

44757-4

8/3/2011

1 of 5



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

OFFICE OF  
CHEMICAL SAFETY AND  
POLLUTION PREVENTION

Irene Boone  
Agent for Incide Technologies Inc.  
c/o Regulatory Services Inc.  
17220 Westview Road  
Lake Oswego, OR 97034

**NOTIFICATION**

**AUG - 3 2011**

Subject: Application for Pesticide Notification  
EPA Registration Number: 44757-4  
Date of Submission: July 12, 2011

Dear Registrant:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration (PRN) 2007-4 dated July 12, 2011, for the abovementioned product. The Registration Division (RD) has conducted a review of this request for its applicability under PRN 2007-4 and finds that the actions requested fall within the scope of PRN 2007-4. The label submitted with the application has been stamped "Notification" and will be placed in our records.

If you have any questions regarding this letter, please contact Clayton Myers at (703) 347-8874, or via email at [myers.clayton@epa.gov](mailto:myers.clayton@epa.gov).

Sincerely,

A handwritten signature in black ink, appearing to be "R. Gebken".

Richard Gebken  
Product Manager  
Insecticide Branch  
Registration Division (7505P)

2015

Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0080

Print Form



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 InCide Technologies Inc/44757-4	2. EPA Product Manager Richard Gebken	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) InCide Technologies Inc/Pest Control Insulation	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) InCide Technologies Inc. 50 North 41st Ave. Phoenix, AZ 85009-4618 <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: <input checked="" type="checkbox"/> 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.

**NOTIFICATION**

**AUG - 3 2011**

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

Notification of label change per PR Notice 2007-4. See attached Notification statement and label with revisions highlights. Non-PRIA action.  
Email: boone5121@comcast.net Fax: 503/536-6505

### Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container	<input type="checkbox"/> Plastic	
				<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 5 #, 30# bag		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product		<input checked="" 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 Irene Boone	Title Agent Incide Technologies	Telephone No. (Include Area Code) 503/675-8525
2. Signature <i>Irene Boone</i>		3. Title Agent for Incide Technologies Inc
4. Typed Name Irene Boone		5. Date July 12, 2011
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)



July 12, 2011

REGULATORY SERVICES INC.

Via FedEx Overnight Standard

Document Processing Desk (NOTIF)  
U.S. Environmental Protection Agency  
Office of Pesticide Programs (7504P)  
Rm S-4900, One Potomac Yard  
2777 So. Crystal Dr.  
Arlington, VA 22202-4501

**NOTIFICATION**

**AUG - 3 2011**

SUBJECT: NOTIFICATION OF LABEL CHANGE PER PR NOTICE 2007-4

PRODUCT: Pest Control Insulation, EPA Registration Number 44757-4

Dear Sir or Madam,

On behalf of InCide Technologies, Inc., enclosed are the following to support the subject submission:

- 1) Application for Pesticide Registration
- 2) Notification Statement per PR Notice 2007-4
- 3) One label with label change highlighted
- 4) Agent designation letter

The subject of this notification is to revise the Container Disposal statement per PR Notice 2007-4.

This product is insulation treated with boric acid and is packed in 30 lb bags and lesser sizes. This product is marketed for residential and non residential use. Thus, Container Disposal directions are included for both uses.

Should you have questions concerning this submission, please contact me at 503/675-8525 or via email: [boone5121@comcast.net](mailto:boone5121@comcast.net)

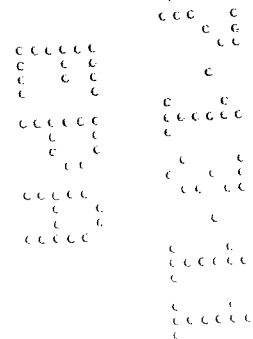
Thank you.

*Irene Boone*  
Irene Boone

Regulatory Services Inc.

/ib  
Enclosures

Cc: Jim Blasius, InCide Technologies, Inc.







NOTIFICATION

AUG - 3 2011

PEST CONTROL INSULATION

Contains no Asbestos, Glass Fibers or Formaldehyde
MADE FROM 100% NATURAL FIBER

LONG LASTING PROTECTION THAT IS EFFECTIVE UNDER NORMAL USAGE AND CONDITIONS FOR INSTALLED INSULATION

- ODORLESS AND NON-CORROSIVE
• REDUCES AIR INFILTRATION
• EXCELLENT THERMAL INSULATOR
• PATENTED FLAME RETARDANT
• SUPERIOR SOUND BARRIER
• EASY TO INSTALL

FOR USE IN NEW CONSTRUCTION AND RETROFIT APPLICATION IN ATTICS, SIDEWALLS AND CRAWL SPACES:

- HOUSES
• APARTMENTS
• OFFICES
• FOOD PROCESSING PLANTS
• AUTHORIZED BY USDA FOR USE IN FEDERALLY INSPECTED MEAT AND POULTRY PLANTS
• HOSPITALS
• RESTAURANTS
• SCHOOLS
• HOTELS

ACTIVE INGREDIENTS: Orthoboric Acid...14.72%
INERT INGREDIENTS...85.28%
TOTAL...100.00%
EPA Reg. No. 44757-4 EPA Est. No.

