

9/26/95

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4757-106

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Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060. Approval expires 2-28-95



United States  
Environmental Protection Agency  
Washington, DC 20460

Registration  
 Amendment  
 Other

OPP Identifier Number

229475

Application for Pesticide - Section I

1. Company/Product Number 47371-106	2. EPA Product Manager Marion Johnson	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) JAQ Swimming Pool Algaecide	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) H&S Chemicals Division 970 East Tipton Street Huntington, Indiana 46750 <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 in response to PR Notice 93-10 / Effluent Discharge Labeling Statement

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	If "Yes" Package wgt	No. per container
				<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"/> 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 Sally Hayes	Title Manager, Regulatory Affairs	Telephone No. (Include Area Code) (219) 356-3100
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>Sally Hayes</i>	3. Title Manager, Regulatory Affairs	
4. Typed Name Sally Hayes	5. Date September 20, 1995	

