Presse rest instructions on reverse before completing form.	Form Approved. OMB No. 2070-0060. Approval expires 05-31
Environmental Protection Age teq uset 28.0 aperove of betambae at noise Weshington, DC. 20460 to ref	Amendment Amendment
pribulant potentian to notice to anti to tosas Application fore	Pesticide Section los bree material to notestos on preven
1. Company/Product Number 49585-4	
4. Company/Product (Name)	e and an
5. Name and Address of Applicant <i>linclude ZIP Code</i> , Insect Gard AllJack Division of United Industries P.O. Box 15842	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:
St Louis, MO 63114	EPA Reg. No.
Check if this is a new address	Product Name
Sec	ction - II
Amendment - Explain below.	Final printed labels in response to
Resubmission in response to Agency letter dated	Agency letter dated
Notification - Explain below.	Other - Explain below.
Explanation: Use additional page(s) if necessary. (For section I and Se	ection II )
•	NOTIFIE
Addition of an Optional Pre-Harv	est Interval Table 4710N
	JUN a
	7 1005
•	9 1997
Sec	
Sec 1. Material This Product Will Be Packaged In:	9 1997 tion - III
1. Material This Product Will Be Packaged In:	
1. Material This Product Will Be Packaged In:	tion - III
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water	Soluble Packaging 2. Type of Container   Yes Metal   No Plastic
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water     Yes*   Yes   Image: Second	Soluble Packaging 2. Type of Container   Yes Metal   No Plastic   Is* No. per   Ige wgt container
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water     Yes*   Yes   Image: Second	Soluble Packaging 2. Type of Container   Yes Metal   No Plastic   s* No. per   ge wgt container
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water     Yes*   Yes   Image: Second	Soluble Packaging 2. Type of Container   Yes Metal   No Plastic   is" No. per   ige wgt container   J Other (Specify)   iner 5. Location of Label Directions
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water     Yes*   Yes   Image: Second	tion - III     Soluble Packaging     Yes     No     Image: State of the sta
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water     Yes*   Yes   Pes     No   No   No   Pes     Certification must be submitted   If "Yes" Unit Packaging wgt.   No. per- container   If "Yes" Unit Packaging wgt.     3. Location of Net Contents Information   4. Size(s) Retail Container   4. Size(s) Retail Container     6. Manner in Which Label is Affixed to Product   Lithograph Paper glued Stenciled	tion - III     Soluble Packaging     Yes     No     s"     No.per     is"     No.per     other     Soluble Packaging     Yes     Metal     Plastic     Glass     Paper     Other     S. Location of Label Directions     On Label     On Label     Other
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water     Yes*   Yes   Image: Sector State S	Soluble Packaging 2. Type of Container   Yes Metal   No Plastic   Is* No. per   Ige wgt Container   S. Location of Label Directions   On Label   On Label   Other
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water     Yes*   Yes   Image: Packaging with the submitted   Water     Certification must   If "Yes"   No   Image: Packaging with the submitted   If "Yes"     3. Location of Net Contents Information   4. Size(s) Retail Container   If "Yes"   Image: Packaging with the submitted   Image: Packaging with the submitted     6. Manner in Which Label is Affixed to Product   Lithograph Paper glued Stenciled   Sec:   Sec:     1. Contact Point (Complete items directly below for identification of indix   Name   Bradley M. Kollath   Title R	Soluble Packaging   2. Type of Container     Yes   Metal     No   Plastic     s*   No. per     ise wgt   Container     Other   State     On Label   On Label     Other   On Label     Other   On Label     Other   Norder (Specify)     Vidual to be contacted, if necessary, to process this application.)     egulatory Affairs   Telephone No. (Include Area Code
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water     Yes*   Yes   Image: Second	tion - III     Soluble Packaging   2. Type of Container     Yes   Metal     No   Plastic     Glass   Paper     Other   (Specify)     iner   5. Location of Label Directions     On Label   On Label     On Label   On Label     Other
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water     Yes*   Yes   Packaging   Water     No   No   No   Packaging wgt.   Packaging wgt.     Certification must be submitted   If "Yes"   No. per-   If "Yes"     3. Location of Net Contents Information   4. Size(s) Retail Container   Package glued     6. Manner in Which Label is Affixed to Product   Lithograph   Paper glued     5. Manner in Which Label is Affixed to Product   Secc   Secc     1. Contact Point (Complete items directly below for identification of indiv   Sec     1. Contact Point (Complete items directly below for identification of indiv   Sec     1. Certify that the statements I have made on this form and all attack I acknowledge that any knowingly false or misleading statement model   Sec	stion - III     Soluble Packaging     Yes     No     Image wgt     No.per container     Image wgt     Soluble Packaging     Yes     No     Image wgt     Container     Soluble Packaging     Page     Paper     Other (Specify)     Image wgt     Soluble Packaging     Soluble Packaging     Page     Other     Soluble Packaging     On Label     No     Image Package     Other     Package     Image Package     Other     Package
