



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

OFFICE OF  
PREVENTION, PESTICIDES AND  
TOXIC SUBSTANCES

APR 17 2011

Lewis and Harrison  
c/o Solvay Chemicals Inc.  
122 C Street, NW Suite 740  
Washington DC, 20001

Attention: Wendy McCombie  
Agent for Solvay

Subject: Notification  
Proxitane WW-12  
EPA Reg No. 68660-1  
Application dated March 17, 2010

This will acknowledge receipt of your notification for the aforementioned product labels, submitted under the provisions of FIFRA Section 3(c) (9). Based on a review of the submitted material, the following apply:

- Add the First Aid Language

The Notification is in compliance with PR Notice 98-10 and is acceptable. This information has been made a part of your file.

If you have any questions concerning this letter, please contact Demson Fuller at (703) 308-8062.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Swindell".

Marshall Swindell  
Product Manager (33)  
Regulatory Management Branch-1  
Antimicrobials Division (7510C)

**EPA**
 United States  
**Environmental Protection Agency**  
 Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ **Other NOTIFICATION**

OPP Identifier Number

**Application for Pesticide - Section I**

|                                                                                                                                                                                                                                                                                         |                                                    |                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Company/Product Number<br><b>68660-1</b>                                                                                                                                                                                                                                             | 2. EPA Product Manager<br><b>Marshall Swindell</b> | 3. Proposed Classification<br><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted                                                                                      |
| 4. Company/Product (Name)<br><b>Proxitane® WW-12</b>                                                                                                                                                                                                                                    | PM#<br><b>Team 33</b>                              |                                                                                                                                                                                                     |
| 5. Name and Address of Applicant (Include ZIP Code)<br><b>Solvay Chemicals Inc.</b><br><b>3333 Richmond Avenue</b><br><b>Houston TX 77098</b><br><b>NOTE: PLEASE SEND ALL CORRESPONDENCE TO "CONTACT POINT" LISTED BELOW</b><br><input type="checkbox"/> Check if this is a new address |                                                    | 6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to:<br><br>EPA Reg. No. _____<br><br>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.)**APPLICATION FOR NOTIFICATION: MINOR LABEL CHANGES****Notification of Minor Label Changes in Accordance With PR Notice 1998-10**

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 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 95-2 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be the subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Signature: \_\_\_\_\_

Date: March 17, 2011**THIS SUBMISSION IS NOT SUBJECT TO PRIA FEES****Section - III**

|                                                                                                                                                                     |                                                                               |                                                                                        |                   |                                                                                                                                   |                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 1. Material This Product Will Be Packaged In:                                                                                                                       |                                                                               |                                                                                        |                   | 2. Type of Container                                                                                                              |                                          |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes*<br><input type="checkbox"/> No                                                                           | Unit Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   | <input type="checkbox"/> Metal                                                                                                    |                                          |
| *Certification must be submitted                                                                                                                                    |                                                                               | If "Yes" Unit Packaging wgt.                                                           | No. per container | If "Yes" Package wgt.                                                                                                             | No. per container                        |
|                                                                                                                                                                     |                                                                               |                                                                                        |                   |                                                                                                                                   | <input type="checkbox"/> Plastic         |
|                                                                                                                                                                     |                                                                               |                                                                                        |                   |                                                                                                                                   | <input type="checkbox"/> Glass           |
|                                                                                                                                                                     |                                                                               |                                                                                        |                   |                                                                                                                                   | <input type="checkbox"/> Paper           |
|                                                                                                                                                                     |                                                                               |                                                                                        |                   |                                                                                                                                   | <input type="checkbox"/> Other (Specify) |
| 3. Location of Net Contents Information<br><input type="checkbox"/> Label <input type="checkbox"/> Container                                                        |                                                                               | 4. Size(s) Retail Container                                                            |                   | 5. Location of Label Directions<br><input type="checkbox"/> On Label<br><input type="checkbox"/> On labeling accompanying product |                                          |
| 6. Manner in Which Label is Affixed to Product<br><input type="checkbox"/> Lithograph<br><input type="checkbox"/> Paper glued<br><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 <b>Wendy McCombie, Lewis &amp; Harrison</b><br><b>122 C St. NW Ste. 740, Washington DC 20001</b><br><b>(wmccombie@lewisharrison.com)</b>                                                                                                                                      |  | Title <b>Agent for Solvay Chemicals Inc.</b>                     |                                           |
|                                                                                                                                                                                                                                                                                    |  | Telephone No. (Include Area Code)<br><b>202-393-3903 ext. 11</b> |                                           |
| <b>Certification</b><br>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<br>(Stamped) |
| 2. Signature<br>                                                                                                                                                                                                                                                                   |  | 3. Title<br><b>Agent for Solvay Chemicals Inc.</b>               |                                           |
| 4. Typed Name<br><b>Wendy A. McCombie, Lewis &amp; Harrison</b>                                                                                                                                                                                                                    |  | 5. Date<br><b>March 17, 2011</b>                                 |                                           |

