



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

OFFICE OF CHEMICAL SAFETY  
AND POLLUTION PREVENTION

June 6, 2011

EMD Chemicals, Inc.  
c/o Matthew R. Schneider  
Garvey Schubert Barer  
1000 Potomac Street, NW  
Fifth Floor  
Washington, DC 20007

Subject: Applications for Label Notification dated May 5, 2011 to change "Propionic" to "Propionic" and "West Niles Virus" to "West Nile Virus" in the ingredients statement and optional label claims, respectively.  
Bug Repell IR3535 10% Lotion (EPA Reg. No. 70759-2)  
Bug Repell IR3535 20% Spray (EPA Reg. No. 70759-3)✓  
Bug Repell IR3535 20% Aerosol (EPA Reg. No. 70759-4)  
Your submissions dated May 5, 2011  
Decision Numbers: 448842, 448843, and 448844

Dear Mr. Schneider:

The Biopesticides and Pollution Prevention Division is in receipt of your applications for Notification under PR Notice 98-10 dated above. A preliminary screen of these requests have been conducted for their 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 labels submitted with these applications have 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 Mr. Colin Walsh at (703) 308-0298 or via email at [walsh.colin@epa.gov](mailto:walsh.colin@epa.gov).

Sincerely,

*Linda A. Hollis*

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

2097

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 2-28-95



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number 70759-3	2. EPA Product Manager Andrew Bryceland	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Bug Repell IR3535® 20% SPRAY	PM# 91	
5. Name and Address of Applicant (Include ZIP Code) EMD Chemicals Inc. 480 South Democrat Road Gibbstown, NJ 08027 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____  Product Name _____	

### Section - II

<input type="checkbox"/> Amendment - Explain below.	<input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated _____ NA
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

Notification of Ingredient Statement Typographical Error Correction per PR Notice 98-10.

(See additional page)

### Section - III

1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper Other (Specify) _____
* Certification must be submitted		If "Yes" Unit Packaging wgt. _____ No. per container _____	If "Yes" Package wgt. _____ No. per container _____
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 4 fl oz	5. Location of Label Directions <input type="checkbox"/> Container	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph Paper glued Stenciled <input type="checkbox"/> Other _____			

### Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Matthew R. Schneider, Esq.	Title Authorized Representative	Telephone No. (Include Area Code)	
2. Signature 		3. Title Authorized Representative	
4. Typed Name Matthew R. Schneider, Esq.		5. Date 5/5/11	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped) 	





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GARVEY SCHUBERT BARER

A PARTNERSHIP OF PROFESSIONAL CORPORATION

Please reply to MATTHEW R. SCHNEIDER  
mschneider@gsblaw.com TEL EXT 1787

May 5, 2011

Andrew Bryceland  
U.S. Environmental Protection Agency  
Document Processing Desk (NOTIF)  
Office of Pesticide Programs (7504P)  
1200 Pennsylvania Avenue, N.W.  
Washington DC 20460-0001

Dear Mr. Bryceland:

On behalf of EMD Chemicals, Inc. (EMD), Garvey Schubert Barer is submitting three Notifications for corrections to three labels for EPA Registration Numbers 70759-2, 70759-3, and 70759-4 (Bug Repell IR 3535® 10% Lotion, 20% Spray and 20% Aerosol, respectively). In the Ingredient Statement on the first page of each label, "proprionic" was corrected to "propionic". In addition, in the list of Optional Label Claims on the final page of each label "West Niles Virus" was corrected to "West Nile Virus". There were no other changes made to these labels.

Sincerely,

Matthew R. Schneider

5067

(Front Panel)

**Bug Repell IR3535®**

**20% Spray**

**KEEP OUT OF REACH OF CHILDREN**

**WARNING**

**ACTIVE INGREDIENT**

3-[N-Butyl-N-acetyl]-amino  
propionic acid ethyl ester\* .....20.0%

**OTHER INGREDIENT**.....80.0%

**TOTAL:**.....100.0%

\*IR3535®

**FIRST AID** - If In Eyes: [optional front and back  
panel]

-Hold eye open and rinse slowly and gently with  
water for 15-20 minutes.

-Remove contact lenses, if present, after the first  
5 minutes, then continue rinsing eye.

-Call a Poison Control Center or doctor for  
treatment advice.

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

-For information on this pesticide product call the  
National Pesticide Information Center at  
1-800-858-7378

EPA Reg. No. 70759-3 EPA Est. No. 79533-WI-  
1

EMD Chemicals Inc.

480 South Democrat Road

Gibbstown, NJ 1-800-222-0342

IR3535® is a registered trademark of Merck,  
KGaA

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[optional front and back panel]

4 FL.OZ(118 ml) [Alternative Containers]

**Notification Accepted**

**Date:** JUN 06 2011

**Reviewer:** C. Walsh

6097

(Back Panel)

**PRECAUTIONARY STATEMENTS**

**HAZARDS TO HUMANS - Warning:** For external use only. Causes substantial but temporary eye injury. Do not get in eyes. Do not spray on face. Discontinue use and consult a doctor if irritation or rash occurs. Ask a doctor before using on children under 1 year of age.

**PHYSICAL OR CHEMICAL HAZARDS –**

Use only as directed. Avoid contact with plastics, costume jewelry, leather and synthetic fibers. May damage painted or varnished surfaces, including nail polish.

**DIRECTIONS FOR USE**

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

**REPELLENCY – REPELS MOSQUITOS AND TICKS FOR UP TO 8 HOURS** [optional front and back panel]

Apply liberally and evenly over dry, exposed skin. Do not apply over cuts, wounds, freshly shaved or irritated skin.

**TO APPLY TO FACE:** Spray palm of hand and rub on. An adult must apply this product to children under 10. Do not apply to children's hands.

**FOR CONTINUED PROTECTION:** reapply about every 8 hours or sooner if effectiveness diminished, not to exceed 3 applications per day.

**Storage and Disposal:**

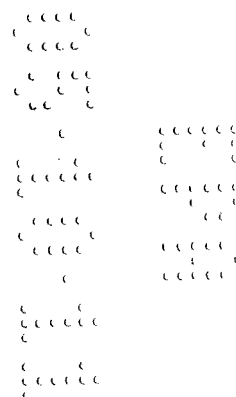
**Storage:** Store in cool dry place away from heat or flame.

**Disposal:**

**If Empty:** Do not reuse or refill this container. Place in trash or offer for recycling if available.

**If Partly Filled:** Call your local solid waste agency or call 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain.

Exp. (date).



[Optional Label Claims]:

- DEET free
- Complete protection against mosquitoes and ticks for up to 8 hours
- Family friendly
- For the whole family
- Long protection for the whole family
- 8-hour protection for the entire family
- Lightweight
- Non-greasy
- Non oily
- Pleasant feel
- Fragrance free
- Odorless
- No odor
- No need to wash off when returning from outdoors
- Mosquitoes may transmit West Nile Virus
- Ticks may transmit Lyme disease

