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

FEB 27 2012

OFFICE OF CHEMICAL SAFETY AND POLLUTION PREVENTION

Christina M. Swick, Agent Solvent Chemicals Inc. 3333 Richmond Avenue Houston, TX 77098

RE:

Product Name: PAK® 27 Algaecide

EPA Reg. No: 68660-9

Application for Label Notification Dated January 24, 2012 to add a table

for the same use directions already approved by the agency per PR Notice 98-10

II.M.2

Dear Mrs. Swick:

The Biopesticides and Pollution Prevention Division is in receipt of your application for Notification under Pesticide Registration (PR) Notice 98-10 dated above. A preliminary screen of this request has been conducted for its applicability under PR Notice 98-10 and it has been determined that the action(s) requested falls within the scope of PR Notice 98-10. Our records have been duly noted, and the label submitted with this application has been stamped "Notification Accepted" and will be placed accordingly in our records.

If you have any questions concerning this action, please feel free to contact Ms. Menyon Adams at (703) 347-8496 or email at <a href="mailto:adams.menyon@epa.gov">adams.menyon@epa.gov</a>.

Sincerely,

Linda Hollis

Linda Hollis, Chief Biochemical Pesticides Branch Biopesticides and Pollution Prevention Division (7511P)

| Please read instructions on reverse ber                                    | ore completing form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State of the                                                           | Forn. prove                                                  | ed, OMB No. 2070           | 0-0060, Approval expires 05-31-98                         |  |  |  |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------|-----------------------------------------------------------|--|--|--|
| O FDA                                                                      | United State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | es                                                                     | ☐ Registr                                                    | ration                     | OPP Identifier Number                                     |  |  |  |
| EPA En                                                                     | rironmental Prote                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ction Agency                                                           |                                                              |                            |                                                           |  |  |  |
|                                                                            | Washington, DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | _ Amond                                                      | mont.                      |                                                           |  |  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | <b>⊠</b> Other                                               |                            |                                                           |  |  |  |
| Bank San David                                                             | Applic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | sticide - Section                                            | n I                        |                                                           |  |  |  |
| 1. Company/Product Number 68660-9                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2. EPA P                                                               | roduct Manager                                               |                            | 3. Proposed Classification                                |  |  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oms                                                                    |                                                              | None Restricted            |                                                           |  |  |  |
| 4. Company/Product (Name) PAK® 27 Algaecide                                | PM#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ical Pesticides Bra                                                    |                                                              |                            |                                                           |  |  |  |
| 5. Name and Address of Applicant (Ir                                       | nclude ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                              |                            | ith FIFRA Section 3(c)(3)                                 |  |  |  |
| Solvay Chemicals Inc.                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (b)(l), my product is similar or identical in composition and labeling |                                                              |                            |                                                           |  |  |  |
| 3333 Richmond Avenue                                                       | to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                              |                            |                                                           |  |  |  |
| Houston TX 77098                                                           | TERROLIDE TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EPA Re                                                                 | ea. No.                                                      |                            | · //cccbted                                               |  |  |  |
| NOTE: PLEASE SEND ALL CORI<br>"CONTACT POINT" LISTED BE                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | Date: EED 9 7 ones                                           |                            |                                                           |  |  |  |
| Check if this is a new a                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Produc                                                                 | Product NameReviewer: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |                            |                                                           |  |  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Section                                                                |                                                              | CVICWEI.                   | Colyns                                                    |  |  |  |
| Assessment Frederickshops                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ocone                                                                  |                                                              | ala in management          | A a a a su latta a data d                                 |  |  |  |
| Amendment - Explain below.  Resubmission in response to A                  | Agency letter deted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | "Me Too" Applica                                             |                            | Agency letter dated                                       |  |  |  |
| Notification - Explain below.                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | Other - Explain                                              |                            |                                                           |  |  |  |
| Explanation: Use additional                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ry. (For Section                                                       |                                                              |                            |                                                           |  |  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |                            |                                                           |  |  |  |
|                                                                            | Notificat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ion In Accord                                                          | lance with PR No                                             | tice 98-10                 |                                                           |  |  |  |
| This satisfication is seed to the state of the                             | the manifolds of DD N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | otics 00 10 and E                                                      | DA reculations at 40.0                                       | CED 152 46 and             | as other shares been been a                               |  |  |  |
| This notification is consistent with to the labeling or the confidential s |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |                            |                                                           |  |  |  |
| false statement to EPA. I further u                                        | nderstand that if this no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tification is not co                                                   | onsistent with the term                                      | s of PR Notice 9:          | 5-2 and 40 CFR 152.46, this                               |  |  |  |
| product may be in violation of FIF                                         | RA and I may be the sul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | oject to enforceme                                                     | ent action and penaltie                                      | s under sections           | 12 and 14 of FIFRA.                                       |  |  |  |
| Signature: Christina                                                       | M. Surick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        | Date: 1/24                                                   | 1/12                       |                                                           |  |  |  |
| 518/1111111                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |                            |                                                           |  |  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sectio                                                                 | n – III                                                      |                            |                                                           |  |  |  |
| Material This Product Will Be Pa<br>Child-Resistant Packaging              | uckaged In: Unit Packaging                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | California                                                             | Water Soluble Pac                                            | 2. Type of Container       |                                                           |  |  |  |
| Yes*                                                                       | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | Yes Yes                                                      | Metal                      |                                                           |  |  |  |
| □ No                                                                       | □ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | □ No                                                         |                            | Plastic                                                   |  |  |  |
|                                                                            | If "Yes"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No. per                                                                | If "Yes"                                                     | No. per                    | Glass                                                     |  |  |  |
| *Certification must                                                        | Unit Packaging wgt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . container                                                            | Package wgt.                                                 | container                  | Paper                                                     |  |  |  |
| be submitted                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |                            |                                                           |  |  |  |
| 3. Location of Net Contents Informa                                        | ation 4. Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4. Size(s) Retail Container  5. Location of Label Directions           |                                                              |                            |                                                           |  |  |  |
| Label Col                                                                  | ntainer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                              | pel                        |                                                           |  |  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              | eling accompanying product |                                                           |  |  |  |
| Manner in Which Label is Affixed                                           | the same of the sa | hograph<br>per glued                                                   | Other                                                        |                            |                                                           |  |  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | enciled                                                                |                                                              |                            |                                                           |  |  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sectio                                                                 | n – IV                                                       |                            |                                                           |  |  |  |
| Contact Point (Complete items d                                            | irectly below for identific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ation of individual                                                    | to be contacted, if nec                                      | essary, to proces          | s this application)                                       |  |  |  |
| Name Christina M. Swick, Lewis &<br>122 C St. NW #740, Washin              | k Harrison, LLC,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Title                                                                  | for Solvay Chemicals                                         | Mark Company               | Telephone No. (Include Area Code)<br>202-393-3903 ext. 16 |  |  |  |
| 122 C St. N W #740, Washin                                                 | Certific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                              |                            | 6. Date Application                                       |  |  |  |
| I certify that the statements I have                                       | Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                              |                            |                                                           |  |  |  |
| acknowledge that any knowingly fa<br>under applicable law.                 | lse or misleading statem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ent may be punisl                                                      | nable by fine or impriso                                     | onment or both             | (Stamped)                                                 |  |  |  |
| Signature                                                                  | 3. Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | CULC.                                                        |                            |                                                           |  |  |  |
| Christina M. L                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t for Solvay Chemica                                                   |                                                              |                            |                                                           |  |  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. Date                                                                |                                                              |                            | ( ( (                                                     |  |  |  |
| 4. Typed Name  Christina M. Sw                                             | ick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | J. Date                                                                | January 24, 2012                                             |                            |                                                           |  |  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                              |                            |                                                           |  |  |  |

