


Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 11-30-93

(A) 	United States Environmental Protection Agency Office of Pesticide Programs (117505C) Washington, DC 20460	<input type="checkbox"/>	Registration Amendment Other	OPP Identifier Number 152336
		<input checked="" type="checkbox"/>		
Application for Pesticide:				

Section I

1. Company/Product Number 19713-36	2. EPA Product Manager Robert Taylor	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Drexel Diuron 4L	PM# 25	
5. Name and Address of Applicant (Include ZIP Code) Drexel Chemical Company P.O. Box 9306 2487 Pennsylvania St. Memphis, TN 38109-0306 <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.)

Amendment to meet the requirements of PR Notice 93-3 "Labeling Statement Prohibiting Application To Water".

BEST AVAILABLE COPY**NOTIFICATION
LABEL NOT REVIEWED
PER PR NOTICE 88-6**DATE 8/13/93**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 Package wgt.	No. per container			
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) of 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 Barbara Brown		Title Labeling Specialist	
		Telephone No. (Include Area Code) (901) 774-4370	
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.			
2. Signature 		3. Title Labeling Specialist	
4. Typed Name Barbara Brown		5. Date JUL 16 1993	
6. Date Application Received (Stamped)			

NOTIFICATION
LABEL NOT REVIEWED
PER PR NOTICE 88-6

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DREXEL
Diuron 4L

DATE. 8/3/93

Herbicide

ACTIVE INGREDIENT:

Diuron (3-(3, 4-Dichlorophenyl)-1, 1-dimethylurea)*..40.0%

INERT INGREDIENTS:.....60.0%

TOTAL.....100.0%

*Contains 4.0 lbs. of Diuron per Gallon

KEEP OUT OF REACH OF CHILDREN

CAUTION

Read Entire Label Before Using This Product

Deletions 6/93

EPA Reg. No. 19713-36
EPA Est. No. 19713-MS-1

Net Contents:

Manufactured By:
DREXEL CHEMICAL COMPANY
P.O.BOX 9306, MEMPHIS, TENN. 38109-0306

STATEMENT OF PRACTICAL TREATMENT

IF SWALLOWED: Contact your local Poison Control Center, hospital or physician. If the patient is unconscious, maintain breathing and heartbeat (cardiopulmonary resuscitation). If the patient is conscious and alert, induce vomiting (syrup of ipecac or stimulate the back of the throat with finger). Never Give Anything by Mouth to an Unconscious Person!

IF ON SKIN: Remove contaminated clothing and wash skin with soap and plenty of water. If irritation develops, get medical attention.

IF IN EYES: Flush with plenty of water. Get medical attention if irritation persists.

NOTE TO PHYSICIAN: There is no specific antidote for atrazine. If this product is ingested, induce emesis or lavage stomach. The use of an aqueous slurry of activated charcoal may be considered.

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2

PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

CAUTION: Causes eye and skin irritation. Do not get in eyes, on skin, or on clothing. Wash thoroughly with soap and water after handling and before eating or smoking. Remove and wash contaminated clothing before reuse. Harmful if swallowed. Avoid inhalation of dust and contamination of food and feed.

Do not apply this product in such a manner as to directly or through drift expose workers or other persons.

The area being treated must be vacated by unprotected persons.

ENVIRONMENTAL HAZARDS

For terrestrial uses, do not apply directly to water, or to areas where surface water is present, or to intertidal areas below the mean high water mark. Do not contaminate water by cleaning of equipment or disposal of wastes. Do not apply when weather conditions favor drift from areas treated.

FARMWORKER SAFETY STATEMENTS

Do not enter treated areas without protective clothing until sprays have dried.

Because certain states may require more restrictive reentry intervals for various crops treated with this product, consult your State Department of Agriculture for further information. Written or oral warnings must be given to farm workers performing hand labor operations who are expected to be in a treated or in an area about to be treated with this product. Oral warnings must inform workers of areas or fields that may not be entered without specific protective clothing until sprays have dried and appropriate actions to take in case of accidental exposure, as described under Precautionary Statements on this label. When oral warnings are given, warnings shall be given in a language customarily understood by workers. Warnings must include the following information: "CAUTION." Area treated with Diuron on (date of application). Do not enter without appropriate protective clothing until sprays have dried. In case of accidental exposure, flush eyes or skin with plenty of water. Call physician if irritation persists. Remove and wash contaminated clothing before reuse.

IMPORTANT - Injury to or loss of desirable trees or other plants may result from failure to observe the following:

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