

87276-7

04-26-2011

1/7



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

APR 26 2011

OFFICE OF CHEMICAL SAFETY  
AND POLLUTION PREVENTION

Michael Kellogg, Agent  
Envincio LLC  
c/o Pyxis Regulatory Consulting, Inc.  
4110 136<sup>th</sup> St. NW  
Gig Harbor, WA 98332

RE: Product Name: Equil S-Methoprene 1.2% IGR Concentrate  
EPA Reg. No: 87276-7  
Application for Label Notification Dated April 21, 2011 to add an optional  
marketing claim per PR Notice 98-10

Dear Mr. Kellogg:

The Biopesticides and Pollution Prevention Division is in receipt of your application for Notification under Pesticide Registration (PR) Notice 98-10 dated above. A preliminary screen of this request has been conducted for its 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 label submitted with this application has 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 Ms. Menyon Adams at (703) 347-8496 or email at [adams.menyon@epa.gov](mailto:adams.menyon@epa.gov).

Sincerely,

*Linda Hollis*

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



United States  
Environmental Protection Agency  
Washington, DC 20460

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number

### Application for Pesticide - Section I

1. Company/Product Number 87276-7	2. EPA Product Manager L. Hollis	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Envincio LLC / Equil S-Methoprene 1.2% IGR Concentrate	PM# 91	
5. Name and Address of Applicant (Include ZIP Code) Envincio LLC c/o Pyxis Regulatory Consulting, Inc. 4110 136th St. NW Gig Harbor, WA 98332 <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: <b>Notification Accepted</b> EPA Reg. No. _____ Product Name _____ Date: <b>APR 26 2011</b>	

### Section - II

Reviewer: *M ADAMS*

<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 revision per PRN 98-10 (addition of optional marketing statement). 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 checked="" type="checkbox"/> No	Unit Packaging <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Metal	<input checked="" type="checkbox"/> Plastic
				<input type="checkbox"/> Glass	<input type="checkbox"/> Paper
				<input type="checkbox"/> Other (Specify) _____	
* Certification must be submitted		If "Yes" Unit Packaging wgt. 1 oz.	No. per container 10	If "Yes" Package wgt.	No. per container
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input checked="" type="checkbox"/> Container		4. Size(s) Retail Container 10 x 1 fl. oz. and 16 fl. oz.		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input checked="" type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" 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 Michael Kellogg	Title Agent	Telephone No. (Include Area Code) (253) 853-7369
2. Signature <i>Michael Kellogg</i>		6. Date Application Received <b>(Stamped)</b>
3. Title Agent		
4. Typed Name Michael Kellogg		
5. Date 4/21/11		









