34 69461-1

6/23/2004

| Please read instructions on reverse befo   | ore completing form.   |   | Form Approv  | ed, OMB No. 2070-i                    | 0060, Approval expires 05-31-98  |
|--|--|---|--|---------------------------------------|--|
| O EDA  | United States  |   | ☐ Regist   | ration                                | OPP Identifier Number  |
| EPA Env  | vironmental Protection   | Agency                                      | ☐ Amend  |                                       | 265394   |
|  | Washington, DC 2046  |   |  |                                       | 200094   |
|  | *Yashington, Do 2040   |   |  | (NOTIFICATION)                        |  |
|  | Application  | n for Pestici                               | de - Sectio  | n l                                   |  |
| Company/Product Number   |  | 2. EPA Produc                               | t Manager  |                                       | 3. Proposed Classification   |
| 69461-1  |  | Adam Heyw                                   | /ard   |                                       |  |
|  | · • • • • • • • • • • • • • • • • • • •  | P3 14/                                      |  |                                       |  |
| 4. Company/Product (Name)  |  | PM#<br>Team 34                              |  |                                       | None Restricted  |
| Revacil  |  | realli 34                                   |  |                                       |  |
| 5. Name and Address of Applicant (I  | nclude ZIP Code)   | 6. Expedite                                 | d Review. I  | n accordance wi                       | th FIFRA Section 3(c)(3)   |
| MAREVA, Inc.   |  |   |  |                                       | composition and labeling   |
| 1119 Cavalier Blvd.  |  | to:   | •  |                                       | ,  |
| Chesapeake, VA 23323   |  | EPA Reg. N                                  | o  |                                       |  |
| PLEASE DIRECT ALL CO.  |  |   |  |                                       |  |
| THE CONTACT POINT  |  | Product Nan                                 | ne   |                                       | <del></del>  |
| Check if this is a new ac  | ddress   |   | ······································                                   |                                       |  |
|  |  | Section - I                                 | 1  |                                       |  |
| Amendment - Explain below.   |  |   | Final printed la   | bels in response to                   | Agency letter dated  |
| Resubmission in response to A  | gency letter dated   | T T   | "Me Too" Applic  | •                                     |  |
| Notification - Explain below.  |  |   | Other - Explain  |                                       |  |
| Explanation: Use additional  | page(s) if necessary (f  | or Section La                               |  |                                       |  |
|  | , p=90(0) (  | J. J.J.                                     |  | .,                                    |  |
|  | Notification of Minor  | Label Chang                                 | es per PR N  | otice 98-10                           |  |
|  |  |   |  |                                       |  |
|  | on to add optional language  |   |  |                                       |  |
| This notification is consistent with the   |  |   |  |                                       |  |
| the labeling or the confidential states<br>statement to EPA. I further understa  |  |   |  |                                       |  |
| in violation of FIFRA and I may be s   |  |   |  |                                       | or it is a region product may be   |
| Chux Pod   | Wayson ale   |   |  |                                       | 123/04   |
| Signature:   | uíquesola  |   |  | Date:                                 | 705 707  |
|  |  | Section – I                                 |  |                                       |  |
| Material This Product Will Be Pa   |  |   |  |                                       |  |
| Child-Resistant Packaging  | Unit Packaging   | Į <u>W</u> a                                | iter Soluble Pad   | kaging                                | 2. Type of Container   |
| Yes*   | Yes  |   | Yes  |                                       | Metal  |
| ⊔ No   | No   |   | No   |                                       | Plastic  |
|  |  |   | Yes"<br>ckage wgt.   | No. per<br>container                  | Glass  |
| *Certification must  | Unit Packaging wgt. c  | ontainer Pa                                 | chage wgt.   | Containe                              | Paper  |
| be submitted   |  |   |  |                                       | Other (Specify)  |
| 3. Location of Net Contents Informa  | tion 4. Size(s) Ret  | ail Container                               |  | 5. Location of                        | f Label Directions   |
| Label Con  | tainer   |   |  | On Label                              |  |
|  |  |   |  | On labelin                            | g accompanying product   |
| 6. Manner in Which Label is Affixed  |  |   | Other _  |                                       |  |
|  | Paper glu  |   |  |                                       |  |
|  | Stenciled  | 1   |  |                                       |  |
|  |  |   |  |                                       |  |
|  |  | Section – I                                 | V  |                                       |  |
| 1. Contact Point (Complete items di  | rectly below for identification o  |   |  |                                       |  |
| Contact Point (Complete items di     Name Ana Rodriguez-Koster, Lew  |  | f individual to be                          | contacted, if ne   | Te                                    | lephone No. (Include A ea Coce)  |
|  | vis & Harrison Title   | f individual to be                          |  | Te                                    |  |
| Name Ana Rodriguez-Koster, Lev   | vis & Harrison Title   | f individual to be d                        | contacted, if ne   | Te                                    | lephone No. (Include A.ea Code) 202-393-3903 ext. 17 6. Date Application           |
| Name Ana Rodriguez-Koster, Lew 122 C St. NW Suite 740, Wast  | vis & Harrison Title hington DC 20001  Certification nade on this form and all attace                                    | Agent n hments thereto ar                   | for MAREVA, I  | nc. Te                                | lephone No. (Include A ea Cods) 202-393-3903 ext. 17  6. Date Application Received |
| Name Ana Rodriguez-Koster, Lew 122 C St. NW Suite 740, Was I certify that the statements I have n acknowledge that any knowingly fall                                      | vis & Harrison Title hington DC 20001  Certification nade on this form and all attace                                    | Agent n hments thereto ar                   | for MAREVA, I  | nc. Te                                | lephone No. (Include A.ea Coda) 202-393-3903 ext. 17 6. Date Application           |
| Name Ana Rodriguez-Koster, Lew 122 C St. NW Suite 740, Wash I certify that the statements I have nacknowledge that any knowingly falsunder applicable law.                 | vis & Harrison hington DC 20001  Certification nade on this form and all attaction se or misleading statement ma         | Agent n hments thereto ar                   | for MAREVA, I  | nc. Te                                | lephone No. (Include A ea Cods) 202-393-3903 ext. 17  6. Date Application Received |
| Name Ana Rodriguez-Koster, Lew 122 C St. NW Suite 740, Wasi  I certify that the statements I have n acknowledge that any knowingly falsunder applicable law.  2. Signature | vis & Harrison hington DC 20001  Certification nade on this form and all attact se or misleading statement ma            | Agent n hments thereto any be punishable to | for MAREVA, I<br>for MAREVA, I<br>re true, accurate<br>by fine or impris | nc. Te and complete. I onment or both | lephone No. (Include A ea Cods) 202-393-3903 ext. 17  6. Date Application Received |
| Name Ana Rodriguez-Koster, Lew 122 C St. NW Suite 740, Wash I certify that the statements I have nacknowledge that any knowingly falsunder applicable law.                 | vis & Harrison hington DC 20001  Certification nade on this form and all attact se or misleading statement materials  3. | Agent n hments thereto any be punishable to | for MAREVA, I  | nc. Te and complete. I onment or both | lephone No. (Include A ea Code) 202-393-3903 ext. 17  6. Date Application Received |

