

08/03/2006



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Washington, D.C. 20460

OFFICE OF  
PREVENTION, PESTICIDES  
AND TOXIC SUBSTANCES

AUG - 3 2006

Richard D. Westman  
Compliance Manager  
Haviland Consumer Products, Inc.  
421 Ann Street NW  
Grand Rapids, MI 49504

Subject: AlgaeKil 10  
EPA Reg. No. 57787-5  
Application Dated: June 23, 2006  
Receipt Date: July 7, 2006

Dear Mr. Westman,

The following notification submitted in connection with registration under the, Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) section 3(c) 9 and the provisions of PR Notice 98-10 is acceptable.

**Proposed Notification**

· Addition of an alternate brand name: **Swimway Algaecide**

**Comments**

Based on a review of the material submitted, the following comments apply:  
This application for notification to add an alternate brand name is acceptable. A copy has been placed in our records for future reference

Should you have any questions or comments concerning this letter, please contact Velma Noble at (703) 308-6233.

Sincerely,

Velma Noble  
Product Manager (31)  
Regulatory Management Branch 1  
Antimicrobial Division (7510c)0

		CONCURRENCES					
JRNAME	7510c D. Kepler						
DATE	08/1/06						



<p>United States <b>Environmental Protection Agency</b> Washington, DC 20460</p>	<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 <b>57787-5</b>	2. EPA Product Manager <i>V. HOBEL</i> <b>EMILY MITCHELL</b>	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) <b>ALGAE KULLO</b>	PM# <b>32 31 BP</b>	
5. Name and Address of Applicant (Include ZIP Code) Haviland Consumer Products, Inc. 421 Ann Street NW Grand Rapids, MI 49504 <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.)  
 To include the Additional Brand Name SWIMWAY ALGACIDE  
 Please make this item a part of the record for this registration.

**Section - III**

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Metal	<input checked="" 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
				Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container <b>GALLON</b>		5. Location of Label Directions <input checked="" type="checkbox"/> LABEL	
6. Manner in Which Label is Affixed to Product		<input checked="" type="checkbox"/> Lithograph Paper glued 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 <b>Richard D. Westman</b>	Title <b>EHS&amp;C Manager</b>	Telephone No. (Include Area Code) <b>(616) 361-6691 x 209</b>
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 <b>(Stamped)</b>
2. Signature 		
3. Title Environmental, Health, Safety & Compliance Manager		
4. Typed Name <b>Richard D. Westman</b>		5. Date <del>6/23/06</del> <b>6.23.06</b>

3.063"  
Cut Off

375" Trim  
1.875" No print margin

**STORAGE AND DISPOSAL:**

Do not contaminate water, food or feed by storage or disposal. Wastes resulting from use of this product must be disposed of according to applicable Federal, State and local procedures. **DISPOSAL:** Do not reuse empty container. Disposal instructions: Call your local solid waste agency or 1-800-CLEANUP (253-2687) for proper disposal of empty containers and unused product.

**ENVIRONMENTAL HAZARDS**

**THIS PESTICIDE IS TOXIC TO FISH.** Do not discharge into lakes, ponds, streams, estuaries, oceans, or public waters unless this product is specifically identified and addressed in a NPDES permit. Do not discharge effluent containing this product into sewer systems without previously notifying the sewer treatment plant authority. For guidance contact your State Water Board or Regional Office of the EPA.

**DANGER: KEEP OUT OF REACH OF CHILDREN. CORROSIVE. CAUSES EYE DAMAGE AND SKIN IRRITATION. HARMFUL OR FATAL IF SWALLOWED.** Do not get in eyes, on skin or on clothing. Wear goggles or face shield and rubber gloves when handling. Harmful or fatal if swallowed. Avoid contamination of food.

**FIRST AID**

**If swallowed:** Call a poison control center or doctor immediately for treatment advice. Chemtrec 1-800-424-9300. 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. **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. Chemtrec 1-800-424-9300. **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 if possible. Call a poison control center or doctor for further treatment advice. Chemtrec 1-800-424-9300. **If in eyes:** Hold eyes 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. Chemtrec 1-800-424-9300. Have the product container or label with you when calling a poison control center or doctor, or going for treatment.

**Note to Physician:** Probable mucosal damage may contraindicate the use of gastric lavage. Medications against circulatory shock, respiratory depression and convulsion may be needed.

EPA Reg. No. 57747-8  
EPA Est. No. 33851-R-001  
PACKAGED BY:  
Haviland Consumer Products, Inc.  
Grand Rapids, MI 49504

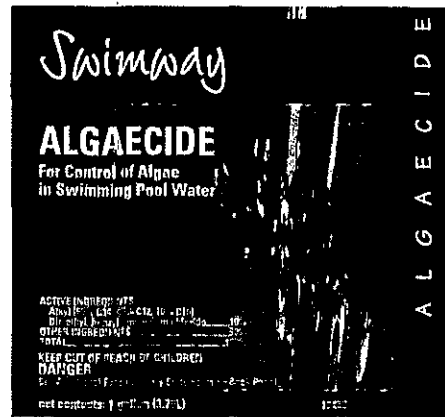


The presence of algae in outdoor swimming pools is objectionable because of the color, cloudiness, odor, and increased chlorine demand of the water. This product is compatible with the usual water treatment chemicals. By controlling algae growth with this product, the chlorine demand of the pool may be significantly reduced.

**DIRECTIONS:**

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

1. In freshly filled pools or pools showing no visible algae growth, add one gallon of this product per 50,000 gallons of water to prevent algae growth. Apply by adding directly to the pool water.
2. If algae growth is observed, add one gallon of this product for each 20,000 gallons of water to kill and control those algae species most commonly found in swimming pools. When existing growth is dead, clean the pool, drain and refill if necessary and add one gallon of this product per 50,000 gallons of water. Apply by adding directly to the pool water.
3. If the pool water treated as in (1) or (2) is recycled, add one gallon of this product per 50,000 gallons of water every five to seven days to maintain between two and five parts per million of active ingredient. Apply by adding directly to the pool water. See serviceman for test kit.
4. If the pool water treated as in (1) or (2) above is not recycled or not shared, it should be tested periodically to determine the active ingredient content. When necessary, one gallon of this product per 50,000 gallons of water should be added directly to the pool water to maintain two to five parts per million of active ingredients.



375" Trim  
1.875" No print margin

9.1875"

19.125" Web Width

9.1875"

53871-1, Haviland, Version 1, 5/28/06.  
PMS 293 Blue, Reflex Blue, Black,  
Illustrator CS2

**CAUTION - Proofread Carefully!** Please sign and return via fax or mail.

APPROVED AS IS:  
Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Attn: Label & Graphics, 780 Cass Street Dr., P.O. Box 311, Zealand, WI 53094  
Fax: 414.771.5500 • Tel: 414.771.5500

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