


1M32 61219-1

1072

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 11-30-93

<b>(A)</b> 	United States Environmental Protection Agency Office of Pesticide Programs (H7505C) Washington, DC 20460	<input type="checkbox"/> Registration	OPP Identifier Number <b>186739</b>
		<input checked="" type="checkbox"/> Amendment	
<b>Application for Pesticide:</b>		<input checked="" type="checkbox"/> Other	

**Section I**

1. Company/Product Number HOLTRACHEM MFG. CO./61219-1	2. EPA Product Manager RUTH DOUGLAS	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) HOLTRACHEM MFG. CO./CHLOROPICRIN	PM# 32	
5. Name and Address of Applicant (include ZIP Code) HOLTRACHEM MFG. CO. P.O. BOX 189 ORRINGTON, ME 04474  <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. N/A 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 CHANGE TO DISCHARGE EFFLUENT PER PR NOTICE 95-1.

**Section III**

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" 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 type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) <u>BULK (TANK CAR)</u>
* Certification must be submitted.		If "Yes," Unit Package wgt.	No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) of Retail Container N/A	5. Location of Label Directions <input checked="" 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 checked="" type="checkbox"/> Other ( <u>PLACARD OR TAG</u> )	

**Section IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name EDWARD K. IMBERT	Title PLANT MANAGER	Telephone No. (Include Area Code) (207) 825-3341
<b>Certification.</b> 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 PLANT MANAGER	
4. Typed Name EDWARD K. IMBERT	5. Date 9/29/95	

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# CHLOROPICRIN

ACTIVE INGREDIENT

Chloropicrin  
INERT INGREDIENTS

A Herbicide-Fungicide For Formulation Use

For Emergency Assistance Call — 24 Hours — 800-424-9300



## POISON



UN - 1580

SEE OTHER PRECAUTIONS ON THIS LABEL

## DANGER POISONOUS LIQUID

### Contact with

### liquid may produce

NET WEIGHT \_\_\_\_\_ E.P.A. Reg. No. 61219-1

LOT NO. \_\_\_\_\_ E.P.A. Est. No. 61219-ME-001

- Keep out of reach of children.
- Do not breathe vapor.
- Do not get in eyes, on skin, on clothes.
- Wear full-faced gas mask with black canister meeting specifications of Bureau of Mines for organic vapors.

Do not breathe vapor.  
Wear a full-faced gas mask with black canister.  
U. S. Bureau of Mines for organic vapors. Do not remove clothing.

CALL physician in case of EXPOSURE.

**FIRST AID:** In case of contact, immediately remove contaminated clothing and shoes and wash skin with soap and water for at least 15 minutes and get medical attention. If swallowed, induce vomiting and give patient to fresh air. If swallowed, induce vomiting and give patient to fresh air. If swallowed, induce vomiting and give patient to fresh air. If swallowed, induce vomiting and give patient to fresh air.

Remove victim to fresh air immediately. Keep breathing. Give artificial respiration if breathing has stopped. Do not remove clothing until removed by medical personnel.

This product is toxic to fish and wildlife. Do not contaminate water with runoff from containers or wastes.

Do not discharge effluent containing this product into lakes, streams, rivers, or other surface waters unless in accordance with the requirements of a National Pollution Discharge Elimination System (NPDES) permit and the permitting authority has been notified in advance. Do not discharge effluent containing this product to sewer systems without the approval of the local sewer treatment plant authority. For guidance contact your State Water Pollution Control Agency.



**HoltraChem Mfg. Co.**

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