# REVACIL

[SWIMMING POOL] [SPA] [AND] [HOT TUB] [SANITIZER] [AND] [ALGISTAT] [Do not use in freestanding [spas][hot tubs].]

[Do not use in unpainted plaster pools previously exposed to metals which may cause staining (See current "pool [care] [owner's] guide" for specific information]

[Chlorine Free]
[1-877-REVACIL]

[Swimming pool sanitizer and algistat - Not a disinfectant]

### **Active Ingredient:**

### **KEEP OUT OF REACH OF CHILDREN**

### **WARNING**

See [Side] [Back] Panel for [Additional] [Precautions] [Precautionary Statements] and First Aid [Treatment]

**Net Contents:** 

MAREVA, Inc. 604A Greentree Road Chesapeake, VA 23320 USA EPA Reg. No. 69461-1 EPA Est. No. 69461-FRA-1

[Product of France] [Made in France]

[Member of National Spa & Pool Institute logo]

## PRECAUTIONARY STATEMENTS HAZ DS TO HUMANS AND DOMESTIC ANIMALS

WARNING. Causes substantial but temporary eye injury. Harmful if swallowed. Do not get concentrate in eyes or on clothing. Avoid contact with skin. Avoid breathing vapor or mist. Wash thoroughly with soap and water after handling. Wear goggles or shield when handling concentrate. Keep container closed.

(Note to Reviewer: Boxed format or bullets may be used in First Aid Section if label space permits.)

|                                   | FIRST AID  |
|-----------------------------------|--|
| IF<br>SWALLOWED:                  | <ul> <li>Call a poison control center or doctor immediately for treatment advice.</li> <li>Have person sip a glass of water if able to swallow.</li> </ul> |
|                                   | • Avoid alcohol.   |
|                                   | Do not induce vomiting unless told to do so by a poison control center or doctor.  |
|                                   | <ul> <li>Do not give anything by mouth to an unconscious person.</li> </ul>  |
| IF ON SKIN                        | Take off contaminated clothing.  |
| OR                                | Rinse skin immediately with plenty of water for 15-20 minutes.   |
| CLOTHING:                         | Call a poison control center or doctor for treatment advice.   |
| IF IN EYES:                       | Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses if present, after the first 5                                |
|                                   | minutes, then continue rinsing.  |
|                                   | 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  |
| Have the product doctor, or going | t container or label with you when calling a poison control center or  |

(If container size is 5 gallons or greater, use the following statement:) **ENVIRONMENTAL HAZARDS** 

This product is toxic to fish. Do not discharge effluent containing this product into lakes, streams, ponds, estuaries, oceans, or other water unless in accordance with the requirements of a national Pollutant Discharge Elimination System (NPDES) permit and the permitting authority has been notified in writing prior to discharge. Do not discharge effluent containing this product to sewer systems without notifying the local sewage treatment plant authority. For guidance contact your State Water Board or Regional Office of EPA.

