

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



Office of Pesticide Programs

JAN 21 2010

Todd Hammersmith
Product Manager
Baleco International, Inc.
P.O. Box 11331
Cincinnati, OH 45211

Subject: Maintain Pool Pro Liquid Shock
EPA Reg. No. 45458-20003
Application Dated: December 21, 2009
Receipt Date: December 23, 2009

FILE COPY

Dear Mr. Hammersmith,

The following notification submitted in connection with registration under the provisions of PR Notice 98-10, Section 3(c)9 is acceptable.

Proposed Notification

- Addition of the statement "Nonrefillable container. Do not reuse or refill this container." per PR Notice 2007-4

Comments

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


This application for notification to revise the label by adding disposal language, as referenced above, is acceptable. A copy has been placed in our records for future reference.

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

Sincerely,

Wanda Henson
Acting Product Manager (32)
Regulatory Management Branch II
Antimicrobial Division (7510P)

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	United States Environmental Protection Agency Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
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Application for Pesticide – Section I

1. Company/Product Number 45458-20003	2. EPA Product Manager E. Mitchell	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Maintain Pool Pro Liquid Shock	PM# 32	
5. Name and Address of Application (Include ZIP Code) Baleco International Inc P.O. Box 11331 Cincinnati, OH 45211 <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"/> Resubmission in response to Agency letter dated _____ <input checked="" type="checkbox"/> Notification – Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other – Explain below.
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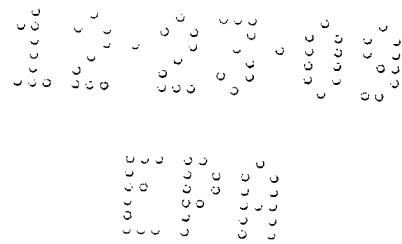
Explanation: Use additional page(s) if necessary. (For section I and Section II.)
 Notification to change the Pesticide Container Disposal language per PR Notice 2007-4.
 See attached page for Certification
 Fee determination: Fee Category – Not Applicable
 toddh@baleco.com

Section III

Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No * Certification must be submitted	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No if "Yes" No. per Unit Packaging wgt. Container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
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"/> Other _____ <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			

Section IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Todd Hammersmith	Title Product Manager	Telephone No. (Include Area Code) (513) 353-3000
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 Product Manager	
4. Typed Name Todd Hammersmith	5. Date 22-December-2009	



PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

DANGER CORROSIVE: may cause severe skin irritation or chemical burns to broken skin. Causes eye damage. Do not get in eyes, on skin or on clothing. Wear goggles or face shield and rubber gloves when handling this product. Wash after handling. Avoid breathing vapors. Vacate poorly ventilated area as soon as possible. Do not return until odors have dissipated.

ENVIRONMENTAL HAZARDS: This pesticide is toxic to fish and aquatic organisms.

PHYSICAL AND CHEMICAL HAZARDS - STRONG OXIDIZING AGENT: Mix only in water according to label directions. Mixing this product with gross filth such as feces, urine, etc., or ammonia, acids, detergents or other chemicals may release hazardous gases irritating to eyes, lungs and mucous membranes.

NOTE: This product degrades with age. Use a chlorine test kit and increase dosage as necessary to obtain the required level of available chlorine.

STORAGE AND DISPOSAL: Do not contaminate water, food, or feed by storage or disposal. Store this product in a cool dry area away from direct sunlight and heat to avoid deterioration. In case of spill, flood area with large quantities of water. Product or residues that cannot be used should be diluted with water before disposal in a sanitary sewer. Do not reuse empty container but place in trash collection. Do not contaminate food or feed by storage, disposal or cleaning of equipment. Keep container closed when not in use.

Disposal: If Empty: Nonrefillable container. Do not reuse or refill this container. Place in trash or offer for recycling if available. If Partly Filled: Call your local solid waste agency or 1-800-CLEANUP for instructions. Never place unused product down any indoor or outdoor drain.

