Please read instructions on reverse before completing form. Form Approved. OMB No. 2070-0060. Approval expires 2-28-95

EPA

United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☑ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number	2. EPA Product Manager	3. Proposed Classification
83190-1	(vacant)	☑ None ☐ Restricted
4. Company/Product (Name) AQUA-TE	PM# 22	

5. Name and Address of Applicant *(Include ZIP Code)*

Bluewater Chemgroup, Inc.
PO Box 11384
Fort Wayne, IN 46857

☐ *Check if this is a new address*

6. **Expedited Reveiw.** 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 repsonse to Agency letter dated _____
☐ "Me Too" Application.
☐ Other - Explain below.

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

Notification of administrative label change - removal of particular marketing-type claims previously approved within Product Information section of label.

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, and further understands 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	Unit Packaging	Water Soluble Packaging	2. Type of Container
☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Metal ☑ Plastic ☐ Glass ☐ 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	4. Size(s) Retail Container	5. Location of Label Directions
☑ Label ☐ Container	1 pt to 5 gal	☐ on label & labeling accompanying product

6. Manner in Which Label is Affixed to Product ☑ Lithograph ☑ Paper glued ☐ Stenciled ☐ Other _____

Section - IV

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

Name	Title	Telephone No. (Include Area Code)
Rebecca M. Horton	Consultant/Agent	540-375-8826

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 knowlingly 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
Rebeccca Horton — Digitally signed by Rebeccca Horton DN: cn=Rebeccca Horton, o=Registrations by Design, Inc., ou, email=hortonb@ntelos.net, c=US Date: 2018.10.02 13:38:24 -04'00'	Consultant/Agent
4. Typed Name	**5. Date**
Rebecca M. Horton	Oct. 2, 2018