

57787-9

4-6-2006

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

April 6, 2006

Richard Westman
Manager, Environmental, Health, Safety, & Compliance
Haviland Consumer Products, Inc.
421 Ann Street, NW
Grand Rapids, MI 49504-2075

Subject: Haviland Durachlor 200
EPA Registration No. 57787-9
Application Date: February 28, 2006
Receipt Date: March 10, 2006

Dear Mr. Westman:

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

Proposed Notification

- addition of alternate brand name "Insideout Granular Chlorine"

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 (7510C)

		CONCURRENCES					
SYMBOL	7510C	7510C					
URNAME	E. Berg	Henson					
DATE	4/6/06	4/6/06					

EPA Form 1320-1A (1/90)

Printed on Recycled Paper

OFFICIAL USE ONLY

RICHARD V. WESTMAN



Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060

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	United States Environmental Protection Agency Washington, DC 20460	<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 57787-9	2. EPA Product Manager EMILY MITCHELL	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) NAULAND DURACKOR 200	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) NAULAND 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.)

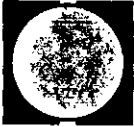
TO INCLUDE THE ADDITIONAL BRAND NAME INSIDEOUT GRANULAR CHLORINE PLEASE MAKE THIS A PART OF THE RECORD FOR THIS REGISTRATION.

Section - III

1. Material This Product Will Be Packaged In:					
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	2. Type of Container <input type="checkbox"/> Metal <input checked="" 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 checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 2 lb		5. Location of Label Directions <input checked="" type="checkbox"/> ON 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 Richard D. Westman	Title EHS & C MANAGER	Telephone No. (Include Area Code) (616) 361-6691 x 209
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 ENVIRONMENTAL HEALTH, SAFETY & COMPLIANCE MANAGER	
4. Typed Name Richard D. Westman	5. Date Feb. 28, 2006	



HAVILAND® CONSUMER PRODUCTS INC.

421 ANN ST. N.W. GRAND RAPIDS, MI 49504-2075

hCP HAVILAND
CONTOURED PLASTICS

Richard Westman, Manager/Environmental, Health, Safety, & Compliance Department

Switchboard (616) 361-6691 Ext. 209
(800) 456-1134 Ext. 209

Direct: (616) 365-3655
Cell Phone: (616) 291-6855



February 28, 2006

Ms. Emily Mitchell
US Environmental Protection Agency
Regulatory Management Branch II
Antimicrobial Division (7504C)
1200 Pennsylvania Ave.
Washington, DC 20460

RE: Authorization Letter.

Ms. Mitchell,

This is a copy of the authorization letter needed for a number of Alternate Brand Name additions for *Insideout* alternate brands. The base registration numbers for the Alternate Brand Names applications are as follows;
One Alternate Brand Name for 57787-9, one for 57787-15, one for 57787-20, and one for 57787-21. See the enclosed forms.

"This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 DFR 152.46, and no other changes have been made to labeling or 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."

If I can be of further assistance, please call at any of the above telephone numbers.

Best Regards,

Richard Westman

Cc: Mr. Arthur Harre, General Manager, Haviland Consumer Products, Inc.
File
Enclosures

- 28oz.
- 26oz.
- 24oz.
- 22oz.
- 20oz.
- 18oz.
- 16oz.
- 14oz.
- 12oz.
- 10oz.
- 8oz.
- 6oz.
- 4oz.

**PRECAUTIONARY STATEMENTS
HAZARD TO HUMANS AND DOMESTIC ANIMALS.
DANGER**

CORROSIVE: CAUSES IRREVERSIBLE EYE DAMAGE. MAY BE FATAL IF INHALED. HARMFUL IF SWALLOWED OR ABSORBED THROUGH SKIN. Do not get in eyes, on skin or on clothing. Do not breathe dust, vapor or spray mist. Wear goggles, face shield or safety glasses. Wash thoroughly with soap and water after handling. Remove contaminated clothing and wash before reuse.

ENVIRONMENTAL HAZARD

THIS PESTICIDE IS TOXIC TO FISH AND AQUATIC ORGANISMS. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans, or other waters unless in accordance with the requirements of a National Pollution Discharge Elimination System (NPDES) permit and the permitting authority has been notified in writing prior discharge. Do not discharge effluent containing this product into sewer system without previously notifying the sewage treatment plant authority. For guidance, contact your State Water Board or Regional office of EPA.

PHYSICAL OR CHEMICAL HAZARD

STRONG OXIDIZING AGENT. Contact with water slowly liberates irritating and hazardous chlorine containing gases. Decomposes at temperatures above 464°F with liberation of harmful gases. When ignited, will burn with the evolution of chlorine and equally toxic gases.

NEVER add water to product. Always add product to large quantities of water. Use clean, dry utensils. **DO NOT** add this product to any dispensing device containing remnants of any other product. Such use may cause a violent reaction leading to fire or explosion. Contamination with moisture, organic material, or other chemicals may start a chemical reaction with generation of heat, liberation of hazardous gases, and possible fire and explosion.

IN CASE OF FIRE OR SMOKE: Call the fire department. Do not attempt to extinguish the fire without a self-contained breathing apparatus (SCBA). Do not let the fire burn. Flood with copious amounts of water. **DO NOT** use ABC or other dry chemical extinguishers since there is the potential of a violent reaction.

DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. When starting up a new pool, superchlorinate to satisfy chlorine demand and to establish a chlorine residual of 1.0 ppm to 2.0 ppm available chlorine. To accomplish this, add 2 oz. this product per 1,000 gallons of pool water.

This product should be added daily or as needed at the rate of 1/2 to 1/4 oz. per 1,000 gallons of pool water to maintain a chlorine residual at all times of 1.0 ppm to 2.0 ppm as determined by a suitable test kit. The pH should be maintained between 7.2 and 7.6.

A shock treatment should be made every week during hot weather or after heavy rains. Less frequent shock treatments may be made during cool weather. For the shock treatment, add 2 oz. of this product per 1,000 gallons of pool water. Swimmers should not be permitted in the pool after the shock treatment until the chlorine residual has reached the 1.0 ppm to 2.0 ppm range. Reentry into treated swimming pools/spas is prohibited above levels of 3.0 ppm of chlorine.

STORAGE AND DISPOSAL

STORAGE: Keep this product dry in a tightly sealed container when not in use. Store in a cool, dry, well-ventilated area away from heat or open flame. In case of decomposition, isolate container (if possible) and flood area with large amounts of water to dissolve all material before discarding the container.

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.

EPA Reg. No. 57287-9
EPA Est. No. 57727-MI-1

Packaged by:
Haviland Consumer Products
Grand Rapids, MI 49504
L215181



inside out
HOME RECREATION OUTFITTERS

Granular Chlorine

**A Chlorinating Concentrate
For Swimming Pools**

ACTIVE INGREDIENTS
Sodium Dichloro-s-triazinetri-
Dihydrate..... 99%
OTHER INGREDIENTS..... 1%
Total..... 100%
Provides 56% available Chlorine

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. Do not 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 minutes. Call a poison control center or doctor for treatment advice. Chemtrec 1-800-424-9300. If in eyes: Hold eye open and rinse slowly and gently with water for 15 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.

**KEEP OUT OF REACH OF CHILDREN
DANGER**
See additional precautions on back panel.
Net Wt. 2 LBS. (.907Kg)

h/h