

US EPA ARCHIVE DOCUMENT

93218 DDP

MRID: 93218 DDP

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United States Environmental Protection Agency
Washington, DC 20460

Form Approved : 12/21/89
OMB No. : 2070-0106
Approval Expires: 12/31/92

REREGISTRATION PHASE 3 CHEMICAL RESPONSE WORKSHEET

1. a. Company Name DOW CORNING CORP. MIDLAND, MI		1. b. Company No. 034292		2. a. Chemical No. 107401		2. b. Chemical Name Trimethoxysilylpropyl dim		2. c. Case No. 3148					
Phase 3 Response													
Summary of Registrant's Phase 2 Response					Phase 3 Response								
3	4	5	6	7	8	9	10	11	12	13	14	15	
Guideline Reference Number	Name of Requirement	MRP Number (associated with codes 1 and 6)	Apply Codes in Phase 2 Response	Is Summary Provided?	Does Summary Identify Agency/Effect?	Is Reference Study Provided?	Will Do Study?	Will Cost Share?	Will Provide Data Companion?	Am Amending to Prop Use?	Correspondence Attached	Time Frame (Yrs.)	
61-1	Chemical Identity	130316	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	
61-2(a)	Begin. mt. & mfg. proc	229359	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	
61-2(b)	Discussion of Impurities	130316 70190 164989	1, 7M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	
62-1	Preliminary Analysis	229359	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	
62-2	Certification of limits	243105	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	
62-3	Analytical Method	130316	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	
63-2	Color	229359	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	
63-3	Physical State	229359	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	
16 <input type="checkbox"/> Check here if registrant is submitting other information he or she believes supports reregistration.				17 <input type="checkbox"/> Check here if registrant is submitting identification of adverse effects information other than summaries of studies listed above.									
18 Certification I certify that the statements that I have made on this form and all attachments therein are true, accurate, and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.										19 Contact A. A. Birdsall		20 Phone (517) 496-5896	
A. A. Birdsall (SIGNATURE)										7/17/90 (DATE)			

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IF YOU HAVE ANY QUESTIONS OR OTHER CONCERNS ABOUT PHASE 3 PLEASE CALL 800-552-8879.

1.a. Company Name DOW CORNING CORP. MIDLAND, MI		1.b. Company No. 034292		2.a. Chemical No. 107401		2.b. Chemical Name Trimethoxysilyl)propyl dim		2.c. Case No. 3148				
3 Summary of Registrant's Phase 2 Response				Phase 3 Response								
3	4	5	6	7	8	9	10	11	12	13	14	15
Exemption Reference Number	Name of Requirement	MUP Number associated with this MUP (see Codes 1 and 6)	Copy/Tests/Specs listed in Phase 2 Response	is Summary provided?	Does Summary identify adverse effects?	Is Refer. Study Provided?	Will Do Study?	Will Cost Share?	Will Provide Data Compensations?	An Addendum to Prop. Dec?	Correspondence Attached	Time Frame (Yrs.)
63-4	Odor	* NOT FOUND	1,7M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
63-5	Melting Point		71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
63-6	Boiling Point	* NOT FOUND	1,7M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
63-7	Density	* 229359	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
63-8	Solubility	* NOT FOUND	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
63-9	Vapor Pressure	* NOT FOUND	1,7M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
63-10	Dissociation Constant		71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
63-11	Oct/Water partition coef.		7M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
63-12	pH	* NOT FOUND	1,7M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
63-13	Stability	* 130316 * 243105	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
63-14	Oxidizing/Reducing Action	* 229359		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
63-15	Flammability	* 229359	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
63-16	Explosibility			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
63-17	Storage stability	* 195017 * 130316 * 243105	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
63-18	Viscosity	* 232337		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
63-19	Miscibility			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
	Corrosion characteristics		7M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2

1.a. Company Name
DOW CORNING CORP.
MIDLAND, MI

1.b. Company No.
034292

2.a. Chemical No.
107401

2.b. Chemical Name

Trimethoxysilyl)propyl dim

2.c. Case No.

3148

Summary of Registrant's Phase 2 Response

Phase 3 Response

3	4	5	6	7	8	9	10	11	12	13	14	15
Guideline Reference Number	Name of Requirement	WIP Number Associated with Codes 1 and 4	Copy Codes Used in Phase 2 Response	Is Summary Provided?	Does Summary Identify Adverse Effects?	Is Reference Study Provided?	Will Do Study?	Will Cost Share?	Will Provide Data Compensation?	Am Amending To Drug List?	Correspondence Attached?	Time Frame (Yrs.)
63-21	Dielectric breakdown volt			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
71-1(a)	Acute avian oral quail/duck	40385218 ✓	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
71-1(b)	Acute avn oral quail/duck TEP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
71-2(a)	Acute avian diet. quail		8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
71-2(b)	Acute avian diet. duck	40385217 ✓	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
71-3	Wild mammal toxicity			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
71-4(a)	Avian repro. quail			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
71-4(b)	Avian repro. duck			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
71-5(a)	Simulated field study			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
71-5(b)	Actual field study			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
72-1(a)	Fish toxicity bluegill	130321	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
72-1(b)	Fish toxicity bluegill - TEP	40385202		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-1(c)	Fish toxicity rainbow trout	130321	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-1(d)	Fish tox rainbow trout-TEP	40385202		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-2(a)	Invertebrate toxicity	40385215	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-2(b)	Invertebrate toxicity - TEP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-3(a)	Estu/mari tox. fish			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-3(b)	Estu/mari tox. mollusk			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1

