

70759-2

6/6/2011

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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.

Sincerely,

Linda A. Hollis

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



United States
Environmental Protection Agency
Washington, DC 20460

Registration
 Amendment
 Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 70759-2	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® 10% LOTION	PM# 97	
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:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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; 2 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) 0000
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. Case Application Received (Stamped)
2. Signature 	3. Title Authorized Representative	
4. Typed Name Matthew R. Schneider	5. Date 5/3/11	

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(Back Panel)

PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS - Warning: For external use only. Causes substantial but temporary eye injury. Do not get in eyes. 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. 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 disposal instructions. Never place unused product down any indoor or outdoor drain.

Exp. (date).



