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02 / 18 / 2010

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

OFFICE OF
PREVENTION, PESTICIDES AND
TOXIC SUBSTANCES

Technology Sciences Group Inc.
c/o for AgION Technologies
1150 18th Street, NW
Suite 1000
Washington, DC 20036

FEB 18 2010

Attention: Erin Tesch
Regulatory Specialist

Subject: AgION Bacteriostatic Water Filter
EPA Reg. No. 72854-3
Notification Letter Dated January 21, 2010

This will acknowledge receipt of your notification submitted under the provisions of FIFRA Section 3(c) (9). Based on a review of the submitted material, the following apply:

- Bracketing the model number on the label

The Notification is in compliance with PR Notice 98-10 and is acceptable. This information has been made a part of your file.

If you have any questions concerning this letter, please contact Demson Fuller at (703) 308-8062.

Sincerely,

A handwritten signature in cursive script, reading "M. Swindell", is written over the typed name.

Marshall Swindell
Product Manager (33)
Regulatory Management Branch 1
Antimicrobials Division (7510C)



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 72854-3	2. EPA Product Manager Marshall Swindell	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) AgION Bacteriostatic Water Filter	PM# 33	
5. Name and Address of Applicant (Include ZIP Code) AgION Technologies Inc. 60 Audubon Road Wakefield, MA 01880 <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 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.

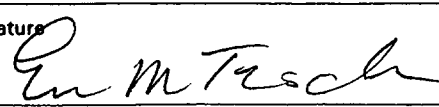
Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Notification of a minor label change per PR Notice 98-10. 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:				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	
* Certification must be submitted				<input type="checkbox"/> Other (Specify) _____	
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"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> 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 Erin M. Tesch		Title Regulatory Consultant for AgION Technologies	
		Telephone No. (Include Area Code) _____	
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 		3. Title Regulatory Consultant for AgION Technologies	
4. Typed Name Erin M. Tesch		5. Date Jan. 21, 2010	



WASHINGTON

1150 18th Street, N.W.

Suite 1000

Washington, D.C. 20036

Telephone 202 223-4392

Fax 202 872-0745

Mr. Marshall Swindell
Office of Pesticide Programs
Antimicrobial Division (7504P)
Office of Pesticide Products
U.S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

January 21, 2010

SACRAMENTO

712 Fifth Street

Suite A

Davis, CA 95616

Telephone 530 757-1298

Fax 530 757-1299

**RE: AgION Bacteriostatic Water Filter
EPA Reg. No. 72854-3
Notification for Label Changes per PR Notice 98-10**

Dear Mr. Swindell:

Technology Sciences Group Inc., on behalf of AgION Technologies Inc., is submitting the enclosed notification to make a minor label change in the model number of the product. The model number is bracketed to indicate that the number may change. No additional changes have been made.

You will find the following included with this submission:

- 1) EPA Application Form,
- 2) One redline version of the revised label
- 3) Three clean copies of the revised label

CANADA

275 Slater Street

Suite 900

Ottawa, Ontario

K1P 5H9

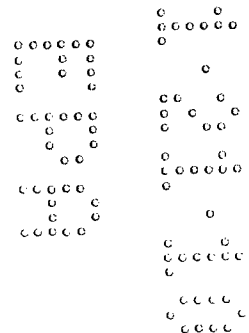
Telephone 613 247-6285

Fax 613 236-3754

Please do not hesitate to contact me directly with any questions and/ or concerns at (202) 828-8966 or via e-mail: etesch@tsgusa.com.

Sincerely,

Erin M. Tesch
Regulatory Agent for AgION Technologies Inc.



[Q5520AM]

AglON Bacteriostatic Water Filter

CHLORINE TASTE AND ODOR AND BACTERIOSTATIC EFFECTS

ACTIVE INGREDIENT

Silver.....	0.15%
INERT INGREDIENTS.....	99.85%
TOTAL.....	100.00%

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

INSTALL IN COLD WATER APPLICATIONS ONLY. THIS PRODUCT IS DESIGNED TO REMOVE OBJECTIONABLE TASTES, ODORS, AND COLOR FROM MUNICIPALLY TREATED TAP WATER.

This unit has a capacity up to 2000 gallons or 12 months.
Maximum flow 0.50 GPM (1.9 LPM)
Maximum pressure 125 PSIG (8.6 bar)
Maximum temperature 100 F (38 C)
Minimum temperature 35 F (2 C)

NOTE: DO NOT USE WITH WATER THAT IS MICROBIOLOGICALLY UNSAFE OR OF UNKNOWN QUALITY WITHOUT ADEQUATE DISINFECTION BEFORE OR AFTER UNIT. THE TERM BACTERIOSTATIC INDICATES THAT THE SYSTEM LIMITS THE PASSAGE OR GROWTH OF BACTERIA THAT MAY ALREADY EXIST IN THE INCOMING WATER. IT DOES NOT MEAN THAT THE WATER LEAVING THE SYSTEM IS SAFER TO DRINK THAN THE WATER ENTERING THE SYSTEM. CAUTION: KEEP OUT OF REACH OF CHILDREN.

FOR HEAD INSTALLATION, THREAD AND CONNECT FITTINGS:

**FOR CARTRIDGE REPLACEMENT INTO TWIST TAP™ FILTER HEAD
MODELS [QNVH B, C, OR J] WITH AUTOMATIC SHUT OFF.
DELETE STEP 1.**

- A SHUT OFF WATER SUPPLY.
- B NOTE THE FLOW DIRECTION ON HEAD.
- C FOR QUICK CONNECT FITTINGS PUSH SCRATCH FREE TUBE END INTO FITTING UNTIL IT BOTTOMS. FOR THREADS, INSTALL TEFLON TAPED FITTINGS AND TIGHTEN FIRMLY.
- D TURN ON WATER AND CHECK FOR LEAKS. IF LEAKS OCCUR, REPEAT STEP C. IF LEAKS PERSIST, DISCONTINUE USE AND CALL YOUR SUPPORTING DEALER.

NOTE: INSTALL IN COMPLIANCE WITH LOCAL AND STATE REGULATIONS

- 1 SHUT OFF WATER SUPPLY.
 - 2 UNSCREW OLD CARTRIDGE FROM HEAD.
 - 3 SCREW IN NEW CARTRIDGE UNTIL LIGHTLY SEATED. DO NOT OVERTIGHTEN.
 - 4 TURN ON WATER.
 - 5 CHECK FOR LEAKS. IF LEAKS OCCUR, REPEAT STEPS 1,2,3,4,5. IF LEAKS PERSIST DISCONTINUE USE AND CALL YOUR SUPPORTING DEALER.
 - 6 FLUSH 5 GALLONS OF WATER THROUGH FILTER BEFORE USE.
 - 7 INSTALL AND DISPOSE OF IN COMPLIANCE WITH LOCAL AND STATE REGULATIONS.
- 

NSF
- System Tested and Certified International against NSF/ANSI for the reduction of Chlorine, Lead, and Bacteriostatic Effects



System Tested and Certified by NSF International against NSF/ANSI STD 42 for the reduction of Chlorine, Taste and Odor and Bacteriostatic Effects.

DISPOSAL: Wrap used filter in paper and dispose in trash.

MADE IN U.S.A.

©1998, MANUFACTURED BY
OMNIPURE FILTER COMPANY
CALDWELL, IDAHO U.S.A.
TEL 12084542597

TEL 1208454259/

OMNIPURE IS A REGISTERED TRADEMARK OF OMNIPURE FILTER COMPANY. See warranty at www.omnipure.com

EPA Reg. No 72854-3

EPA Est. No. XXXXX