# LEWIS & HARRISON

122 C Street, N.W., Suite 740 Washington, D.C. 20001 telephone 202.393.3903

fax 202.393.3906

Consultants in Government Affairs

January 24, 2012

HAND DELIVERED

Document Processing Desk [NOTIF]
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

ATTENTION:

**Linda Hollis** 

**Biochemical Pesticides Branch** 

SUBJECT:

PAK® 27 Algaecide (EPA Reg. No. 68660-9)

Solvay Chemicals Inc.

**Notification per PR Notice 98-10** 

Submission is NOT Subject to PRIA Fees

Dear Ms. Hollis:

On behalf of Solvay Chemicals Inc., I am submitting a notification for  $PAK^{\otimes}$  27 Algaecide in accordance with PR Notice 98-10. The purpose of this notification is to add a dosage chart to the Directions for Use. Please note that the addition of this chart does not affect the dilution ratio or the minimum\maximum use dilutions and simply provides a tabular presentation of use directions which have already been approved by the Agency.

In support of this submission I have enclosed the following documents:

- 1) Application for Pesticide Notification, which includes a signed statement certifying compliance with PR Notice 98-10,
- 2) One (1) copy of the proposed label with changes highlighted;
- 3) Five (5) copies of the proposed label.

If you have any questions, or require any additional information, please feel free to contact me at 202-393-3903 ext. 16 or cswick@lewisharrison.com.

Sincerely,

Christina M. Swick

Christina M. Swick Agent for Solvay Chemicals Inc.

#### PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

### **DANGER: CORROSIVE**

Causes irreversible eye damage and causes skin burns. Do not get in eyes, on skin, or clothing. Wear goggles or face shield and rubber gloves when handling this product. Harmful if swallowed or inhaled. Avoid breathing dust. Wear protective eyewear (goggles, face shield or safety glasses). Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, using tobacco or using the toilet. Remove contaminated clothing and wash clothing before reuse. Prolonged or frequently repeated skin contact may cause allergic reactions in some individuals. When prolonged or frequently repeated contact could occur, use chemically resistant gloves and full body clothing.