Enjoy your pool. A daily swim is refreshing and conducive to good health. For additional safety, never swim alone, especially young swimmers.

KEEP THIS CONTAINER IN AN UPRIGHT POSITION.

SOLD BY
BALECO INTERNATIONAL INC.
P.O. BOX 11331 CINCINNATI, OHIO 45211, USA

Made in the U.S.A.

Item Number 4-4040

Maintain[®] Pool Pro



Liquid Shock

Active Ingredient:
Sodium Hypochlorite 10%
Inert Ingredient 90%

EPA Reg. No. 45458-20003

EPA Est. No. 45458-OH-01

**KEEP OUT OF REACH OF CHILDREN
DANGER**
See Additional Precautionary Statements on Back Panel

FIRST AID			
<p>Eyes: Flush or pour water slowly and gently into eyes for 15 minutes. Remove contact lenses if present after first 5 minutes, then continue flushing. Call a poison control center or doctor for treatment advice.</p>	<p>Skincare: Wash person from hair to feet with plenty of water. Call a poison control center or doctor for treatment advice.</p>	<p>Inhalation: Move person to fresh air. If breathing, then give artificial respiration. Do not use mouth-to-mouth respiration. Call a poison control center or doctor for treatment advice.</p>	<p>First Aid: If swallowed: Call a poison control center or doctor immediately for treatment advice. Do not induce vomiting unless told to by the poison control center or doctor. Do not give anything by mouth to an unconscious person.</p>
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**ACTUAL SIZE SHOWN
PRINT AREA 17.875" WIDE X 4.50" HIGH**

DIRECTIONS FOR USE

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

NOTE: This product degrades with age. Use a chlorine test kit and increase dosage as necessary to obtain the required level of available chlorine.

DETERMINE POOL CAPACITY:

To establish Pool Capacity follow this simple procedure:

Square or Rectangular Pools: Multiply length (ft.) x width (ft.) x avg. depth (ft.) x 7.5

Oval Pools: Multiply long diameter (ft.) x short diameter (ft.) x avg. depth (ft.) x 5.9

Round Pools: Multiply diameter (ft.) x diameter (ft.) x avg. depth (ft.) x 5.9

START UP DOSAGE: For a new pool or spring start-up, superchlorinate with 52 to 104 oz. of product for each 10,000 gallons of water to yield 5 to 10 ppm available chlorine by weight. Check the level of available chlorine with a test kit. Adjust and maintain pool water pH to between 7.2 to 7.8. Adjust and maintain the alkalinity of the pool to between 50 to 100 ppm.

ROUTINE DOSAGE: To maintain the pool, add manually or by a feeder device 11 oz. of this product for each 10,000 gallons of water to yield an available chlorine residual between 0.8 to 1.0 ppm by weight. Stabilized pools should maintain a residual of 1.0 to 1.5 ppm available chlorine. Test the pH, available chlorine and alkalinity of the water frequently with appropriate test kits. Frequency of water treatment will depend upon temperature and number of swimmers.

SHOCK TREATMENT OR SUPERCHLORINATION: Heavy rains, high temperature, and excessive swimming loads all contribute to the development of algae. Every 7 days, or as necessary, superchlorinate the pool with 52 to 104 oz. of product for each 10,000 gallons of water to yield 5 to 10 ppm available chlorine by weight. Check the level of available chlorine with a test kit. Do not reenter pool until the chlorine residual is between 1.0 to 3.0 ppm.

At the end of the swimming pool season or when water is to be drained from the pool, chlorine must be allowed to dissipate from the treated pool water before discharge. Do not chlorinate the pool within 24 hours prior to discharge.

WINTERIZING POOL: While water is still clear and clean, apply 3 oz. of product per 1000 gallons, while filter is running, to obtain a 3 ppm available chlorine residual, as determined by a suitable test kit. Cover pool, prepare heater, filter and heater components for winter by following manufacturers' instructions.

NOTIFICATION
Date Reviewed: 1/21/10
Reviewed By: W. H. H. H. H.

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