KEEP OUT OF REACH OF CHILDREN

CAUTION

INCIDE™ PEST CONTROL INSULATION is a ready to use insect control insulation. This product is toxic to listed insects and is intended to prevent their infestation in those building voids (wall, attic, under floor) where the product is applied. It works after the insect contact with the product.

KILLS

Cockroaches, Ants, Drywood Termites, Subterranean Termites, Silverfish, Earwigs, Crickets, Sowbugs, Millipedes, Centipedes, and Booklice

SAVINGS VARY: FIND OUT WHY IN THE SELLERS FACT SHEET ON R-VALUE. IT IS ESSENTIAL THAT THIS INSULATION BE INSTALLED PROPERLY, IF YOU DO IT YOURSELF, GET INSTRUCTIONS AND FOLLOW THEM CAREFULLY. INSTRUCTIONS DO NOT COME WITH THIS PACKAGE.

DIRECTIONS FOR USE

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

FOR NEW CONSTRUCTION AND RETROFIT APPLICATIONS IN ATTICS, SIDEWALLS AND CRAWL SPACES, APPLY INCIDE™ INTO STRUCTURAL VOIDS. COCKROACHES, ANTS, SILVERFISH, EARWIGS, CRICKETS, SOWBUGS, MILLIPEDES, AND BOOKLICE: This insulation is fused with material toxic to these insects and is intended to prevent their infestation in walls and attics where this product is applied. Control of insects is limited to contact with this insulation

DRYWOOD AND SUBTERANEAN TERMITES: This insulation will protect wooden construction elements that are covered with insulation from drywood and subterranean termite infestations. This insulation is fused with material toxic to these insects and is intended to prevent new drywood and subterranean termite infestations in attics, sidewalls, and crawlspace cavities where the product is applied. Protection from drywood and subterranean termites is limited to wood in direct contact with the insulation.

NOT FOR USE AS A SOLE PROTECTION AGAINST TERMITES. Use of this product is designed to compliment and enhance pre and/or post construction mechanical alteration, soil treatment or foundation treatment, but not to replace. For active termite infestations, you should consult a licensed pest control operator.

CAUTION

TO HELP AVOID FIRE: Keep insulation at least three inches away from the sides of recessed light fixtures. Do not place insulation over such fixtures so as to entrap heat. Also keep insulation away from exhaust flues of furnaces, water heaters, space heaters, or other heat producing devices. To be sure that insulation is kept away from light fixtures and flues use a barrier to permanently maintain clearance around these items. Check with local building or fire officials for guidance on installation and barrier requirements.

REQUEST TO INSTALLER: Remove the label and give it to the consumer at completion of job.

PRECAUTIONARY STATEMENTS:

HAZARDOUS TO HUMANS AND DOMESTIC ANIMALS
CAUTION

Harmful if swallowed. Avoid breathing dust. During installation, wear a protective respirator. To avoid eye and skin irritation, wear protective goggles and gloves. Wash thoroughly with soap and water after handling.

FIRST AID

If Swallowed: Call a 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 a poison control center or doctor. Do not give anything by mouth to an unconscious person. If on Skin or Clothing: 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 Inhaled: Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth to mouth if possible. Call a poison control center or doctor for further treatment advice. If in eyes: 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.

Have the product container or label with you when calling a Poison Control Center or Doctor or going for treatment. In case of emergency, for additional information call (800) 424-9300 or (800) 777-4569.

STORAGE AND DISPOSAL

Do not contaminate water, food, or feed by storage or disposal. PESTICIDE DISPOSAL: Wastes resulting from the use of this product may be disposed of on site or at an approved waste disposal facility.

(For household/residential use)

CONTAINER DISPOSAL: Nonrefillable container. Do not reuse or refill this container. If empty: Place in trash or offer for recycling, if available.

If partly filled: Call your local solid waste agency or 1-800-CLEAN for disposal instructions.

(For non-household use):

CONTAINER DISPOSAL: Nonrefillable container. Do not reuse or refill this container. Offer for recycling, if available. Completely empty bag into application equipment. Then offer for recycling or dispose of bag in a sanitary landfill or by incineration or if allowed by state and local authorities, by burning. If burned, stay out of smoke.

COVERAGE CHART

Table with columns: R-VALUE AT 70° MEAN TEMPERATURE, THICKNESS, INITIALY INSTALLED THICKNESS, MINIMUM THICKNESS, MAXIMUM NET COVERAGE, MAXIMUM GROSS COVERAGE, MINIMUM WEIGHT PER SQ. FT. Includes a note: THIS IS A NATURAL FIBER-BASE LOOSE FILL INSULATION

INDEPENDENT LABORATORY CERTIFICATION