33

# LEWIS & HARRISON

Consultants in Government Affairs

122 C Street, N.W., Suite 740  
Washington, D.C. 20001

telephone 202.393.3903  
fax 202.393.3906

3046

direct 202.393.3903 ext. 11  
wmccombie@lewisharrison.com

March 17, 2011

**HAND DELIVERED**

Registration Division (Mail Code 7504P)  
Office of Pesticide Programs  
Document Processing Desk [NOTIFY]  
U.S. Environmental Protection Agency  
Room S-4900, One Potomac Yard  
2777 South Crystal Drive  
Arlington, VA 22202

**ATTENTION: Marshall Swindell**  
**Product Manager, Team 33**  
**Antimicrobials Division**

**SUBJECT: Solvay Chemicals Inc.**  
**Proxitane® WW-12 (EPA Reg. No. 68660-1)**  
**Notification of Minor Label Changes per PR Notice 1998-10**  
**This Submission Is Not Subject To PRIA Fees**

Dear Mr. Swindell:

As Agent for Solvay Chemicals Inc. ("Solvay"), I am submitting a Notification under the provisions of PR Notice 1998-10 to advise the Agency of a minor change to the label for **Proxitane® WW-12 (EPA Reg. No. 68660-1)**.

It has come to our attention that the current **Proxitane® WW-12** label, as approved by the Agency on June 15, 2010 and March 13, 2009, is missing the required inhalation hazard language in the First Aid statement. The language, as approved on the August 2, 2007 EPA stamped-accepted label, has been replaced on the enclosed labeling. No other changes have been made to the product label for **Proxitane® WW-12**.

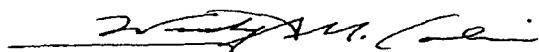
Please find enclosed the following documents to support the notification for **Proxitane® WW-12**:

- 1) Pesticide Application Form; and,
- 2) Three (3) copies of the revised product label with the change highlighted.

Insofar as I am the authorized "Contact Point" and "Company Agent" for Solvay, please relay all correspondence directly to me at 122 C Street NW, Suite 740, Washington DC 20001. If you have any questions, please contact me by telephone at 202-393-3903 ext. 11 or by e-mail at [wmccombie@lewisharrison.com](mailto:wmccombie@lewisharrison.com).

Thank you very much for your cooperation.

Sincerely,



Wendy A. McCombie  
for,  
Solvay Chemicals Inc.

Enclosures

# Proxitane® WW-12 Microbiocide

**ACTIVE INGREDIENT:**  
Hydrogen Peroxide  
Peroxyacetic Acid  
**INERT INGREDIENTS**  
**TOTAL**

- If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably by mouth-to-mouth, if possible.
- Call a poison control center or doctor for further treatment advice.

**Manufactured and Distributed by:**  
**SOLVAY CHEMICALS, INC.**  
3333 Richmond Avenue,  
Houston TX 77098 USA  
(713) 525-6500

EPA Reg. No. 68660-1  
EPA Est. No. 60156-01-001

[illegible]

Net Wt.: \_\_\_\_\_ Pounds    Weight Per gallon: 9.2 lb.

**Lot. No.**

This product is toxic to fish, invertebrates, shrimp, clams and oysters. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries 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.

In developing the NPDES permit, restrictions on the release of waters containing this product during low-flow periods should be considered.

## STORAGE AND DISPOSAL

**DO NOT CONTAMINATE WATER, FOOD OR FEED  
BY STORAGE OR DISPOSAL**

**STORAGE:** Store in original vented container in a dry location away from heat and out of direct sunlight. In case of fire involving product, use water. In case of large quantities of spilled material, dike with sand or earth. Dilute with large quantities of water.

