

46043-23

6-20-2003

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

June 20, 2006

Karen S. McLead
Director of Legal and Administrative Affairs
Suncoast Chemicals Company
14480 62nd Street North
Clearwater, Florida 33760
Super 70 Large Tabs
EPA Registration No. 46043-23
Application Date: May 25, 2006
Receipt Date: June 1, 2006

Dear Ms. McLead:

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
- addition of marketing claims

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. Henson
Product Reviewer (32)
Regulatory Management Branch II
Antimicrobials Division (7510P)

CONCURRENCES

SYMBOL	7510P	7510P						
SURNAME	E. Berg	Henson						
DATE	6/20/06	6-20-06						



Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060

	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 46043-23	2. EPA Product Manager Emily Mitchell	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Super 70 Large Tabs	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Suncoast Chemicals Comany 14480 62nd Street North Clearwater, Florida 33760 <input type="checkbox"/> Check if this is a new address		6. Expedited Reveiw. 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.)

Alternate Name Brand: VALUE CHLOR PLUS and additional marketing claims (see attached)
 This notification for Alternate Name Brand and the additional marketing claims (attached) 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 O.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 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 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	
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, CP	Title Director Of Legal & Admin Affairs	Telephone No. (Include Area Code) 727 531-8913
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 	3. Title Director of Legal & Administrative Affairs	
4. Typed Name Karen S. McLead	5. Date	

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VALUE CHLOR PLUS
[Alternate Name Brand]

3" Large Chlorinating Tablets

[Marketing claims:]

[Slow-dissolving sanitizer with built-in stain-inhibitor, scale preventative and water softener.]

[Slow-Dissolving Sanitizer]

[Built-in Stain-Inhibitor]

[Built-in Scale Preventative]

[Built-in Water Softener]

[Softens Water]

[Prevents Corrosion and Staining]

[Controls Bacteria and Algae]

[Controls Algae]

[All in One Multi-Purpose Tablets for Pools]

Active Ingredient:

Trichloro-S-Triazinetrione*78.6%
 Other Ingredients.....21.4%
 Total.....100%

Available Chlorine.....70%

* Trichloroisocyanuric Acid Dry

KEEP OUT OF REACH OF CHILDREN
DANGER

SEE ADDITIONAL PRECAUTIONARY STATEMENTS ON BACK PANEL

NET WEIGHT _____

FIRST AID	
IF SWALLOWED	Call poison control center or doctor immediately for treatment advice.
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. 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.
HOTLINE NUMBER 1-800-255-3924	
Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact 1-800-255-3924 for emergency treatment.	
NOTE TO PHYSICIAN: Probable mucosal damage may contraindicate the use of gastric lavage.	

DIRECTIONS FOR USE

It is a violation of Federal Law to use this product in a manner inconsistent with its labeling. This product is designed to dissolve slowly, providing a steady source of available chlorine in swimming pools to control the growth of algae, kill bacteria and destroy organic contaminants.

METHOD OF APPLICATION:

Use in a floating dispenser, automatic chlorinator or feeder designed for this product or place in skimmer. Use in a new chlorinating device or any device which has previously contained only this product or whose active ingredient is trichloro-s-triazinetrione. If placed in the skimmer, run the pump a minimum of eight hours daily. **DO NOT:** REUSE floaters or feeders from other dry chlorinating products. **DO NOT:** Throw tablets directly into pool. **DO NOT:** Permit tablets to contact plastic pool linings or metal objects. **DO NOT:** Use with any other tablets or sticks in the same skimmer, floater, or feeder. **DO NOT:** Use in any chlorinating device which has been used with other chlorinating compounds.

WATER BALANCE:

To provide optimum product performance, swimmer comfort and crystal clear water, always maintain pH from 7.2 to 7.8, total alkalinity from 90 to 125 parts per million (ppm) and calcium hardness above 200 ppm. Test frequently using a reliable test kit that measure all these ranges. Make any necessary adjustments promptly with the appropriate Suncoast products.

