

45385-9

4/1/2010

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

OFFICE OF  
PESTICIDE PROGRAMS

H. R. McLane, Ph.D.  
Agent for CTX Cenol Corporation  
c/o H. R. McLane, Inc.  
7210 Red Road, Suite 206A  
Miami, FL 33143-5321

APR 1 2010

SUBJECT: Application for Pesticide Notification – Label Change per PR Notice 2007-4  
CHEM-tox INSECT SPRAY with d-Trans Allethrin  
EPA Reg. No. 45385-9  
Application Dated November 19, 2008

Dear Dr. McLane:

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

Please be reminded that 40 CFR Part 156.140(a)(4) requires that a batch code, lot number, or other code identifying the batch of the pesticide distributed and sold be placed on nonrefillable containers. The code may appear either on the label (and can be added by non-notification/PR Notice 98-10) or durably marked on the container itself.

If you have any questions, please call me directly at 703-305-6249, or Terri Stowe of my staff at 703-305-6117.

Sincerely,

Linda Arrington  
Notifications & Minor Formulations Team Leader  
Registration Division (7505P)  
Office of Pesticide Programs



United States  
**Environmental Protection Agency**  
 Washington, DC 20460

Registration  
 Amendment  
 Notification

**EPA**  
 Registration No.  
**45385-9**

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**Application for Pesticide Section I** PR NOTICE 2007-4 Notification Date: Nov. 19, 2008

1. Company / Product Number: <b>45385-9</b>		2. EPA Product Manager <b>Dr. Richard A. Gebken</b>		3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted	
4. Company Product Name: <b>CHEM-tox™</b> <b>INSECT SPRAY with d-Trans Allethrin</b>		PM Number - <b>10</b>		<input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and address of Applicant: (Include Zip Code) <b>CTX Cenol Corporation</b> <b>P.O. Box 472</b> <b>Twinsburg, OH, 44078</b>		6. Expedite Review. In accordance with FIFRA Section 3(c)(3) (b)(i), My product is similar or identical in composition and labeling			
<input type="checkbox"/> Check if this is a new address		EPA Reg. No. <u>N/A</u>		Product Name: <u>N/A</u>	

**Section II**

<input type="checkbox"/> Amendment- Explain below (-----)	<input type="checkbox"/>	Final Printed Labels in response to <b>NOTIFICATION</b>
<input type="checkbox"/> Resubmission in response to Agency Letter Dated: _____	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Notification - Explain Below: <b>For PR NOTICE 2007-4</b>	<input type="checkbox"/>	

Me Too Applications, **APR 1 - 2010**  
 Other Explain below

**Explanation:** Use additional pages if necessary (For Section I and Section II) **This is a NOTIFICATION that conforms to PR NOTICE 2007-4 concerning the STORAGE AND DISPOSAL required changes as found at the bottom of the left column of this label's last EPA stamped ACCEPTED version dated march 31, 2004, unit 1 of 1; which is page 4 of 5 in this dossier. The certification for this NOTIFICATION appears in our cover letter. Please place this as a permanent portion of the file for this product. Thank you.**

**Section III**

1. Material This Product will be packed in:		2. Type of Container	
Child Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Certification must be submitted Date: _____	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging Wgt. No. Per Container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package Wgt. No. Per Container	<input type="checkbox"/> Metal (Poly Lined) <input checked="" type="checkbox"/> Plastic HDPE (Fluorine treated) <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other "BAREX"
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input checked="" type="checkbox"/> Container		4. Size(s) Retail Container <b>1 Pint: 1 Quart: 1 Gallon</b>	
6. Manner in which label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper Glued <input type="checkbox"/> Stenciled		5. Location of label directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> Label accompanying product	

**Section IV**

Contact Point (Complete items below for Identification of individual to be contacted if necessary to process this application.)

Name: <b>H. R. McLane, Inc.</b> <b>7210 Red Rd. suite 206A miami, FL 33143</b>	Title: <b>Agent 305-661-1706</b> <b>CTX Cenol Corporation</b>	Telephone No. (Include Area code) <b>1-800-321-3421</b>
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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 false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application received (Stamped)
2. Signature: By <b>H. R. McLane</b> <i>[Signature]</i>	3. Title <b>Agent</b>	
4. Typed Name of registrant <b>Mr. Bart Baker; Vice President</b> <b>CTX Cenol Corporation</b>	5. Date <b>11-19-08</b>	





### PRECAUTIONARY STATEMENTS

#### HAZARDS TO HUMANS AND DOMESTIC ANIMALS.

**CAUTION:** Harmful if swallowed, inhaled or absorbed through the skin. Avoid contact with eyes, skin and clothing. Avoid breathing vapors or spray mist. Keep away from food, feedstuffs and domestic water supplies, Wash thoroughly with soap and water after handling.

#### FIRST AID

**IF SWALLOWED** - Immediately call a poison control center or doctor. Do not induce vomiting unless told to by a poison control center or doctor. Do not give any liquid to the person. Do not give anything by mouth to an unconscious person.

**IF IN EYES** - Hold eye open and rinse slowly and gently with water for 15 to 20 minutes. Remove contact lenses, if present, after 5 minutes, then continue rinsing. Call a poison control center or doctor for treatment advice.

**IF ON SKIN OR CLOTHING**: Take off contaminated clothing. Rinse skin immediately with plenty of water for 15 to 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. Have this product container or label with you when calling a poison control center, or doctor, or when going for treatment.

