

PM 22

Reg # 50534-209

1/9-2

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

240555

Application for Pesticide - Section I

1. Company/Product Number 50534-209	2. EPA Product Manager T.A. Stowe	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Daconil Weather Stik	PM# 22	
5. Name and Address of Applicant (Include ZIP Code) ISK Biosciences Corporation 5966 Heisley Road, PO Box 8000 Mentor, OH 44061-8000 <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 editorial correction in rate for combination with iprodione for snow mold control.

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 <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 Ralph P. Burton		Title Manager, Product Registrations		Telephone No. (Include Area Code) (216) 357-4151	
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 - same -			
4. Typed Name Ralph P. Burton		5. Date September 28, 1995			

SUPPLEMENTAL LABELING

ISK BIOSCIENCES™

DIRECTIONS FOR THE USE OF

Daconil Weather Stik™

(EPA Reg. No. 50534-209)

**For The Control Of Gray Snow Mold Caused By
Typhula Spp. On Golf Course Tees, Greens And Ornamental Turfgrass**

DIRECTIONS FOR USE

Gray Snow Mold Caused By *Typhula* Spp. -- Apply in sufficient water to obtain adequate coverage (2 to 10 gallons per 1,000 square feet). Apply 5 1/2 to 11 1/8 fluid ounces of DACONIL WEATHER STIK Flowable Fungicide per 1,000 square feet of turf area. Application must be made before snow cover in autumn. Use the higher rate if turf layer remains frozen prior to snow cover. If snow cover is intermittent or lacking during the winter, re-apply DACONIL WEATHER STIK Flowable Fungicide at 5 1/2 fluid ounces per 1,000 square feet at monthly intervals until gray snow mold conditions no longer prevail. In areas where pink snow mold (*Gerlachia* or *Fusarium* patch) is likely to occur, apply DACONIL WEATHER STIK Flowable Fungicide at 5 1/2 fluid ounces per 1,000 square feet in combination with products containing either benomyl at 1 ounce active ingredient per 1,000 square feet, or iprodione at 2 ounces active ingredient per 1,000 square feet of turf area. Read and observe all label directions for products containing these active ingredients.

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

Follow all applicable directions, restrictions, and precautions on the EPA registered label.

NOTE: This labeling must be in the possession of the user at the time of pesticide application.

Note: This supplemental labeling corrects the amount of iprodione to apply. The package labeling for DACONIL WEATHER STIK Flowable Fungicide inadvertently gave the rate of iprodione to be 1 3/8 ounces, whereas the correct amount of iprodione to use in combination with DACONIL WEATHER STIK Flowable Fungicide is 2 ounces of the active ingredient iprodione.