

55852-2

8/15/2006

Page 185

August 15, 2006

Heather R. Bjornson
 Regulatory Assistant
 Champion Packaging & Distributing
 c/o Technology Sciences Group, Inc.
 1101 17th Street, N.W., Suite 500
 Washington, D.C. 20036

Subject: Sodium Hypochlorite Solution 10%
 EPA Registration No. 55852-2
 Application Date: July 20, 2006
 Receipt Date: July 21, 2006

Dear Ms. Bjornson:

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

Proposed Notification

addition of optional marketing claim "Liquid Chlorinator for Swimming Pool Water"

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					
IRNAME	E. Berg	Henson					
DATE	8/15/06	8/15/06					

2 7 5



United States
Environmental Protection Agency
Washington, DC 20460

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 55852-2	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Sodium Hypochlorite Solution 10%	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Champion Packaging & Distributing, Inc. 1840 International Parkway Woodbridge, IL 60517 <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 to add a label claim consistent with the EPA approved label per PR Notice 98-10. This notification is not subject to PRIA. This notification 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 of the Confidential statement of formula of 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 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 and penalties 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			
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container	Metal Plastic Glass Paper 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"/>	
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 Heather R. Bjornson, Technology Sciences Group, Inc.	Title Regulatory Assistant	Telephone No. (Include Area Code) (202) 828-8945
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>Heather R. Bjornson</i>	3. Title Regulatory Assistant to Champion Packaging & Distributing	
4. Typed Name Heather R. Bjornson	5. Date July 20, 2006	

32



WASHINGTON

1150 18th Street, N.W.
Suite 1000
Washington, D.C. 20036
Telephone 202 223-4392
Fax 202 872-0745

Emily Mitchell
Antimicrobial Division (7504P)
Office of Pesticide Products
U.S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

July 20, 2006

Re: Champion Packaging & Distributing, Inc.: Sodium Hypochlorite Solution 10.0% (EPA Registration No. 55852-2)

Notification per PR-Notice 98-10

SACRAMENTO

712 Fifth Street
Suite A
Davis, CA 95616
Telephone 530 757-1298
Fax 530 757-1299

Dear Ms. Mitchell:

Technology Sciences Group, Inc., on behalf of Champion Packaging & Distributing, Inc. is submitting the enclosed notification for the above-referenced product. The purpose of this notification is to add one optional label claim that is consistent with the current EPA approved label.

You will find in support of this notification

- 1) Notification application form;
- 2) One redline copy of the draft label; and
- 3) Three clean copies of the label.

Please do not hesitate to contact me if you have any questions regarding this notification. Please note: TSG has moved and all correspondence regarding this notification should be sent to my attention at: 1150 18th Street NW, Suite 1000, Washington D.C. 20036.

Sincerely,

Heather R. Bjornson
Regulatory Assistant to Champion Packaging & Distributing, Inc.
Ph. (202) 828-8945
hbjornson@tsgusa.com

CANADA

275 Slater Street
Suite 900
Ottawa, Ontario
K1P 5H9
Telephone 613 247-6285
Fax 613 236-3754

4 2 5

SODIUM HYPOCHLORITE SOLUTION

[Alternate Brand Name: *Champion Pool Shock*]

**KEEP OUT OF REACH OF CHILDREN
DANGER**

FIRST AID:

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 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 the poison control center or doctor. Do not give anything by mouth to an unconscious person.

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.

Have product container or label with you when calling a poison control center or doctor, or going for treatment.

FOR MEDICAL EMERGENCY Call INFOTRAC 1-800-535-5053

NOTE TO PHYSICIAN: Probable mucosal damage may contraindicate the use of gastric lavage.

PRECAUTIONARY STATEMENTS:

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

DANGER: Corrosive, may cause severe skin and eye irritation or chemical burns to broken skin. Causes eye damage. Wear safety glasses and rubber gloves when handling this product. Wash thoroughly after handling. May be fatal if swallowed. Avoid breathing vapors. Vacate poorly ventilated areas as soon as possible. Do not return until strong odors have dissipated.

ENVIRONMENTAL HAZARDS:

This product is toxic to fish and aquatic organisms. Do not discharge effluent containing this product into lakes, streams, ponds, 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 local sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of the EPA. Chlorine must be allowed to dissipate from treated pool water before discharge. Do not make any chlorine application within 24 hours of discharge.