### PHYSICAL AND CHEMICAL HAZARDS

Oxidizing agent. Contact with combustible materials may cause fire. Wet product decomposes exothermically and may cause combustion of organic materials. Pressure may increase due to decomposition in confined spaces or containers.

#### **ENVIRONMENTAL HAZARDS**

√Nen applying PAK™27 to water bodies, avoid solid particles from falling on nearby ground where birds and feed may be present. Undissolved particles of sodium carbonate peroxyhydrate may be corrosive to beaks of birds.

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 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 into sewer systems without previously notifying the local sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of U.S. EPA. For additional information, refer to the product Material Safety Data Sheet.

#### **DIRECTIONS FOR USE**

It is a violation of Federal law to use this product in a manner inconsistent with its labeling. Do not allow the product to come in contact with other pesticide products, cleaners or oxidative agents.

For control of blue-green algae in lakes, ponds, drinking water reservoirs, irrigation, drainage and conveyance ditches, canals, laterals, estuaries, bayous, lagoons, water gardens and water features, impounded water and waste water, and aquaculture\_Apply 3.0 to 100 pounds per acre - foot (9.2 to 306.9 pounds/million gallons) of water (equivalent to 0.3 to 10.2 ppm hydrogen peroxide) by broadcasting or use of a mechanical spreader.

Note: Algae control is more easily achieved if treated soon after growth starts. Larger amounts of product may be needed to treat heavier blooms. As little as 2.5 pounds per acre - foot could be used for algaestatic treatment.

### PAK® 27 Algaecidation Accepted

# KEEP OUT OF REACH OF CHILDREN DANGER

### **FIRST AID**

Have the product container or label with you when calling a poison control center or doctor, or going for treatment.

**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 five minutes, then continue rinsing eye.

- Call a poison control center or doctor for treatment advice.

### 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.

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.

**IF SWALLOWED** - Call a poison control center or doctor immediately for treatment advice.

- Drink promptly large quantities of water.
- 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.

# HOT LINE NUMBER 24 Hour emergency call (800) 424-9300 NOTE TO PHYSICIAN

Probable mucosal damage may contraindicate the use of gastric lavage.

EPA No. 68660-9 Net Weight: EPA Est. No. 68660-TX-001 Lot. No.

### Water Treatment MAXIMUM Dosage Rate by Volume

| Gallons | 200 | 500 | 750  | 1000 | 2000 | 10,0 | 000  | 100,000 | 325,851 |
|---------|-----|-----|------|------|------|------|------|---------|---------|
| Dosage  | 34g | 68g | 100g | 135g | 270g | 3 11 | 0.   | 30 lb.  | 100 lbs |
| Acre-F  | t   | 1   | 9    | 15   | 3    | 0    | 60   | 75      | 100     |
| Dosage  | •   | 100 | 900  | 150  | 0 30 | 00   | 6000 | 7500    | 10,000  |

oxygen which can lead to fish kill, if excessive. Apply with 8 to 10 hours of daylight remaining. Do not reapply within 48 hours. If treating a large lake or heavy bloom, treat 1/3 to 1/2 of the area and wait 2 to 3 days before treating remainder of water. Consult with the State agency with primary responsibility for regulating pesticides before applying to public waters to determine if a permit is needed.

Precaution: Decaying algae can deplete dissolved

# STORAGE AND DISPOSAL DO NOT CONTAMINATE WATER, FOOD OR FEED BY STORAGE AND DISPOSAL

STORAGE: Store in original, closed container in a dry location away from heat and out of direct sunlight. Keep away from combustible material. Do not return unused product to container. PESTICIDE DISPOSAL: Pesticide wastes are acutely hazardous. Improper disposal of excess pesticide spray mixture, or rinsate, is a violation of Federal Law. For additional information, refer to the product Material Safety Data Sheet.

CONTAINER DISPOSAL

50 Ib Bags/Sacks: Nonrefillable container. Do not reuse or refill this container. Offer for recycling, if available. Completely empty sack [bag] into application equipment. Then dispose of empty sack [bag] in a sanitary landfill or by incineration, or, if allowed by State and local authorities, by burning. If burned, stay out of smoke.

2000 Ib Bulk Bag: Completely empty liner by shaking sides and bottom to loosen clinging particles. Empty residue into application equipment. Then dispose of liner in a sanitary landfill or by incineration, if allowed by State and local authorities. If bulk bag is contaminated and cannot be reused, dispose of in same manner.

Plastic Containers, All Sizes: Nonrefillable container. Do not reuse or refill this container. Offer for recycling, if available. Triple rinse container (or equivalent) promptly after emptying. Triple rinse as follows: Empty the remaining contents into application equipment or a mix tank. Fill the container ¼ full with water and reclose. Shake or stir 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. Puncture and dispose of in sanitary landfill, or incineration, or if allowed by state and local authorities, by burning. If burned, stay out of smoke.

### Manufactured and Distributed by: SOLVAY CHEMICALS, INC.

3333 Richmond Avenue, Houston TX 77098 USA (713) 525-6500

For Transport Emergency, call CHEMTREC® (800) 424-9300

