

57787-11

09/18/2006

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

September 18, 2006

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

Subject: Winterizer for Swimming Pools
EPA Registration No.: 57787-11
Application Date: August 14, 2006
Receipt Date: August 28, 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

- To include alternate brand name Swimway Algae Preventative.

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) 308-6422.

Sincerely,

Adam Heyward
Product Manager (34)
Regulatory Management Branch II
Antimicrobials Division (7510P)

CONCURRENCES

SYMBOL	7510P							
JRNAME	Graham							
DATE	9/18/06							



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 57787-11	2. EPA Product Manager ADAM NEWARD	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) WINTERIZER FOR SWIMMING POOLS	PM# 34	
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 ALGAE PREVENTATIVE
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 checked="" type="checkbox"/> Metal	<input 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
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container Quart		5. Location of Label Directions <input checked="" type="checkbox"/> Label	
5. 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
2. Signature 		6. Date Application Received (Stamped)
3. Title Environmental, Health, Safety & Compliance Manager		
4. Typed Name Richard D. Westman	5. Date 4.17.06 6.25.06 8.4.06	

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

PRECAUTIONARY STATEMENTS – HAZARDS TO HUMANS AND DOMESTIC ANIMALS

CAUTION: Harmful if swallowed. Avoid breathing vapors. Avoid contact with skin, eyes, or clothing.

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 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. 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.

ENVIRONMENTAL HAZARDS: This pesticide is toxic to fish. Keep out of lakes, streams, or ponds. Permits may be required for discharges containing this pesticide into lakes, streams, ponds or public water. For guidance, contact the regional office of the Environmental Protection Agency.

DIRECTIONS FOR USE

It is a violation of Federal Law to use this product in a manner inconsistent with its labeling. This product will prevent growth of most algae during the off-season winter months when pools are not in use. For pools which have been properly treated during the swimming season and are free of visible algae, add 41 to 65 fluid ounces of algicide per 10,000 gallons of water. If at the end of swimming season pools have some visible algae growth, add 76 to 117 fluid ounces per 10,000 gallons. It is necessary that a uniform distribution of algicide throughout the water and the pool be made for maximum effectiveness. If pool is not covered, it may be necessary to repeat the treatment one or more times during the season. This product is compatible with those chemicals normally used to treat pools and effective at both acid and alkaline pH. This product can be used in pools treated with chlorine chemicals and may reduce the amount of those chemicals normally required. However, do not mix this product with concentrated dry or liquid chlorine products.

STORAGE & DISPOSAL

STORAGE: Do not contaminate water, food, or feed by storage or disposal. Keep container closed when not in use. Mop up spills with clear water. All pesticides should be kept out of reach of children and stored away from food. **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. 57787-11
 EPA Est. No. 57787-MI-001
PACKAGED BY:
 Haviland Consumer Products, Inc.
 Grand Rapids, MI 49504
 L511Q80



Swimway

ALGAE PREVENTATIVE

A L G A E C I D E

ACTIVE INGREDIENTS

Poly [oxyethylene (dimethyliminio) ethylene (dimethyliminio) ethylene dichloride]	10%
OTHER INGREDIENTS	90%
Total	100%

(This product contains 0.85 lb. of active ingredient per gallon and weighs 8.5 lb. per gallon.)

KEEP OUT OF REACH OF CHILDREN

CAUTION

See first aid and additional precautions on back panel.

net contents: 1 quart (.946 L)

19481

CAUTION - Proofread Carefully!

Artes will NOT be responsible for any errors or omissions found after printing. There will be a charge for reprinting. Customer assumes full responsibility for compliance with Local, State, Federal, and International laws. Due to varying capabilities of printers and monitors, colors represented may not be a true representation of the Pantone colors specified on your order. Compare the colors as specified on the proof to a Pantone swatch book or to any custom color samples you may have provided to us. Ship dates may be affected if proofs are not returned promptly.

PLEASE SIGN AND RETURN VIA FAX OR MAIL

APPROVED AS IS:

Customer Signature: _____ **Date:** _____

Artes Label & Graphics • 740 Case Karsten Dr., P.O. Box 331, Zeeland, MI 49464
 Fax 616.772.6270 • Ph 800.821.3329

53618-1, Haviland, L511Q80, Rev 1,
 6/9/06, 6.75 x 9.625, PMS 293 Blue,
 PMS 347, Black, Roll Wind 3, Illustrator CS2

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