

72315-1

10/17/2008

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

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

October 17, 2008

OFFICE OF
PREVENTION, PESTICIDES
AND TOXIC SUBSTANCES

Cristina Griffin
Agent for Olin Corporation
c/o Delta Analytical Corp.
12510 Prosperity Drive, Suite 160
Silver Spring, MD 20904

Subject: Olin Chlorine Liquefied Gas Under Pressure
EPA Registration No. 72315-1
Application Date: September 29, 2008
Receipt Date: October 1, 2008

Dear Ms. Griffin:

This acknowledges receipt of your notification, submitted under the provision of PR Notice 98-10, FIFRA section 3(c)9.

Proposed Notification

- Revision of Ingredient Statement to read "Other Ingredients"
- Addition of statement clarifying that product is not a pesticide MUP

General Comments

Based on a review of the material submitted, the following comment applies:

The notification application is acceptable and a copy has been inserted in your file for future reference.

Should you have any questions or comments concerning this letter, please contact me at (703) 308-6345.

Sincerely,


Wanda Y. Henson
Product Reviewer (32)
Regulatory Management Branch II
Antimicrobials Division (7510P)

CONCURRENCES

YMBOL	7510P	7520P						
URNAME	Ek Berg	Henson						

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060.

 EPA	United States Environmental Protection Agency Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number NOTIF
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Application for Pesticide - Section I

1. Company/Product Number 72315-1	2. EPA Product Manager Emily Mitchell	3. Proposed Classification <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Olin Corporation/ Olin Chlorine Liquified Gas Under Pressure	PM# 32	
5. Name and Address of Applicant (Include ZIP Code) Olin Corporation c/o Delta Analytical Corp. 12510 Prosperity Drive. Suite 160 Silver Spring, MD 20904 <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

- ☐ Amendment - Explain below
☐ Resubmission in response to Agency letter dated _____
☒ Notification - Explain below.

- ☐ Final printed labels in response to Agency letter dated _____
☐ "Me Too" Application.
☐ Other - explain below.

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

Notification to add non pesticidal language

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.

Section - III

1. Material this Product will be Packaged in:

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	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted.		If "Yes," Unit Package wgt. No. per container	If "Yes," Unit Package wgt. No. per container

3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) of Retail Container	5. Location of Label Direction <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner In Which Label Is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Other _____ <input type="checkbox"/> Stenciled		

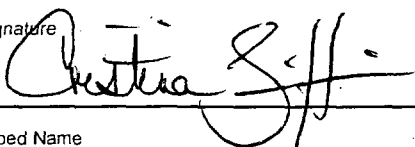
Section - IV

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

Name Cristina Griffin	Title Agent for Olin Corporation	Telephone No. (Include Area Code) 301-680-7971
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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 kind of knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

2. Signature 	3. Title Agent for Olin Corporation	6. Date Application Received (Stamped)
4. Typed Name Cristina Griffin	5. Date September 29, 2008	



September 29, 2008

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

Attn: Emily Mitchell, PM 32

RE: Notification of minor label changes
Olin Chlorine Liquified Gas Under Pressure, EPA Reg. No. 72315-1
Olin Corporation

Dear Ms. Mitchell:

On behalf of Olin Corporation, I am submitting a notification for the product referenced above. This notification is for the same non-pesticidal explanatory language EPA approved for Olin's EPA Reg. No. 72315-6. For your convenience, I have enclosed a copy of the notification approval letter for 72315-6 and the e-mail from Michael Hardy providing the non-pesticidal language. In addition, there are a couple of other minor label changes, also consistent with the approved EPA Reg. No. 72315-6; all changes on the label are highlighted.

Enclosures

- EPA form 8570-1
- 1 copy of revised label with all changes highlighted
- Michael Hardy email dated 7/28/08
- EPA approval letter of 8/19/08 and notification explanation for EPA Reg. No. 72315-6

If you have any questions regarding this submission, please contact me at 301-680-7971 or cgriffin@delta-ac.com.

Sincerely,

Cristina Griffin
Agent for Olin

Enclosures

cc: Vickie Ray, Olin Corporation

12510 Prosperity Drive Suite 160 Silver Spring, Maryland 20904

FYI

Cristina Griffin

From: Hardy.Michael@epamail.epa.gov
Sent: Monday, July 28, 2008 9:00 AM
To: cgriffin@delta-ac.com
Cc: Hartman.Mark@epamail.epa.gov; Winkler.Emily@epamail.epa.gov; Henson.Wanda@epamail.epa.gov

Cristina,

Olin can add the following statement on their bleach product (72315-6) to avoid being confused as a pesticide MUP:

CLEANING FORMULATIONS, BLEACHING, & NON-PESTICIDE CHEMICAL MANUFACTURING: This product may be used for cleaning formulations, bleaching and non-pesticide chemical manufacturing. Only specifically designed handling and dispensing equipment should be used in accordance with manufacturer's instructions and according to operating instructions or product formulations defined by the use facility.

Michael Hardy
Ombudsman and Enforcement Team Leader
Antimicrobials Division
703-308-6432



CHLORINE

LIQUIFIED GAS UNDER PRESSURE

NONFLAMMABLE

FOR USE AS A DISINFECTANT AND/OR ALGICIDE, by experienced personnel only, in municipal water supplies, sewage and waste management plants, and in commercial and industrial swimming pools; as a slimicide in water cooling systems and in paper mills; and in repackaging into portable cylinders. Re-packagers must obtain their own registration with Environmental Protection Agency.

