATE VENTILATION.

WEAR GOGGLES OR FACE SHIELD AND RUBBER GLOVES
WHEN HANDLING.

WASH THOROUGHLY AFTER HANDLING.

IMMEDIATELY REMOVE AND WASH CONTAMINATED
CLOTHING BEFORE REUSE.

STATEMENT OF PRACTICAL TREATMENT

EYES: IN CASE OF CONTACT, FLUSH WITH PLENTY OF WATER FOR
AT LEAST 15 MINUTES. GET MEDICAL ATTENTION IMMEDIATELY.

SKIN: IN CASE OF CONTACT, FLUSH WITH PLENTY OF SOAP AND
WATER. GET MEDICAL ATTENTION 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.

INHALATION: IMMEDIATELY REMOVE AFFECTED PERSON FROM CON-
TAMINATED AREA TO FRESH AIR. IMMEDIATELY CONTACT PHYSICIAN.

A WATER-BASED FORMULATION TO INHIBIT AND CONTROL THE
GROWTH OF MICROORGANISMS IN PULP AND PAPER MILLS

ACTIVE INGREDIENTS:

METHYLENE BISTHIOCYANATE	10%
INERT INGREDIENTS	90%
TOTAL	100%

8.8 LBS. PER GALLON

**KEEP OUT OF REACH
OF CHILDREN
DANGER**

EPA REGISTRATION NO. 10445-60
EPA ESTABLISHMENT NO.

DIRECTIONS FOR USE:

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

NET WT: LB. / O KG.

CALGON CORPORATION
CALGON CENTER • PITTSBURGH, PA 15230

6932/08-95

MADE IN U.S.A.

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