ROUTINE CHLORINATION:

Add one tablet per 10,000 gallons of pool water every week or as often as needed to maintain chlorine residual at 1.0 to 3.0 ppm. Follow "Method of Application". This dosage may vary depending upon bather load, water temperature and other conditions. Pool should not be entered until the chlorine residual is 1.0 to 3.0 ppm as measured with a reliable test kit. **Reentry into treated swimming pools is prohibited above levels of 3.0 ppm of chlorine.**

As a preventative treatment, you should shock treat you pool once per week to prevent pool problems. In addition to weekly shock treatment, you should shock treat to remedy problems which may occur when bathing loads are high, water appears hazy or dull, unpleasant odors or eye irritation occur, after heavy wind and rainstorms, or if algae doses develop with resulting green color and slimy feeling.

SHOCK TREATMENT:

Adjust pH to 7.2 to 7.4 with [Suncoast pH Plus or Suncoast pH Minus] per label directions. Shock treat weekly with a [Suncoast] shocking product to kill bacteria, control algae, burn out organic material and to keep water sparkling clear. Follow label directions.

ALGAE CONTROL:

If pool surface develops algae or feels slippery, follow shock treatment directions. Immediately after shock treatment, thoroughly clean pool by scrubbing surface of algae growth, vacuum and cycle through filter. If necessary, repeat the procedure. Pool should not be entered until the chlorine residual is 1.0 to 3.0 ppm.

OPENING YOUR POOL:

Balance pool water, shock treat, and stabilize your pool using [Suncoast Conditioner]. Then follow "Routine Chlorination" directions.

PRECAUTIONARY STATEMENTS**HAZARDS TO HUMANS AND DOMESTIC ANIMALS**

DANGER. Corrosive. Causes irreversible eye damage. Causes skin burns. Harmful if swallowed or absorbed through skin. Do not get in eyes, on skin or on clothing. Wear goggles, face shield, or safety glasses. Wear protective clothing and rubber gloves. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse.

CHEMICAL HAZARDS

DANGER. Strong oxidizing agent. Use only clean, dry utensils. Add only into water. Contamination with moisture, dirt, organic matter or other chemicals may start a chemical reaction with generation of heat, liberation of hazardous gases and possible fire and/or explosion. Avoid any contact with flaming or burning material. Do not use this

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product in any chlorinating device which has been used with any product other than trichloro-s-triazinetrione tablets or sticks as the active ingredient. Such use may cause fire or explosion.

ENVIRONMENTAL HAZARD

This pesticide is toxic to fish and aquatic organisms. Do not discharge effluent containing this product into lakes, ponds, streams, estuaries, oceans or public waters unless in accordance with the requirements of a National Pollutant Discharge Elimination System (NPDES) permit and the permitting authority has been notified in writing prior to discharge. Do not discharge effluent containing this product to sewer systems without previously notifying the sewage treatment plant authority. For guidance, contact your State Water Board or Regional Office of the EPA.

STORAGE:

Keep product dry in a tightly closed container when not in use. Store in a cool, dry, well-ventilated area away from heat or open flames. Do not reuse empty container.

DISPOSAL:

If empty: Do not reuse this container. Place in trash or offer for recycling if available.

If partly filled: Call you local solid waste agency or 1-800-CLEANUP (800-253-2687) for disposal instructions.

Never place unused product down any indoor or outdoor drain.

TO DETERMINE YOUR POOL CAPACITY IN U.S. GALLONS, USE THE APPROPRIATE FORMULA BELOW (Use measurements in feet only.)

RECTANGULAR:

Length x Width x Average Depth x 7.5 = Total Gallons

ROUND:

Diameter x Diameter x Average Depth x 5.9 = Total Gallons

OVAL:

Maximum Length x Maximum Width x Average Depth x 5.9 = Total Gallons

FREEFORM:

Surface Area (square feet) x Average Depth x 7.5 = Total Gallons

EPA REG. NO. 46043-23
EPA EST. NO. 46043-FL-1

Manufactured By:
Suncoast Chemicals Company
14480 62nd St. N.
Clearwater, FL 33760

IN CASE OF EMERGENCY CALL 1 800 255 3924