Vista Chemical Company

900 Threadneedle
Houston, Texas 77079
(713) 588-3000

P.O. Box 19029
Houston, Texas 77224
Fax (713) 588-3236

CERTIFIED MAIL
#P25 8135373
RETURN RECEIPT REQUESTED

January 19, 1990

TGG: JCL: ERT: MJH: AJO: RF

VISTA

XF:_____

Document Processing Desk (Phase 2 Response)
Office of Pesticide Programs (H 7504C)
U. S. EPA
401 M Street, S.W.
Washington, D. C. 20460

RE: **CASE NO. 4004**
**CHEM #: 79038 - LIST D**
**CHEM NAME: DECANOL**
**PRODUCT REGISTRATION: 03946-00002**

Dear Sirs:

This letter is part of Vista Chemical Company's response to Phase 2 of the reregistration process. Vista will not proceed to reregister the product referenced above. Vista will transfer this registration to a consortium of Tobacco Sucker Control Agent formulators that is being formed in response to the reregisteration of Case No. 4004 alcohols. The consortium will then respond to the Phase II process for this product.

Based on conversations with Tom Luminello of the registration branch, we are returning the response forms and providing this letter regarding our intent.

Please call me at 713-588-3445 if there are questions regarding this matter.

Sincerely,

Thomas G. Grumbles, C.I.H.
Environmental Quality Manager

dlj

VVV 000010989

Form Approved. OMB No. 2070-0102. Approval Expires 9-30-90.

PART A

U.S. Environmental Protection Agency

REREGISTRATION PHASE 2 RESPONSE WORKSHEET



| 1 COMPANY NAME & ADDRESS | 2 CASE # | 3 CASE NAME |
|---|---|---|
| VISTA CHEMICAL COMPANY<br>P.O. BOX 19029<br>HOUSTON<br>TX 77224 | 4004<br><br>CHEM #<br>79038<br>LIST D | Aliphatic alcohols, C6-C16<br><br>CHEM NAME<br>Decanol |

| 4 EPA Product Registration | 5 I wish to Voluntarily Cancel this Product | 6 Redesignate this Active Ingredient as an Inert Ingredient in this Product | 7 I am seeking reregistration of this Product and am claiming a Generic Data Exemption because I obtain the active ingredient from the source EPA Registration(s) listed below | 8 I wish to reregister this Product and agree to satisfy its Generic Data requirements |
|---|---|---|---|---|
| 039496-00001 | | | | |
| 0 96-00002 | | | | |
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PLEASE SEE ATTACHED COVER LETTER REGARDING VISTA'S INTENT TO TRANSFER THIS REGISTRATION

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.

| 9 Signature of Company's Authorized Representative | 10 Date |
|---|---|
| | |

11 Name of Company's Authorized Representative (typed or printed)

VVV 000010990

| 12 Name of Company Contact | Phone Number |
|---|---|
| | |