**PESTICIDE DISPOSAL:** Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide spray mixture, or rinsate, is a violation of Federal Law. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries or public waters unless the components of this product are specifically identified in a NPDES permit. Do not discharge effluent containing this product into sewer systems without previously notifying the sewage plant authority. For additional information, refer to the product Material Safety Data Sheet.

**CONTAINER DISPOSAL: (Note to reviewer – one of the following container disposal directions will be used based on the container type) (FOR Tank trucks and Railcars: these containers are exempt from PR Notice 2007-4) Return for reuse.**

**(FOR Refillable Plastic and Stainless Steel Containers over 5 gallons) Refillable container.**

Refill this container with pesticide only. Do not reuse this container for any other purpose. Cleaning the container before final disposal is the responsibility of the person disposing of the container. Cleaning before refilling is the responsibility of the refiller. To clean the container before final disposal, empty the remaining contents from this container into application equipment. Fill the container about 10 percent full with water. Agitate vigorously or recirculate water with the pump for 2 minutes. Pour or pump rinsate into

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application equipment or rinsate collection system. Repeat this rinsing procedure two more times. Then offer for recycling if available or reconditioning if appropriate or puncture and dispose of in a sanitary landfill, or by other procedures approved by state and local authorities.

**(FOR Nonrefillable Plastic containers equal to or less than 5 gallons)** Nonrefillable container. Do not reuse or refill this container. Triple rinse (or equivalent) promptly after emptying. Triple rinse as follows: Empty the remaining contents into application equipment or a mix tank and drain for 10 seconds after the flow begins to drip. Fill the container  $\frac{1}{4}$  full with water and recap. Shake for 10 seconds. Pour rinsate into application equipment or a mix tank or store rinsate for later use or disposal. Drain for 10 seconds after the flow begins to drip. Repeat this procedure two more times. Then offer for recycling if available or puncture and dispose of in a sanitary landfill, or by incineration, or, if allowed by state and local authorities, by burning if burned, stay out of smoke.

**(FOR Nonrefillable Plastic containers over 5 gallons)** Nonrefillable container. Do not reuse or refill this container. Triple rinse (or equivalent) promptly after emptying. Triple rinse as follows: Empty the remaining contents into application equipment or a mix tank. Fill the container  $\frac{1}{4}$  full with water. Replace and tighten closures. Tip container on its side and roll it back and forth, ensuring at least one complete revolution, for 30 seconds. Stand the container on its end and tip it back and forth several times. Turn the container over onto its other end and tip it back and forth several times. Empty the rinsate into application equipment or a mix tank or store rinsate for later use or disposal. Repeat this procedure two more times. Then offer for recycling if available or puncture and dispose of in a sanitary landfill, or by incineration, or, if allowed by state and local authorities, by burning if burned, stay out of smoke.

**(FOR Nonrefillable Glass containers equal to or less than 5 gallons)** Nonrefillable container. Do not reuse or refill this container. Triple rinse (or equivalent) promptly after emptying. Triple rinse as follows: Empty the remaining contents into application equipment or a mix tank and drain for 10 seconds after the flow begins to drip. Fill the container  $\frac{1}{4}$  full with water and recap. Shake for 40 seconds. Pour rinsate into application equipment or a mix tank or store rinsate for later use or disposal. Drain for 10 seconds after the flow begins to drip. Repeat this procedure two more times. Then offer for recycling if available or dispose of in a sanitary

landfill, or by other procedures approved by state and local authorities.

#### DIRECTIONS FOR USE

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

#### CONTROL OF ALGAL, FUNGAL, AND BACTERIAL GROWTH IN PULP AND PAPER MILL SYSTEMS FOR FOOD AND NON-FOOD CONTACT PAPER

Proxitane® WW-12 provides an effective means to treat various process waters for slime control. Dosage rates should be increased or decreased depending on control achieved.

**Maximum usage rate must not exceed 2 lbs Proxitane® WW-12 solution per ton (2000 lbs., dry basis) of pulp or paper produced.**

#### TREATMENT OF PAPER MACHINE WHITE WATER -

Proxitane® WW-12 may be applied within the white water short circulation loop on the paper machine. Apply with either shock, intermittent or continuous dosing. Shock doses may be applied for 1 to 2 hours, as necessary, whereas intermittent doses are applied 1 to 12 times per day, for a duration of 5 to 60 minutes each. For either shock or intermittent dosing, apply 0.02 to 0.8 gallons Proxitane® WW-12 per 1000 gallons of white water, producing a peak concentration of 20 to 800 ppm Proxitane® WW-12 during dosing. This is approximately equivalent to a peak dose of 2 to 100 ppm 100% peracetic acid. For continuous dosing, apply 0.02 to 0.2 gallons Proxitane® WW-12 per 1000 gallons of process water, producing a peak concentration of 20 to 200 ppm of Proxitane® WW-12. This is approximately equivalent to 2 to 25 ppm 100% peracetic acid.