PHYSICAL AND CHEMICAL HAZARDS:

STRONG OXIDIZING AGENT: Mix only with water according to label directions. Mixing this product with chemicals (e.g. ammonia, acids, detergents, etc.) or organic matter (e.g. urine, feces, etc.) will release chlorine gas which is irritating to eyes, lungs and mucous membranes, which can also be fatal. Mixing this product with cyanide compounds will release cyanogen chloride which is irritating to eyes, lungs and mucous membranes, which can also be fatal.

Packaged by:
Champion Packaging, Inc.
1840 Internationale Parkway
Woodridge, IL 60517

Active Ingredient:

Sodium Hypochlorite..... 10%
Inert Ingredients..... 90%
Total.....100%

STORAGE AND DISPOSAL:

Store this product in a cool dry area, away from direct sunlight and heat to avoid deterioration. In case of spill, flood areas with large quantities of water. Product or rinsates that cannot be used should be diluted with water before disposal in a sanitary sewer.

Do not contaminate food or feed by storage, disposal or cleaning of equipment.

Empty containers may contain hazardous product residues. Rinse empty container thoroughly with water and either return to manufacturer or discard by placing this container in trash collection or burying in an approved landfill.

SWIMMING POOL WATER DISINFECTION

For a new pool or for spring start-up, superchlorinate with 58 to 116 oz. of product for each 10,000 gallons of water to yield 5 to 10 PPM available chlorine by weight. Check the level of available chlorine with a test kit. Adjust and maintain pool water pH to between 7.2 to 7.6. Adjust and maintain the alkalinity of the pool to between 50 to 100 PPM.

To maintain the pool, add manually or by a feeder device 11.6 oz. of this product for each 10,000 gallons of water to yield an available chlorine residual between 0.6 to 1.0 PPM by weight. Stabilized pools should maintain a residual of 1.0 to 1.5 PPM available chlorine. Test the pH, available chlorine residual and alkalinity of the water frequently with appropriate test kits. Frequency of water treatment will depend upon temperature and number of swimmers.

Every 7 days or as necessary, superchlorinate the pool with 58 to 116 oz. of product for each 10,000 gallons of water to yield 5 to 10 PPM available chlorine by weight. Check the level of available chlorine with a test kit. Do not enter pool until the chlorine residual drops between 1 to 3 ppm.

At the end of the swimming pool season or when water is to be drained from the pool, chlorine must be allowed to dissipate from treated pool water before discharge. Do not chlorinate the pool within 24 hours prior to discharge.

WINTERIZING POOLS: While water is still clear and clean, apply 4.5 oz. of product per 1000 gallons, while filter is running, to obtain a 3 PPM available chlorine residual, as determined by a suitable test kit. Cover pool, prepare heater, filter and heater components for winter by following manufacturers' instructions.

EPA Reg. No. 55852-2
Est. Reg. 55852-IL-001

FOR CHEMICAL EMERGENCY DURING TRANSPORTATION ONLY
Call INFOTRAC 1-800-535-5053
24 hours per day, 7 days per week

Net Weight:

DIRECTIONS FOR USE:

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. Do not transfer to unmarked containers. Keep containers closed with closure end up. Use in a well-ventilated area. Before use, review material safety data sheet for other information, including possible chronic health effects. When opening, loosen closure carefully.

NOTE: Sodium hypochlorite solutions degrade with age. Use a chlorine test kit and increase dosage, as necessary, to obtain the required level of available chloride.

SPAS, HOT TUBS, IMMERSIONS TANKS, ETC.

SPAS/HOT TUBS – Apply 5.5 oz. of product per 1000 gallons of water to obtain a free available chlorine concentration of 5 PPM, as determined by a suitable chlorine test kit. Adjust and maintain pool water pH to between 7.2 and 7.6. Some oils, lotions, fragrances, cleaners, etc. may cause foaming or cloudy water as well as reduce the efficiency of the product.

To maintain the water, apply 5.5 oz. of product per 1000 gallons of water over the surface to maintain a chlorine concentration of 5 PPM.

After each use, shock treat with 9 oz. of this product per 500 gallons of water to control odor and algae.

During extended periods of disuse, add 4.5 oz. of product daily per 1000 gallons of water to maintain a 3 PPM chlorine concentration.

DIRECTIONS:

Pour directly into pool or feed through your mechanical chlorinator. Apply in evening or early morning as sunlight dissipates chlorine rapidly.

Pool Capacity In gallons	Suggested Daily Dosages
10,000	12 oz.
20,000	24 oz.
30,000	36 oz.
40,000	48 oz.
50,000	60 oz.
75,000	90 oz.
100,000	120 oz.

Optional Label Claims:

- Liquid Chlorinator for Swimming Pool Water