(If container size is less than 5 gallons, use the following statement:)

### **ENVIRONMENTAL HAZARDS**

This product is toxic to fish.

11. 6 2 5 20042 Page 1 of 1

#### STORAGE AND DISPOSAL

(Bulk/Non-Residential Label:)

Do not contaminate water, food or feed by storage and disposal.

Pesticide storage: Keep container closed when not in use. Store in original container in an area inaccessible to children. Protect from freezing. In case of a leak or spill, soak up with absorbent, such as sand earth, or sawdust, and shovel into waste container. Remove waste to chemical waste area, and dispose of in accordance with pesticide disposal instructions.

Pesticide disposal: Pesticide wastes are toxic. Improper disposal of excess pesticide, spray mixture, or rinsate is a violation of Federal Law. If these wastes cannot be disposed of by use according to according to label instruction, contact your State Pesticide or Environmental Control Agency. or the Hazardous Waste representative at the nearest EPA regional Office for quidance.

Container Disposal: Triple rinse (or equivalent). Then offer for recycling or reconditioning, or puncture and dispose of in a sanitary landfill, or incineration, or, if allowed by state and local authorities, by burning. If burned, stay out of smoke.

### (Residential/Small Container Label:)

[Pesticide] Storage: Keep container closed when not in use. Store in original container in an area inaccessible to children. Protect from freezing. In case of a leak or spill, soak up with absorbent, such as sand earth, or sawdust, and shovel into waste container. Remove waste to chemical waste area, and dispose of in accordance with pesticide disposal instructions.

[Pesticide] Disposal: Securely wrap original container in several layers of newspaper and discard in trash.

#### NOTICE TO BUYFR [AND USER] [- LIMITED WARRANTY FROM MAREVA INC.(N. JONAS J CO., INC.)1

Mareya, Inc. (N. Jonas and Co., Inc.) warrants that this product conforms to the chemical description on the label and that it is reasonably fit for the purposes stated on the label when used in accordance with Mareva's (N. Jonas and Co., Inc.'s) directions under normal conditions of use. This warranty does not extend to the use of this product contrary to label instructions, or under abnormal use conditions, or under conditions not reasonably foreseeable to Mareva (N. Jonas and Co., Inc.), and you as buyer or user assume the risk of any such use. Mareva (N. Jonas and Co., Inc.) will replace the product or refund the purchase price at your option should this warranty be breached within one year of sale. THE DURATION OF ANY IMPLIED WARRANTIES UNDER APPLICABLE STATE LAWS SHALL LIKEWISE BE LIMITED TO A PERIOD OF ONE YEAR.

Some states do not allow limitations on how long an implied warranty lasts, so the above limitations may not apply to you.

IN NO EVENT SHALL MAREVA (N. JONAS AND CO., INC.) BE LIABLE FOR ANY SPECIAL, INCIDENTAL, OR CONSEQUENTIAL DAMAGES, INCLUDING LOST PROFITS, ON ANY THEORY WHATSOEVER, INCLUDING NEGLIGENCE, and no person is authorized to alter the terms of Mareva's (N. Jonas and Co., Inc.'s) warranty. Some states do not allow the exclusion or limitation of incidental or consequential damages, so the above limitation or exclusion may not apply to you.

For warranty assistance, write Business Manager, [product name] [REVACIL] (BIGUAN), Mareva, Inc. (N. Jonas and Co., Inc.), Chesapeake, VA 23320 (4520 Adams Circle; Bensalem, PA 19020) or contact your [product name] [REVACIL] (BIGUAN) authorized dealer. This warranty gives you specific legal rights, and you may have other rights that vary from state to state.

YOUR AUTHORIZED DEALER GIVES NO WARRANTY IN ADDITION TO MAREVA'S (N. JONAS AND CO., INC.'S) [WARRANTY] [WARRANTIES] AND DISCLAIMS ALL OTHER WARRANTIES INCLUDING THOSE OF FITNESS OR MERCHANTABILITY.

<sup>1 ()</sup> Parenthesis denotes alternate text for distributor labels. N.Jonas & Co., Inc. is used solely for illustrative purposes. Additional distributor names may be substituted for Jonas.