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water     Yes*   Yes   No     No   No   No   If "Yes"     Certification must   If "Yes"   No. per   If "Yes"     De submitted   If "Yes"   No. per   If "Yes"     3. Location of Net Contents Information   4. Size(s) Retail Container   Packa     6. Manner in Which Label is Affixed to Product   Lithograph Paper glued   Stenciled     Stenciled   Stenciled   Stenciled   Stenciled     1. Contact Point (Complete items directly below for identification of indiv   Title R   Stenciled     Stenciled   Stenciled   Stenciled   Stenciled     2. Signature   2. Signature   3. Title T   Stenciled	stion - III     Soluble Packaging   2. Type of Container     Yes   Heatic     No   Glass     s*   No. per     iner   5. Location of Label Directions     On Label   On Label     On Label   On Label     Other   nontext     iner   5. Location of Label Directions     On Label   On Label     On Label   On Label     Other   nontext     tion - IV   Notation of Label Directions     widual to be contacted, if necessary, to process this application.     egulatory Affairs   Telephone No. (Include Area Code 800. 242. 1166     No   800. 242. 1166     Received process this application.     Received process the end complete.     No   Solution of the end of the
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water     Yes*   Yes   If "Yes"   If "Yes"     No   If "Yes"   No. per container   If "Yes"     De submitted   If "Yes"   No. per container   If "Yes"     3. Location of Net Contents Information   4. Size(s) Retail Container   Association of Net Contents Information   4. Size(s) Retail Container     6. Manner in Which Label is Affixed to Product   Lithograph Paper glued Stenciled   Secci     1. Contact Point (Complete items directly below for identification of indiv   Secci     1. Contact Point (Complete items directly below for identification of indiv   Secci     1. certify that the statements I have made on this form and all attack   Secci     1 certify that the statements I have made on this form and all attack   Secci     1 certify that the statements I have made on this form and all attack   Secci     2. Signature   Jout And Machiner   Jout And Tribution     2. Signature   Section   Section     3. Title Total   Tribution   Section	Soluble Packaging   2. Type of Container     Yes   Metal     No   Plastic     ss"   No. per     iner   5. Location of Label Directions     On Label   On Label     On Label   On Label     Other
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water     Yes*   Yes   No   If "Yes"     No   If "Yes"   No. per- Unit Packaging wgt. container   If "Ye     2. Location of Net Contents Information   4. Size(s) Retail Container   Sector     6. Manner in Which Label is Affixed to Product   Lithograph Paper glued Stenciled   Sector     1. Contact Point (Complete items directly below for identification of indix   Title R     Sector   I certify that the statements I have made on this form and all attack I acknowledge that any knowingly false or misleading statement much both under applicable law.   Solution we statement in the statement is the statement in the statement is form and statement is the statement is the statement is form and statement is form and statement is the statement is form and	Soluble Packaging   2. Type of Container     Yes   Metal     No   Plastic     Glass   Paper     Other (Specify)   ***     iner   5. Location of Label Directions     On Label   On Label     On Label   On Label     Other   ***     Other   ****     Other   ****     Other   *****     Other   *****     Other   **********     Nouse   ************************************
1. Material This Product Will Be Packaged In:     Child-Resistant Packaging   Unit Packaging   Water     Yes*   Yes   No   If "Yes"     No   If "Yes"   No. per- Unit Packaging wgt. container   If "Ye     2. Location of Net Contents Information   4. Size(s) Retail Container   Sector     6. Manner in Which Label is Affixed to Product   Lithograph Paper glued Stenciled   Sector     1. Contact Point (Complete items directly below for identification of indix   Title R     Sector   I certify that the statements I have made on this form and all attack I acknowledge that any knowingly false or misleading statement much both under applicable law.   Solution we statement in the statement is the statement in the statement is form and statement is the statement is the statement is form and statement is form and statement is the statement is form and	Soluble Packaging   2. Type of Container     Yes   Metal     No   Plastic     Glass   Paper     Other (Specify)   3     iner   5. Location of Label Directions     On Labeling accompanying product   3     Other