1.a. Company Name
DOW CORNING CORP.
MIDLAND, MI

1.b. Company No.
034292

2.a. Chemical No.
107401

2.b. Chemical Name
Trimethoxysilylpropyl dim

2.c. Case No.
3148

3 Summary of Registrant's Phase 2 Response

Phase 3 Response

4 Guideline Reference Number	5 Name of Requirement	6 Compliance Codes Used in Phase 2 Response	7 Is Summary Provided?	Phase 3 Response							15 Time Frame (Yrs.)		
				8 Does Summary Identify Adverse Effects?	9 Is Reference Study Provided?	10 Will Do Study?	11 Will Cost Share?	12 Will Provide Data Company?	13 Am Amending to Prop Use?	14 Correspondence Attached			
72-3(c)	Estu/mari tox. shrimp		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-3(d)	Estu/mari tox. fish - TEP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-3(e)	Estu/mari tox. mollusk - TEP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-3(f)	Estu/mari tox. shrimp - TEP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-4(a)	Early life stages fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-4(b)	Life cycle invertebrate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-5	Life cycle fish		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
72-6	Aquatic org. accumulation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
72-7(a)	Simul. field-aquatic orgs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
72-7(b)	Actual field-aquatic orgs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
81-1	Acute oral tox. rat	29138 85296 130318 130319 164911 29139	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
81-2	Acute dermal tox. rabbit/rat	130518 164912 40385201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
81-3	Acute inhal. tox rat	41157803 104765	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2

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1.a. Company Name DOW CORNING CORP. MIDLAND, MI		1.b. Company No. 034292		2.a. Chemical No. 107401		2.b. Chemical Name Triethoxysilyl)propyl dim		2.c. Case No. 3148				
Summary of Registrant's Phase 2 Response				Phase 3 Response								
3	4	5	6	7	8	9	10	11	12	13	14	15
Guideline Reference Number	Name of Requirement	MRIP Number Assigned with Codes 1 and 6	Comply Codes Used in Phase 2 Response	Is Summary Provided?	Does Summary Identify Adverse Effects?	Is Referential Study Provided?	Will Do Study?	Will Cost Share?	Will Provide Data Compensation?	Are Additional Data Used?	Correspondence Attached	Time Frame (Yrs.)
8-1(a)	Chronic tox-rodent			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
8-1(b)	Chronic tox - non-rodent			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
8-2(a)	Oncogenicity - rat			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
8-2(b)	Oncogenicity-mouse			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
8-3(a)	Teratogenicity - rat	41438083	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
8-3(b)	Teratogenicity - rabbit			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
8-4	2-generation repro.-rat			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
8-2(a)	Gene mutation-rats		2,3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
8-2(b)	Struct. chrom. aberration		2,3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
8-4	Other genotoxic effects	57346	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
8-1	General metabolism			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
8-2	Genital penetration	57346	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
8-1	Domestic animal safety			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
12-1(a)	Seed germ/seedling emerg		71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
12-1(b)	Vegetative vigor		71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
12-2	Aquatic plant growth		71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
12-1(a)	Seed germ/seedling emerg			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
12-1(b)	Vegetative vigor			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
12-2	Aquatic plant growth			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
12-1	Terrestrial field			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2

1.a. Company Name
DOW CORNING CORP.
MIDLAND, MI

1.b. Company No.
034292

2.a. Chemical No.
107401

2.b. Chemical Name
Trimethoxysilyl)propyl dim

2.c. Case No.
3148

Summary of Registrant's Phase 2 Response

Phase 3 Response

Guideline Reference Number	Name of Requirement	MRP associated with Codes 1 and 6	Comply Codes used in Phase 2 Response	Phase 3 Response							15 Time Frame (Yrs.)		
				7 Is Summary Provided?	8 Does Summary Identify Adverse Effects?	9 Is Referenced Study Provided?	10 Will Do Study?	11 Will Cost Share?	12 Will Provide Compensation?	13 Am Amending to Prop Use?		14 Correspondence Attached	
165-2	Field rotational crop			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
165-4	Bioaccumulation in fish			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
165-5	Bioaccum-aquatic non-target			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
166-1	Grd water-small prospect.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
166-2	Grd water-small. retrospect.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
166-3	Grd water-irrg retrospect.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
171-2	Chemical identity	• 243105	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
171-3	Directions for use	• 229359 70190	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
171-4(e)	Nature of residue - plants	• 241926		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
171-4(c)	Res. analyt. method - plant			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
171-4(e)	Storage stability			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
201-1	Droplet size spectrum			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
202-1	Drift field evaluation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2