#### CATALASE CONTROL IN DEINKING WATER LOOPS -

Proxitane® WW-12 may be applied to the inlet lines going to deinking water storage following clarification. Apply with either shock, intermittent, or continuous dosing. Shock doses may be applied for 10 to 60 minutes as necessary. Apply 1.7 to 4.2 gallons Proxitane® WW-12 per 1000 gallons recirculation water, producing a peak concentration of 1700 to 4200 ppm Proxitane® WW-12 during dosing. This is approximately equivalent to a peak dose of 200 to 500 ppm 100% peracetic acid. For intermittent doses, apply 1 to 12 times per day for a duration of 10 to 60 minutes. Apply 0.8 to 2.1 gallons Proxitane® WW-12 per 1000 gallons of water, producing a peak concentration of 800 to 2100 ppm of Proxitane® WW-12 during dosing. This is approximately equivalent to a peak dose of 100 to 250 ppm 100% peracetic acid. For continuous dosing, apply 0.2 to 1.4 gallons Proxitane® WW-12 to 1000 gallons of process water, producing a peak concentration of 200 to 1400 ppm of Proxitane® WW-12. This is approximately equivalent to 25 to 170 ppm 100% peracetic acid.

**TREATMENT OF RAW AND PROCESS WATER -** Proxitane® WW-12 may be applied to water at the inlet of the process water system or any other suitable point. Apply with either shock, intermittent, or continuous dosing. Shock dosing may be applied for a duration of 1 to 2 hours, as necessary, whereas intermittent dosing is applied for 2 to 15 minutes, 4 to 100 times per day. For either shock or intermittent dosing, apply 0.16 to 0.8 gallons Proxitane® WW-12 per 1000 gallons of water producing a peak concentration of Proxitane® WW-12 of 160 ppm to 800 ppm during dosing. This is approximately equivalent to a peak dose of 20 to 100 ppm 100% peracetic acid. For continuous dosing applications, apply 0.01 to 0.3 gallons Proxitane® WW-12 to 1000 gallons of water, producing a peak concentration of 10 to 300 ppm Proxitane® WW-12. This is approximately equivalent to 1 to 36 ppm 100% peracetic acid.

#### FOR DISINFECTION AND MICROBIAL CONTROL IN EFFLUENT TREATMENT SYSTEMS

Use Proxitane® WW-12 to treat sewage and wastewater effluent associated with public and private wastewater treatment plants. Proxitane® WW-12 can be applied, by itself, directly to the effluent or in conjunction with an appropriate activator, such as UV light. Apply Proxitane® WW-12 at any point where microbial control is essential. Apply 4 to 83 gallons of Proxitane® WW-12 per 1,000,000 gallons of wastewater (0.5 to 10 ppm of peracetic acid).

**NOTE:** The dosing rate for individual facilities will depend on the nature of the effluent (level of microbial control) and the local microbial discharge limit. Therefore, adjust the dosing rates to the levels appropriate for your facility. Do not exceed the maximum dose level of 83 gallons of Proxitane® WW-12 per 1,000,000 gallons of wastewater (or 10 ppm of peracetic acid). The PAA concentration will rapidly decline after treatment. The maximum amount of PAA that can be discharged from the treatment facility is 1.0 ppm PAA. Use an appropriate PAA test kit or analyzer as recommended by Solvay Chemicals Inc. to ensure that this level is not exceeded. Contact your Solvay Chemicals technical representative for guidance on treatment regimes.

## CONTROL OF ALGAL, FUNGAL, AND BACTERIAL GROWTH FOR NON-FOOD CONTACT PAPER USES.

TREATMENT OF STARCH USED FOR SIZING ON THE PAPER MACHINE -Apply Proxitane® WW-12 directly to the starch storage tank or through the recirculation loop. Apply with either shock, intermittent, or continuous dosing. Shock doses may be applied for 1 to 2 hours, whereas intermittent doses may be applied for 5 to 60 minutes up to 12 times per day. For either shock or intermittent dosing, apply 0.8 to 5 gallons Proxitane® WW-12 per 1000 gallons of starch solution to achieve 100 to 600 ppm 100% peracetic acid. For continuous dosing applications, apply 0.08 to 1.7 gallons Proxitane® WW-12 per 1000 gallons starch solution, producing a peak concentration of approximately 10 to 200 ppm 100% peracetic acid.

