

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460**Office of Pesticide Programs**

APR 15 2009

Kathy Kollen
EPA Coordinator
Suncoast Chemicals Company
14480 62nd Street North
Clearwater, Florida 33760

FILE COPY

Subject: Stop Yellow
EPA Registration No. 46043-27
Application Date: March 25, 2009
Receipt Date: March 31, 2009

Dear Ms. Kollen:

This acknowledges receipt of your notification, submitted under the provision of PR Notice 98-10, FIFRA section 3(c)9.

Proposed Notification:

- Revision to Storage and Disposal Statement per PR Notice 2007-4

General Comments:

Based on a review of the material submitted, the following comment applies:

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)

	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. Suncoast Chemicals Company / 46043-27	2. EPA Product Manager. Adam Heyward	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Stop Yellow	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Suncoast Chemicals Company 14480 62nd Street North Clearwater, FL 33760 <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.

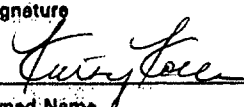
Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification of label change per PR Notice 2007-4. This notification is consistent with the guidance in PR Notice 2007-4 and the requirements of EPA's regulations at 40 CFR 156.10, 156.140, 156.144, 156.146 and 156.156. No other changes have been made to the labeling or the Confidential Statement of Formula for this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if the amended label is not consistent with the requirements of 40 CFR 156.10, 156.140, 156.144, 156.146 and 156.156, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section - III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging wgt. _____ No. per container _____	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Package wgt. _____ No. per 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
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

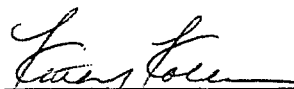
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Kathy Kollen	Title EPA Coordinator	Telephone No. (Include Area Code) (727) 531-8913 x 121
Certification I certify that the statements I have made on this 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.		
2. Signature 	3. Title EPA Coordinator	6. Date Application Received (Stamped)
4. Typed Name Kathy Kollen	5. Date 3/25/09	

CERTIFICATION

**For
Stop Yellow
46043-27**

This notification is consistent with the guidance in PR Notice 2007-4 and the requirements of EPA's regulations at 40 CFR 156.10, 156.140, 156.144, 156.146, and 156.156. No other changes have been made to the labeling or the Confidential Statement of Formula for this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if the amended label is not consistent with the requirements of 40 CFR 156.10, 156.140, 156.144, 156.146, and 156.156, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Dated: March 26, 2009



Kathy Kollen
Suncoast Chemicals Company



NOTIFICATION
Date Reviewed: 4/15/09
Reviewed By: [Signature]

STOP YELLOW®

**For Use to Control and Prevent Algae Growth and to Maintain Clear Water in
Swimming Pools**

Active Ingredient:

Sodium Bromide.....99%

Inert Ingredients.....1%

Total.....100%

FIRST AID	
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 ON SKIN	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 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.
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.
HOTLINE NUMBER	
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 medical treatment information.	
NOTE TO PHYSICIAN:	
Probably mucosal damage may contraindicate the use of gastric lavage.	

KEEP OUT OF THE REACH OF CHILDREN

WARNING

See first aid statement and other precautions on back panel.

PROLONGED EYE AND SKIN CONTACT MAY CAUSE SEVERE IRRITATION.

Net contents: _____

DIRECTIONS FOR USE:

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

All dosages are for 10,000 gallons of water. Adjust accordingly. Prior to using this product, assure water is properly balanced (pH between 7.6 and 7.8; total alkalinity between 120 and 140 ppm).

BREAKOUT TREATMENT

To remove visible algae accumulations:

1. Brush areas affected with algae accumulations.
2. Add 4 oz (1 capful) of STOP YELLOW® per 10,000 gallons close to the affected areas. For severe accumulations, add 8 oz. per 10,000 gallons.
3. To activate, add one of the following: 1 pound dry chlorinating compound (calcium hypochlorite dichloroisocyanurate), 2 lbs. lithium hypochlorite (35%), 1 gallon sodium hypochlorite (liquid chlorinating compound) 10-12%, 2 gallons sodium hypochlorite (liquid chlorinating compound) 5.25%, or 1 pound potassium monopersulfate per 10,000 gallons of water.

[FOR SINGLE DOSE SIZE REPLACE #2 ABOVE WITH:

2. Add entire contents of this packet.]

Use a suitable test kit to test for residual chlorine. Ensure that the chlorine residual is 3 ppm or lower before reentering the pool.

PRECAUTIONARY STATEMENTS

HAZARDS TO HUMAN AND DOMESTIC ANIMALS

WARNING: Harmful if swallowed, inhaled or absorbed through the skin. Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse. Do not get into eyes. Do not swallow. Avoid contamination of food.

PHYSICAL OR CHEMICAL HAZARDS

Avoid contact with oxidizing agents other than as described in the directions for use. Do not directly mix this product with any other chlorinated product or other oxidizing agent.

ENVIRONMENTAL HAZARDS

[For sizes under 50 pounds:]

This product is toxic to fish and aquatic animals.

[For sizes 50 pounds and over.]

Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans, or other 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 local sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of the EPA.

STORAGE AND DISPOSAL

Do not contaminate water, food, or feed by the use, storage, or disposal of this product.

STORAGE: Store in original container. Store in a cool dry place away from the reach of children. Keep container closed when not in use.

DISPOSAL:

Container Disposal: Nonrefillable container. Do not reuse or refill this container. Rinse thoroughly and securely wrap empty container in several layers of newspaper before discarding in trash, or offer for recycling, if available.

WARRANTY

In case of emergency: call 1-800-255-3924.

**Manufactured By:
Suncoast Chemicals Company
14480 62nd Street North
Clearwater, FL 33760**

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