

42177-17

09/09/2004

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

September 9, 2004

Robert Rosenwasser
Agent for Alliance Trading, Inc.
09 Northpark Blvd, 4th Floor
Covington, LA 70433

Subject: Olympic Chlorinated Tablets 1"
EPA Registration No. 42177-17
Application Date: August 17, 2004
Receipt Date: August 17, 2004

Dear Mr. Rosenwasser:

This acknowledges receipt of your notification, submitted under the provision of PR Notice 98-10, FIFRA section 3(c)9.

Proposed Notification

- addition of alternate brand name: "EZ Clor Refill Tabs, Concentrated, Stabilized"

General Comments

Based on a review of the material submitted, the following comments apply:

The notification application is acceptable and a copy has been inserted in your file for future reference.

Should you have any questions or comments concerning this letter, please contact me at (703) 308-6345.

Sincerely,

Wanda Y. Mitchell
Product Reviewer (32)
Regulatory Management Branch II
Antimicrobials Division (7510C)

CONCURRENCES							
SYMBOL	7510C	7510C					
SURNAME	E. Bera	Mitchell					
DATE	9/9/04	9-9-04					



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August 17, 2004

Document Processing Desk (NOTIF)
Office of Pesticide Programs (7504C)
U.S. Environmental Protection Agency
1801 S. Bell St.
Arlington, VA 22202-4501

Attention: E. Mitchell PM-32 (7510C)

RE: Olympic Chlorinating Tablets 1" (EPA Reg. No. 42177-17) OPP# 300841

NOTIFICATION OF ADDITION OF ALTERNATE BRAND NAMES PER PR NOTICE 98-10

Alliance Trading, Inc., 109 Northpark Blvd., 4th Floor, Covington, LA 70433 is submitting this notification to **add one alternate brand name** to our Olympic Chlorinating Tablets 1" registration (EPA Reg. No. 42177-17).

The name of this **alternate brand** is:

- **E Z Clor Refill Tabs, Concentrated, Stabilized**

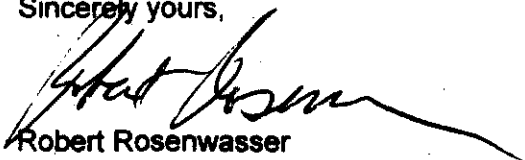
"This notice is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR §152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 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."

Please find enclosed:

- An application form that includes the required notification language.
- One copy of the label with the alternate brand name.

If you need additional information, please feel free to call me at (201) 242-6577.

Sincerely yours,



Robert Rosenwasser
Agent for Alliance Trading, Inc.

United States
Environmental Protection Agency
Washington, DC 20460☐ Registration
☐ Amendment
☒ OtherOPP Identifier Number
300841

Application for Pesticide - Section I

1. Company/Product Number 42177-17	2. EPA Product Manager E. Mitchell	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Olympic Chlorinated Tablets 1"	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Alliance Trading, Inc. 109 Northpark Blvd, 4th Floor Covington, LA 70433 <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.)

"Notification of Addition of Alternate Brand Names per PR Notice 98-10"

"This notice is consistent with the provisions of PR Notice 98-10 and EPA regulations at 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 it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA."

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 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 silkscreened container	
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 Robert Rosenwasser	Title Agent for Alliance Trading, Inc.	Telephone No. (Include Area Code) 215-715-6419
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 Agent for Alliance Trading, Inc.	
4. Typed Name Robert Rosenwasser	5. Date August 17, 2004	

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United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☐ Other

OPP Identifier Number

300841

Application for Pesticide - Section I

1. Company/Product Number	2. EPA Product Manager	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name)	PM#	
5. Name and Address of Applicant (Include ZIP Code) <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 type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

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

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	Title	Telephone No. (Include Area Code)
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	
4. Typed Name	5. Date	



E-Z CLOR[®]

REFILL TABS

Concentrated • Stabilized

Active Ingredient:

Trichloro-s-triazinetriane: 99%

Other Ingredients: 1%

Total: 100%

Available Chlorine: 90%

KEEP OUT OF REACH OF CHILDREN

DANGER

SEE FIRST AID AND PRECAUTIONS ON SIDE PANEL

PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

DANGER: CORROSIVE. Causes irreversible eye damage. May be fatal if absorbed through skin. May be fatal if inhaled. Do not breathe dust or spray mists. Irritating to nose and throat. Harmful if swallowed. Do not get in eyes, on skin, or on clothing. Wear goggles or face shield when handling this product. Wash thoroughly with soap and water after handling and before eating, drinking or using tobacco. Remove contaminated clothing and wash before reuse.

FIRST AID

If in eyes	<ul style="list-style-type: none">• Hold eye open and rinse slowly and gently with water for 15-20 minutes.• Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye.• Call a poison control center or doctor for treatment advice.
If inhaled	<ul style="list-style-type: none">• Move person to fresh air.• If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably by mouth-to-mouth, if possible.• Call a poison control center or doctor for further treatment advice.
If on skin or clothing	<ul style="list-style-type: none">• Take off contaminated clothing.• Rinse skin immediately with plenty of water for 15-20 minutes.• Call a poison control center or doctor for treatment advice.
If swallowed	<ul style="list-style-type: none">• Call poison control center, or doctor immediately for treatment advice.• Have person sip a glass of water if able to swallow.• Do not induce vomiting unless told to do so by the poison control center or doctor.• Do not give anything by mouth to an unconscious person.

Have the product container or label with you when calling a poison control center or doctor, or going for treatment.

IN CASE OF MEDICAL EMERGENCY, CALL 1-800-255-3924

NOTE TO PHYSICIAN

Probable mucosal damage may contraindicate the use of gastric lavage.

NET WEIGHT: 25 lbs (11.3 kg.)

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STORAGE AND DISPOSAL

Keep this product dry in original tightly closed container when not in use. Store in a cool, dry, well ventilated area away from heat or open flame. Moisture may decompose this product and cause a violent reaction leading to fire and explosion. In case of decomposition, isolate container if possible and flood area with large volumes of water to dissolve all material before discarding this container. Do not contaminate food or feed by storage or disposal.

CONTAINER DISPOSAL: Do not reuse container, but place in trash collection. Rinse thoroughly before discarding.

Manufactured for:

Alliance Trading, Inc.

**109 Northpark Blvd, 4th Floor
Covington, LA 70433**

EPA Reg. No. 42177-17

EPA Est. No. 5185-GA-1

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