TREATMENT OF CLAYS USED AS COATINGS AND FILLERS ON THE PAPER MACHINE - Applications may be made at the recirculation loop or directly to the agitated slurry storage tank. Apply with either shock, intermittent, or continuous dosing. Shock doses may be applied for 1 to 2 hours, as necessary, whereas intermittent doses may be applied for 5 to 60 minutes, 1 to 12 times per day. For either shock or intermittent dosing, apply 0.4 to 0.8 gallons Proxitane® WW-12 to 1000 gallons clay slurry solution producing a peak concentration of approximately 50 to 100 ppm 100% peracetic acid. For continuous dosing applications, apply 0.04 to 0.8 gallons Proxitane® WW-12 to 1000 gallons of process water, producing a peak concentration of 5 to 100 ppm 100% peracetic acid.

COATINGS PRESERVATION -Proxitane® WW-12 can be used as an in-container preservative for the control of bacteria and fungi in water-based coatings such as paper coatings. Add 0.1 to 0.7 gallons of Proxitane® WW-12 solution to 1,000 gallons of water. This will provide 100 to 700 ppm of Proxitane® WW-12, or 12 to 85 ppm 100% peracetic acid.

TREATMENT OF DISPERSED PIGMENTS - Proxitane® WW-12 can be used in the control of bacteria and fungi in the manufacture and storage of dispersed pigments such as kaolin clay, titanium dioxide, calcium carbonate, calcium sulfate, barium sulfate, magnesium silicate and kieselguhr used in paint and paper production. Add 0.12 to 0.6 lb. of Proxitane® WW-12 to each 1,000 lbs. of fluid. This

will provide 120 to 600 ppm of Proxitane® WW-12, or 15 to 70 ppm 100% peracetic acid.

## CONTROL OF ALGAL, FUNGAL, AND BACTERIAL GROWTH IN INDOOR CLOSED LOOP, NON-POTABLE, NON-FOOD CONTACT WATER SYSTEMS

TREATMENT OF RAW AND PROCESS WATER (such as heat exchanger system water, boiler water, wet scrubber water, etc.) - Proxitane® WW-12 may be applied to water at the inlet of the water system or any other suitable point. Apply with either shock, intermittent, or continuous dosing. Shock dosing may be applied for 1 to 2 hours, as necessary, whereas intermittent dosing is applied for 2 to 15 minutes, 4 to 100 times per day. For either shock or intermittent dosing, apply 0.16 to 0.8 gallons Proxitane® WW-12 per 1000 gallons of water producing a peak concentration of Proxitane® WW-12 of 160 ppm to 800 ppm during dosing. This is approximately equivalent to a peak dose of 20 to 100 ppm 100% peracetic acid. For continuous dosing applications, apply 0.01 to 0.3 gallons Proxitane® WW-12 to 1000 gallons of water, producing a peak concentration of 10 to 300 ppm Proxitane® WW-12. This is approximately equivalent to 1 to 35 ppm 100% peracetic acid.

TREATMENT OF COOLING WATER SYSTEMS (such as cooling towers, evaporative condensers, etc.) Severely fouled systems should be cleaned before treatment. Proxitane® WW-12 should be added to the system directly and not mixed with any other chemicals or additives. Contamination with other chemicals could result in lack of efficacy. Add Proxitane® WW-12 at a point in the system where uniform mixing and even distribution will occur such as the cooling tower basin sump. Shock doses may be applied for 1 to 2 hours, as necessary, whereas intermittent doses are applied for 5 to 60 minutes, 1 to 100 times per day. For either shock, intermittent or continuous dosing, apply 0.01 to 0.07 gallons Proxitane® WW-12 solution per 1000 gallons of water. This will provide 10 to 70 ppm of Proxitane® WW-12, or 1 to 9 ppm 100% peracetic acid. Repeat treatment as required to maintain control.

Manufactured and Distributed by:  
SOLVAY CHEMICALS, INC.  
3333 Richmond Avenue, Houston TX 77098 USA  
(713) 525-6500  
For emergency, call CHEMTREC® (800) 424-9300

EPA Reg No. 68660-1 EPA Est. No. 60156-IL-001

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