

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

SEP 30 1999

P. Leanne Pruett  
White Cap, Inc  
411 Powhatan Avenue  
Lester, PA 19113

Dear Ms. Pruett:

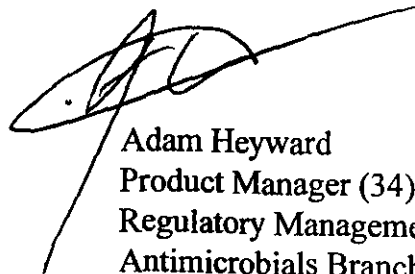
Subject: Notification Per PR-Notice 95-2 Alternate Brand Name  
Real Pine I Cleans Disinfects Deodorizer  
EPA Registration No. 72138-2  
Amendment application of September 8, 1999

This will acknowledge receipt of your notification, for an alternate brand name (High Pine Formula), submitted under the provisions FIFRA Section 3 c 9. Based on review of the submitted material the following apply.

The application is acceptable and has been made a part of the records of this file.

If you have any questions concerning this letter, please contact Portia Jenkins at (703) 308-6236.

Sincerely yours,

  
Adam Heyward  
Product Manager (34)  
Regulatory Management Branch II  
Antimicrobials Branch (7510C)

CONCURRENCES							
SYMBOL							
SURNAME							
DATE							

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

**NOTIFICATION**

Registration  
 Amendment  
 Other

OPP Identifier Number  
**250413**

**Application for Pesticide - Section I**

1. Company/Product Number 72138-2	2. EPA Product Manager Adam Heyward	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Real Pine I Cleans Disinfects Deodorizes	PM# 34	
5. Name and Address of Applicant (Include ZIP Code) White Cap, Inc 411 Powhatan Ave. Lester, PA 19113 <input type="checkbox"/> Check if this is a new address	AGENT: Oberon 3010 Rachel Ter Pinebrook, NJ 07058	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(ii), 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 type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

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

Notification of Alternate Brand Name as per PR Notice 98-10

New Alternate Brand Name: High Pine Formula

NOTE: Certification Statement is Attached

**Section - III**

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

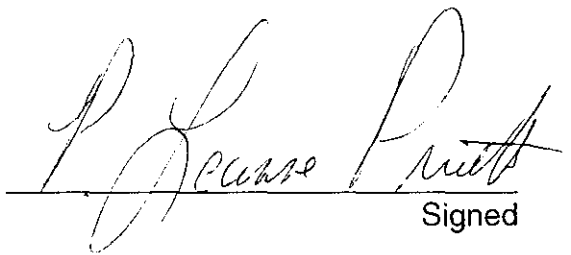
**Section - IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name P. Leanne Pruett	Title Authorized Agent	Telephone No. (Include Area Code) (973) 808-2671
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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)
2. Signature <i>P. Leanne Pruett</i>	3. Title Authorized Agent	
4. Typed Name P. Leanne Pruett	5. Date September 8, 1999	

This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U. S. C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

  
Signed

P. Leanne Pruett  
Authorized Agent

September 8, 1999

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**HIGH PINE FORMULA**  
**CLEANS • DISINFECTS • DEODORIZES**  
**LIMITED DISINFECTANT AGAINST ODOR CAUSING BACTERIA**

**Keep Out of Reach Of Children**  
**WARNING**

See below for additional precautions and first aid.

**Active Ingredient:**

Pine Oil .....25.0%

**Inert Ingredients:** .....75.0%

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

EPA Reg. No. 72138 - 2

EPA Est. No. \_\_\_\_\_

Net Contents: \_\_\_\_\_

**White Cap, Inc.**  
Lester, PA 19029

**PRECAUTIONARY STATEMENTS**

Hazards to Humans and to Domestic Animals

**WARNING:** Harmful if swallowed. Do not get in eyes, on skin, or on clothing. Causes eye and skin irritation. Avoid contamination of food.

**FIRST AID**

In case of eye contact immediately flush with water. Get medical attention if irritation persists. If swallowed, do not induce vomiting. Drink promptly a large quantity of milk or egg whites. If the above are not available, drink plenty of water. Call a physician.

**PHYSICAL OR CHEMICAL HAZARD**

Keep away from heat, sparks and open flame.

**STORAGE AND DISPOSAL**

Do not use empty container. Rinse container with water and discard in trash collection.

**DIRECTIONS FOR USE:**

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

**DISINFECTING:** Use 2 oz. to gallon water to kill gram negative odor causing bacteria, in toilet, sickroom and other hard, nonporous household surfaces such as floors, walls and tubs (includes pet sleeping area and garbage pails). All surfaces must be

precleaned prior to disinfecting. Apply with sponge, mop or cloth and thoroughly wet all surfaces. Let stand 10 minutes or until air dry. Prepare fresh solution for each use.

**CLEANING - DEODORIZING:** Use **HIGH PINE** for general household cleaning and removing grease. Use full strength to clean and unclog sink drains and to deodorize toilet bowls.

For the jobs below, add **HIGH PINE** to 1/2 bucket of water (or equivalent)

Add 1/4 cup <b>HIGH PINE</b> for	floors	walls
	ceramic tile	whitewall tires
	garbage cans	woodwork
	Kitchen cabinets	
Add 1/2 cup <b>HIGH PINE</b> for	diapers	
	laundry	
	work clothes	