CAS No. 7782-50-5

ACTIVE INGREDIENT:

Chlorine.....99.5%

OTHER INGREDIENTS:.....0.5%

TOTAL.....100.0%

EPA Reg. No. 72315-1

EPA Est. Nos. : 72315-AL-001, 72315-GA-001, 72315-NY-001, 72315-TN-001, 71207-CAN-002
61667-CA-001, 61667-CA-002, 61667-LA-001, 61667-NV-001, 61667-WA-001, 61667-WA-002

See Bill of Lading for specific establishment number

KEEP OUT OF REACH OF CHILDREN



DANGER

POISON

FIRST AID

If inhaled

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

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

If swallowed

- Call a poison control center or doctor immediately for treatment advice.
- Have person sip a glass of water if able to swallow.
- Do not induce vomiting unless told to do so by the poison control center or doctor.
- Do not give anything by mouth to an unconscious person.

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

NOTE TO PHYSICIAN

Probable mucosal damage may contraindicate the use of gastric lavage.

OCEAN® NETWORK EMERGENCY PHONE

1-888-289-1911



CHLOR ALKALI
PRODUCTS

OLIN CHLOR ALKALI PRODUCTS, 490 Stuart Road N.E., Cleveland, TN 37312

Net Wt: [See Bill of Lading]

PRECAUTIONARY STATEMENTS HAZARDS TO HUMANS & DOMESTIC ANIMALS

DANGER. Corrosive. Causes irreversible eye damage and skin burns. Fatal if swallowed, inhaled, or absorbed through skin. Do not get in eyes, on skin, or on clothing. Do not breathe vapor. Wear goggles, protective clothing and rubber gloves as discussed below. Wash thoroughly with soap and water after handling and before eating, drinking, or using tobacco. Remove contaminated clothing and wash before reuse.

PERSONAL PROTECTIVE EQUIPMENT: Handlers must wear long-sleeved shirts, long pants, shoes, and socks. **In Case Of Spill Or Leakage:** Under normal use-conditions, no protective eyewear, respirator, or gloves are required. However, in case of a spill or leak, handlers must wear chemical-resistant gloves (such as nitrile or butyl) and a full-face canister-style (gas mask) respirator with a canister approved for chlorine (MSHA/NIOSH approval number prefix TC-14G) OR a self contained breathing apparatus (SCBA) (MSHA/NIOSH approval number prefix TC-13F). Since there is always the possibility of a spill or leak, gloves and a respirator of a type specified above must be available and are required for anyone entering into an affected area in the event of a leak or spill.

ENVIRONMENTAL HAZARDS: This pesticide is toxic to fish. 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 to sewer systems without previously notifying the local sewage treatment plant authority. For guidance contact the regional office of the Environmental Protection Agency.

CHEMICAL-PHYSICAL HAZARDS: Chlorine is a nonflammable gas, liquified, under pressure. Do not drop container. Keep away from intense heat or open sunlight. Corrosive to most metals in the presence of moisture.

LEAK PROCEDURE: Evacuate and isolate the area. Wear full protective clothing and self-contained breathing apparatus approved by NIOSH. Follow OSHA regulations for respirator use (Sec. 29 CFR1910.134). Wash contaminated clothes before reuse. If possible, stop flow of gas. Remove to open area.

STORAGE & DISPOSAL: Keep containers away from heat. Do not store in direct sunlight or drop portable containers. All storage containers must have a weather resistant label attached near the outlet valve and must not be accessible to the general public. Empty containers should be properly identified with return tags and returned to supplier according to prescribed instruction and practices recommended by the Chlorine Institute.

DIRECTIONS FOR USE GENERAL CLASSIFICATION

It is a violation of federal law to use this product in a manner inconsistent with the labeling. Have available gas masks approved by the National Institute for Occupational Safety and Health. Handle and use only in accordance with practices recommended in the Chlorine Manual published by the Chlorine Institute, Inc., Virginia. Use only in well ventilated areas.

"Only specifically designed dispensing equipment should be used in accordance with manufacturer's instructions and according to state regulatory agency recommendations for dosages or residual chlorine levels which should be maintained for each specific site of application."

CLEANING FORMULATIONS, BLEACHING, & NON-PESTICIDE-CHEMICAL-MANUFACTURING:

This product may be used for cleaning formulations, bleaching and non-pesticide chemical manufacturing. Only specifically designed handling and dispensing equipment should be used in accordance with manufacturer's instructions and according to operating instructions or product formulations defined by the use facility.

NO REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY OR OTHERWISE ARE MADE OR CONTAINED HEREIN, EXCEPT THAT PRODUCT CONFORMS TO OLIN'S SPECIFICATIONS THEREFORE, Olin's exclusive responsibility for any claims, including claims based on negligence, arising in connection with the purchase, use, storage or handling of the product will in no event exceed Olin's sales price for the product with respect to which damages are claimed. In no event will Olin be liable for any incidental or consequential damages arising in connection with the purchase, use, storage or handling of the product. Buyer accepts full responsibility for compliance with all applicable Federal, state and local laws and regulations.