Sevin<sup>®</sup> brand carbary insecticide Garden Dust

# EPA Reg. NO. 49585-4

FN: A4-REG.N 6/5/97

# Sevin® brand carbaryl insecticide Garden Dust [Kills: Armyworms, tomato Nur Hornworms, Leafhoppers, and many other listed pests.] **Optional Art Work of Target Pests:** [Caterplilar] [Armyworm] [Leafhopper] [Beetle] Active Ingredients: -ITOTAL: 100.00%] ["Sevin® is a registered trademark of Rhône-Poulenc for carbaryl insecticides.] Keep Out Of Reach Of Children CAUTION See back (panel) for additional precautionary statements. NET WT. [MASS] [1] LB. [(453 g)]

[Read enlire label.] [ Slop. Read entire label before use.] [IMPORTANT: To avoid damage or poor results, carefully read and follow all directions and precautionary statements.]

## **DIRECTIONS FOR USE**

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. For use around the home only.

### OPTION A - [For Bag] (PARAGRAPH FORMAT)

Wearing household latex or rubber gloves, use a dust applicator such as a shaker can or other appropriate garden duster. Treat when insects or their damage first appear. Apply when air is calm to avoid drift and contact with eyes and skin. Start at the farthest corner of area to be treated and work backward to avoid contact with dust. Lightly cover both upper and lower leaf surfaces with a thin, even film of dust. Follage should be dry before dust is applied. Allow dust to settle in treated areas before returning. For bost results, treat every 7 - 10 days. Do not apply more than once a week. For plants above chest height, consider using a liquid sevin (carbaryl) product.

#### (NUMBERED FORMAT)

HOW TO USE

- Wearing household latex or rubber gloves, use a dust applicator such as a shaker can or other appropriate garden dustor.
- Apply when air is eaim to avoid drift and contact with eyes and skin. Start at the farthest corner of area to be treated and work backward to avoid contact with dust.
- Lightly over both upper and lower leaf surfaces with a thin, oven film of dust. Follage should be dry before dust is applied.
- 4. Allow dust to settle in treated areas before returning.

#### USE TIPS

- 1. Treat when insects or their damage first appear.
- For best results, treat every 7 10 days. Do not apply more than once a week.
- For plants above chest height, consider using a liquid sevin (carbaryl) product.

#### OPTION B - [For Shaker Canister] (PARAGRAPH FORMAT)

Shake canister to loosen any settled dust. Treat when insects or their damage first appear. Apply when air is calm to avoid drift and contact with eyes and skin. Start at the farthest corner of area to be treated and work backward to avoid contact with dust. Wearing household latex or rubber gloves, open top, invert canister, and lightly cover both upper and lower leaf surfaces with a thin even film of dust. Follage should be dry before dust is applied. Allow dust to settle in treated areas before returning. For best results, treat every 7 - 10 days. Do not apply more than once a week. For plants above chest height, consider using a liquid sevin (carbaryl) product.

#### (NUMBERED FORMAT)

HOW TO USE

- 1. Shake canister to loosen any settled dust.
- Apply when air is calm to avoid drift and contact with eyes and skin. Start at the farthest corner of area to be treated and work backward to avoid contact with dust.
- Wearing household latex or rubber gloves, open top, invert canister, and lightly cover both upper and lower leaf surfaces with a thin even film of dust. Foliage should be dry before dust is applied.
- 4. Allow dust to settle in treated areas before returning.

#### USE TIPS

- 1. Treat when insects or their damage first appear,
- 2. For best results, treat every 7 10 days. Do not apply more than once a week.
- For plants above chest height, consider using a liquid sevin (carbaryl) product.

## USER SAFETY REQUIREMENTS

- Wear long-slooved shirt, long pants, shees plus socks and household latex or tubber gloves when applying this product.
- · Change clothing as soon as possible after use.
- Wash the outside of the gloves before removing. As with any pesticide product, wash hands thoroughly immediately after handling and before eating, smoking or using the toilet.
- Do not allow people or pets to contact treated areas until dust has settled.

[FLEAS & TICKS:] To control fleas and ticks in home lawns, apply eventy at the rate of one [1] pound per 250 sq. ft.

[Bracketed Text] = Optional Language

I<sup>I</sup>

22

page 1 of 3

## EPA Reg. NO. 49585-4

.

# [FRUITS & VEGETABLES]

Number of Days to Walt Between Last Application and Harvest					
FRUIT & VEGETABLE	PHI*	FRUIT & VEGETABLE	PHI		
Beans	0	Lettuce	14		
Broccoll	3	Melons	0		
Brussels sprouts	3	Mustard greens	14		
Cabbage	3	Peppers	0		
Carrots	0	Potatoes	0		
Cauliflower	3	Pumpkins	0		
Collards	14	Spinach	14		
Corn	0	Squash	0		
Cucumbers	0	Strawberries	1		
Eggplants	0	Swiss chard	14		
Grapes	7	Tomatoes	0		
*PHI = Pre-Harvest Interval.					

