

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

JUL -7 1997

Karen S. McLead  
Suncoast Chemicals Company  
14480 62nd Street N.  
Clearwater, FL 34620

Subject: Suncoast Tri-Chlor 1" Tablet  
EPA Registration No. 46043-2  
Notification Per PR-Notice 95-2

Dear Ms. McLead:

This will acknowledge receipt of your notification, to correct the active ingredient percentage to coincide with the nominal concentration, submitted under the provisions of FIFRA section 3 (c) 9. Based on a review of the submitted material, the following comments apply.

The application to upgrade the available chlorine statement from 89% to 90% which complies with the source product is acceptable and the notification has been made a part of the records for this file.

Sincerely,

Wanda Y. Mitchell  
Notification Coordinator  
Regulatory Management Branch II  
Antimicrobial Division (7510W)

CONCURRENCES

SYMBOL	7510W							
SURNAME	Mitchell							
DATE	7-7-97							



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

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number  
**247422**

**Application for Pesticide - Section I**

1. Company/Product Number Suncoast Chemicals Company 46043-2		2. EPA Product Manager Robert Brennis	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Suncoast Tri-Chlor 1" Tablets		PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Suncoast Chemicals Company 14480 62nd Street No. Clearwater, FL 34620 <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.)

See Attached

**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
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
		If "Yes" Package wgt	No. per container	<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"/> Paper glued <input type="checkbox"/> Stenciled	<input type="checkbox"/> Other _____		

**Section - IV**

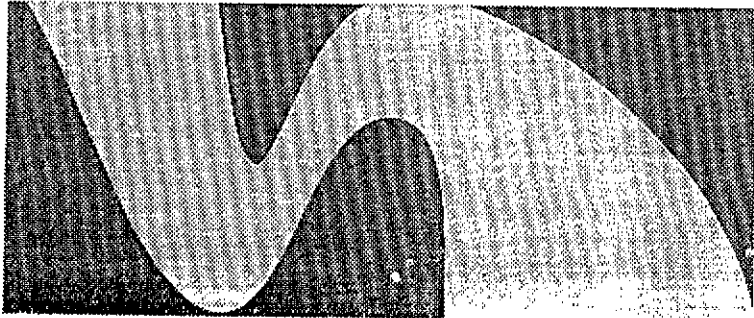
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Karen S. McLead	Title Dir. Legal & Admin. Affairs.	Telephone No. (Include Area Code) .813 531-8913
Certification I certify that the statements I have made 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 <i>Karen S. McLead</i>	3. Title Dir. of Legal & Admin. Affairs	
4. Typed Name Karen S. McLead	5. Date June 2, 1997	

Section - II.

Explanation

In accordance with PR Notice 95-2, our company requires a label change to correct the active ingredient percentage to coincide with the nominal concentration denoted in the Confidential Statement of Formula filed under "RED." The nominal concentration, as defined in §158.153 (i), means the amount of an ingredient which is expected to be present in a typical sample of a pesticide product at the time the product is produced. As indicated in the Confidential Statement of Formula, the nominal concentration is 90%, however our company neglected to make this change to the label. There is no change to the certified limits of the product. Although the Agency may consider this to be a typographical error for which no notification is required, we thought it advisable to inform you through the notification process.

CONFIDENTIAL



**suncast™**

**1" Small  
Stabilized Chlorinating  
TABLETS**

Active Ingredients  
 TRICHLORO-S-TRIAZINETRIONE\* .....99%  
 INERT INGREDIENTS.....1%  
 AVAILABLE CHLORINE.....89%  
 \*Trichloroisocyanuric Acid Dry

**KEEP OUT OF REACH OF CHILDREN  
 DANGER SEE FIRST AID AND ADDITIONAL PRECAUTIONS ON BACK PANEL.**

net wt. 100 lbs.  
 EPA REG. 44043-2  
 EPA Est. No. 46043-FL-1

**TRI CHLOR 1" TABS  
 100 LBS.  
 SMALL TABLETS**

Active Ingredients  
 TRICHLORO-S-TRIAZINETRIONE\* .....99%  
 INERT INGREDIENTS.....1%  
 AVAILABLE CHLORINE.....89%  
 \*Trichloroisocyanuric Acid Dry

**KEEP OUT OF REACH OF CHILDREN  
 DANGER**

**PRACTICAL TREATMENT FIRST AID**  
 If swallowed: Drink large quantities of water. Do not induce vomiting. Call a physician immediately.  
 If on skin: Flush off excess chemical and flush skin with water for at least 15 minutes. If irritation persists, get medical attention.  
 If in eyes: Flush with cold water for at least 15 minutes. Call a physician immediately.  
 If inhaled: Remove person to fresh air call a physician immediately.

**SEE ADDITIONAL PRECAUTIONS ON BACK PANEL.**



00931154

**suncast™**  
 CHEMICALS COMPANY

14480 62nd St. N. Clearwater, FL 34620  
 (813) 531-8973  
 IN CASE OF EMERGENCY 1-800-255-3924

**FEATURES**

**A SOLID GERMICIDE AND ALGAEKILLER THAT DISSOLVES IN WATER.**

**TREATMENT DIRECTIONS FOR USE**

It is a violation of federal law to use this product in a manner **DO NOT HANDLE THIS PRODUCT WITH BARE HANDS DAILY**

Adjust the chlorine dispensing rate of the floater or in-line feeder test kit. The dosage may vary due to unusual conditions such as frequent use of a reliable test kit is recommended. Using the test kit. Pool chlorinating tablets are intended for use in a floater with any other chemicals.

**PRECAUTIONARY STATEMENTS**

**HAZARDS TO HUMANS AND DOMESTIC ANIMALS**

**DANGER**

Highly corrosive. Causes skin and eye damage. May be fatal if swallowed. Wear goggles or face shield and use rubber gloves and boots. Avoid breathing dust and fumes. Remove and wash clothing immediately. **ENVIRONMENTAL HAZARD.**

This product is toxic to fish. Do not contaminate lakes, ponds, streams, rivers, or other bodies of water. **CHEMICAL HAZARDS: DANGER: STRONG OXIDIZING AGENT.** May irritate eyes, nose, throat, and skin. May cause dizziness, headache, and nausea. Do not mix with other chemicals, such as bleach, ammonia, or any other foreign matter may start a chemical reaction. Avoid contact with skin, eyes, nose, and mouth. Do not use in swimming pools or hot tubs. Do not use in hot tubs. Do not use in hot tubs. Do not use in hot tubs.

**STORAGE AND DISPOSAL**

Keep product dry in a tightly closed container when not in use. Do not reuse empty container. First empty container through container in several layers of newspaper and discard in trash.

**NOTICE**

In the event you do not use the entire contents of this package, the remaining contents must be stored in a container approved by U.S. Federal Government.