You may also call 1-800-858-7378 for emergency medical treatment advice.

**NOTE TO PHYSICIAN:** Contains petroleum distillate. - vomiting may cause aspiration pneumonia.

#### ENVIRONMENTAL HAZARDS

This product is toxic to fish and wildlife. Do not apply directly to water. Do not contaminate water by cleaning of equipment or disposal of wastes. Apply this product only as specified on this label.

#### PHYSICAL and CHEMICAL HAZARDS

Do not use or store near heat or open flame. Do not use this product in or on electrical equipment due to the possibility of shock hazard

#### STORAGE AND DISPOSAL

**STORAGE:** Store this product in its original container in a dry, cool, secured area. Do not contaminate water, food-stuffs, feed, or seed by storage or disposal.

**PRODUCT DISPOSAL:** As a responsible environmental practice, where possible, it is recommended that all of the contents of the container be used, carefully following label directions and precautions.

**CONTAINER DISPOSAL IF EMPTY:** Nonrefillable container. Do not reuse or refill this container. Place in trash or other recycling, if available. **IF PARTLY FILLED:** Call your local waste agency or "1-800 CLEANUP" for disposal instructions. Never place unused product down any indoor or outdoor drain.

**SPILL:** In case of spill, absorb liquid with absorbent material such as soil or clay etc. sweep up and dispose of material according to PRODUCT DISPOSAL - **IF PARTLY FILLED** - directions above. (11-29-08)

Product Batch Code No. \_\_\_\_\_

# CHEM•tox™

## INSECT SPRAY

WITH D-trans ALLETHRIN

AN EFFECTIVE READY-TO-USE SYNERGIZED ALLETHRIN INSECTICIDE,  
May Be Used in Institutions., Warehouses, Office Buildings and Domestic Dwellings.

### KEEP OUT OF REACH OF CHILDREN CAUTION

See side panels for additional Precautionary Statements.

#### ACTIVE INGREDIENTS:

d-Trans Allethrin CAS[42534-61-2] - 0.50%

Piperonyl Butoxide -CAS[51-03-6] - 1.00%

OTHER INGREDIENTS\* - - - - - 98.50%

total 100.00%

\*Contains Petroleum Distillate. \*\*Equivalent to .80% (butyl-carbonyl) (6-propylpiperonyl) ether and .20% related compounds."

EPA REG. NO. 45385-9 EPA EST. NO. 45385-OH-01

#### Net Contents:

One Quart / 0.9464 Liter  
One Gallon / 3.785 Liters

Pictures of listed insects

OPTIONAL

NOTIFICATION  
APR 1 - 2010

PRN 2007-4-Notification Version



CENOL  
INCORPORATED  
P.O. Box 472  
Twinsburg, OH 44087

Order Code # 0-300

#### DIRECTIONS FOR USE

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

#### APPLICATION

**SPACE SPRAY:** For rapid control of HOUSE FLIES, FRUIT FLIES, MOSQUITOES, SMALL FLYING MOTHS and GNATS: Close doors and windows and shut off ventilating systems. Apply using a good sprayer adjusted to deliver a fine mist, Direct spray toward upper portions of the enclosure, filling the room with mist. Use 1/2 to 1 ounce per 1 000 cubic feet of space. Vacate treated area and ventilate before reoccupying. To kill exposed stages of ROACHES, ANTS, SPIDERS, CLOVER MITES: Treat as above using 2 to 3 ounces per 1,000 cubic feet of space. Keep area closed for at least 15 minutes. Vacate treated area and ventilate before reoccupying, Repeat treatment if reinfestation occurs.

**SURFACE SPRAY:** To insure maximum control of the crawling insects named above, apply as a coarse mist directed toward the insects, into cracks and crevices, along baseboards, around the base of machinery, and other areas where insects may hide. Spray ant trails, nests and points of entry, Spray badly Infested areas daily. In other areas, repeat treatment twice weekly, or if reinfestation occurs.

**CONDITIONS OF SALE:** Read the entire Directions for Use, Conditions, Disclaimer of Warranties, and Limitation of Liability before using this product. If the terms are not acceptable, return the unopened container at once. By using this product, user and buyer accept the following Conditions, Disclaimer of Warranties and Limitations of Liability.

**CONDITIONS:** The directions for use of this product are believed to be adequate and should be followed carefully, however it is impossible to eliminate all risks associated with the use of this product. Injury, ineffectiveness or other unintended consequences may result because of such factors as weather conditions, presence of other materials, or the manner of use or application, all of which are beyond the control of CTX CENOL INC.

All such risks shall be assumed by the user or buyer. **Disclaimer of Warranties:** There are no warranties express or implied, of merchantability or of fitness for a particular purpose or otherwise, which extend beyond the statements made on this label. No agent of CTX CENOL INC. is authorized to make any warranties beyond those contained herein or to modify the warranties contained herein.

CTX CENOL INC. disclaims any liability whatsoever for special, incidental, or consequential damages resulting from the use or handling of this product.

**LIMITATION OF WARRANTIES:** The exclusive remedy of the user or buyer for any and all losses, injuries or damages resulting from the use or handling of this product, whether in contract warranty, tort, negligence, , strict liability or otherwise , shall not exceed the purchase price, or at CTX CENOL INC.'s option , the replacement of the product.

For information on this pesticide product (including health concerns, medical emergencies, or pesticide incidents), call the National Pesticide Telecommunications Network at 1-800-858-7378.

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