FRUITS OR VEGETABLES	[GARDEN PESTS] INSECTS
Tomatoes	Armyworm (Fall), Beetles (Flea), Euro- pean corn borer, Leafhopper, Tomato fruitworm, Tomato hornworm
Beans	Armyworm, Beetles (Beanleaf, Cucumber, Flea, Japanese, Mexican bean), Cutworm (Western bean), Corn earworm, Velvet- bean caterpillar, Stink bug
Cabbage, Broccoll, Brussels Sprouts, Cauliflower	Armyworm, Beetles (Flea), Cabbage caterpiliar, Corn earworm, Harlequin bug

.

-

۱ŧ

FRUITS OR VEGETABLES	[GARDEN PESTS] INSECTS
Corn	Armyworm (Fall), Beetles (Flea, Japan- ese, Sap), European corn borer, Leaf- hopper
Cucumbers, Melons, Pumpkin, Squash	Beetles (Cucumber, Flea), Leafhopper, Melonworm, Pickleworm, Squash bug Do not use on watermelons in Florida. Avoid excessive applications
Lettuce, Carrots	Armyworm, Beetles (Flea), Cabbage caterpillar, Corn earworm, Harlequin bug, Leafhopper, Lygus bug, Spittle- bug, Stink bug, Tarnished plant bug
Peppers, Potato, Eggplant	Armyworm (Fall), Beetles (Colorado potato, Flea), European corn borer, Lace bug, Leafhopper, Lygus bug, Stink bug, Tarnished plant bug, Tomato fruitworm, Tomato hornworm
Strawberries	Beetles (Flea), Leafhopper, Lygus bug, Spittlebug, Strawberry leafroller
Collards, Mustard Greens, Spinach, Swiss Chard	Armyworm, Beetles (Flea), Corn ear- worm, Leafhopper, Stink bug
Grapes	Beetles (Japanese, June), Grape berry moth, Grape leaf (Folder, Hopper, Skeletonizer)

## STORAGE AND DISPOSAL

Storage: Keep in original [container] [bag] [canister]. Store in a cool, dry place, preferably in a locked storage area inaccessible to children. Disposal: Do not reuse empty [container] [bag] [canister]. Securely wrap [container] [bag] [canister] in several layers of newspaper and discard in trash.

# **OPTIONAL PRE-HARVEST INTERVAL TABLE**

Number of Days to Walt Between Last Application and Harvest					
FRUIT & VEGETABLE	PHI*	FRUIT & VEGETABLE	PHI*		
Beans	0	Lettuce (Leaf)	14		
Broccoli	3	Melons	0		
Brussels sprouts	3	Mustard greens	14		
Cabbage	3	Peppers '	0		
Carrots	0	Potatoes	0		
Cauliflower	3	Pumpkins	0		
Collards	14	Spinach	14		
Com	0	Squash .	0		
Cucumbers	0	Strawberries	1		
Eggplants	0	Swiss chard	- 14		
Grapes	7	Tomatoes .	0		
Lettuce (Head) •	. 3	*PHI = Pre-Harvest Interval.			

• • -,

## PRECAUTIONARY STATEMENTS Hazards to Humans and Domestic Animals

**CAUTION:** Harmful if swallowed. Avoid breathing dust. Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling. Keep people and pets out of treated areas.

## **Statement of Practical Treatment**

If Swallowed: Drink 1 or 2 glasses of water and induce vomiting by touching linger to back of throat. Do not induce vomiting or give anything by mouth to an unconscious or convulsing person. Get medical attention immediately. If on Skin: Wash thoroughly with scap and water. Get medical attention if irritation develops. If in Eyes: Flush eyes with plenty of water. Get medical attention

[Bracketed Text] = Optional Language

page 2 of 3

3044

Sevin<sup>®</sup> brand carbaryl insecticide Garden Dust

EPA Reg. NO. 49585-4

FN: A4-REG.N 6/5/97

if irritation persists. Note to Physician: Carbaryl is a moderate, reversible cholinesterase inhibitor. Atropine is antidotal.

## **Environmental Hazards**

5.5

1. . . . E . . .

This product is extremely toxic to aquatic and estuarine invertebrates. Do not apply directly to water. Do not contaminate water when disposing of equipment washwaters. This product Is highly toxic to bees exposed to direct treatment or residues on blooming crops or weeds. Do not apply this product or allow it to drift to blooming crops or weeds if bees are visiting the treatment area

NOTICE: Buyer assumes all responsibility for safety and use not in accordance with directions.

Questions or comments? Call [800-645-4957] [800-332-5553]

[Made in the USA for KMART Corporation, Troy, Michigan 48084]

Distributed by Alljack, Division of United Industries Corporation, P. O. Box 15482, St. Louis, MO 63114-0842

EPA Est. Nos. 49585-MI-1 A , 769-GA-1 C , 42056-IL-1 E , 44616-MO-1 H , 42761-MS-1 N , 9591-OH-1 O Superscript used is first letter of lot number.

EPA Reg. No. 49585-4

d f

5

© 19971