8

2.c. Case No.
3148

2.b. Chemical Name
Trimethoxysilyl)propyl dim

2.a. Chemical No.
107401

1.b. Company No.
034292

1.a. Company Name
DOW CORNING CORP.
MIDLAND, MI

Phase 3 Response

3 Guideline Reference Number	4 Name of Requirement	5 MDL Number Associated With Code Empty	Phase 3 Response												
			7 Is Summary Provided?	8 Does Summary Identify Adverse Effects?	9 Is Infor- mation Study Provided?	10 Will Do Study?	11 Will Cost Share?	12 Will Provide Data Comparison?	13 Are Ascending Prop. Used?	14 Corres- pondence Attached	15 Time Frame (Yrs.)				
-- CROP --			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171-4(K)	Cropfield Trials		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171-4(L)	Processed Food		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- CROP --			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171-4(K)	Cropfield Trials		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171-4(L)	Processed Food		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- CROP --			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171-4(K)	Cropfield Trials		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171-4(L)	Processed Food		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- CROP --			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171-4(K)	Cropfield Trials		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171-4(L)	Processed Food		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-- CROP --			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171-4(K)	Cropfield Trials		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
171-4(L)	Processed Food		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.a. Company Name DOW CORNING CORP. MIDLAND, MI		1.b. Company No. 034292	2.a. Chemical No. 107401	2.b. Chemical Name Trimethoxysilyl) propyl dim		2.c. Case No. 3148					
3	4	5	7	8	9	10	11	12	13	14	15
Guideline Reference Number	Name of Requirement	HELD Number Associated with Compliance	Is Summary provided?	Does Summary identify adverse effects?	Is Reference study provided?	Will Do Study?	Will Cost Share?	Will Provide Data Company?	Are Remaining Prop User?	Correspondence Attached	Time Frame (Yrs.)
81-2	Acute Dermal Tox. Rabbit/Rat	41339402	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
81-3	Acute Inhal. Tox Rat	40385219	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
82-3	90-Day Dermal - Rodent	41353303 <i>in which MRID</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
83-3(a)	Teratogenicity - Rat	41438002	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
84-2(a)	Gene Mutation	00028990	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
84-2(a)	Gene Mutation	40385213	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
84-2(a)	Gene Mutation	41353302	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
84-2(a)	Gene Mutation	41296801	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
84-2(a)	Gene Mutation	41353301	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
84-2(a)	Gene Mutation	41353302	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
84-2(a)	Struct. Chromo. Aberration	41296802	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
84-2(a)	Struct. Chromo. Aberration	41296803	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

1.a. Company Name DOWN CORNING CORP. MIDLAND, MI		1.b. Company No. 034292	2.a. Chemical No. 107401	2.b. Chemical Name Trimethoxysilyl)propyl dim		2.c. Case No. 3148					
3	4	5	7	8	9	10	11	12	13	14	15
Guideline Reference Number	Name of Requirement	HEIP Number associated with code	Is Summary Provided?	Does Summary Identify Inverse Effect?	Is Inverse Study Provided?	Will Do Study?	Will Cost Share?	Will Provide Data to Customers?	Am I ascending to Drop Use?	Correspondence Attached	Time Frame (Yrs.)
84-4	Other Genotoxic Effects	41296804	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
85-1	General Metabolism	40385216	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
171-4(c)	Res. Analyt. Method-Plant	40385214	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
171-4(c)	Res. Analyt. Method-Plant	00241856 28989	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
171-4(c)	Res. Analyt. Method-Plant	00241856 29136 29137	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
230-236	Applic. Exposure Monitoring	41412201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
230-236	Applic. Exposure Monitoring	41438001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
81-1	Acute Oral Tox. Rat	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
81-1	Acute Oral Tox. Rat	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
171-4(c)	Res. Analyt. Method-Plant	40385209	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
171-4(c)	Res. Analyt. Method-Plant	40385208	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Phase 3 Response

REREGISTRATION PHASE 3 IN-PROCESSING TELEPHONE CONVERSATION RECORD

COMPANY#: 34292 CASE#: 3148 CHEMICAL#: 107401 MRID ROOT#: 93218

DATE OF CALL: 12/21/90 TIME: 10:05 AM/PM CALLER: Teresa Downs

COMPANY CONTACT: A. Birdsall TELEPHONE#: (517) 496-5896 EXT: _____

COMPANY NAME: Corning Corp. CITY/STATE: Midland MI

CLN 84-2, summary of MRID
40385213 & 28790: page 8
is missing

212N 84-2, summary of MRID
41353302 & 41353301

pg. 2 says data confidentiality
claims are being made, but there
is a confidential attachment

62-1 summary received ^{in December} still
lacks a valid MRID. Original study has
been sent in triplicate to the Processing Office
at CM2

Additional X's on worksheet
column 7 that are not supported
by MRID numbered summaries
for guidelines

- 61-1 229359 (inv. id.)
- 61-2a 243105 (inv. id.)
- 63-17 130316
- 82-3 - 41353303 (inv. id.)
page 10 of worksheet

REFERRED TO:

Richard Henrich

517-496-5358

517-496-5358

called 12/28/90

He said he would fax
missing pg. for 84-2

and new confidentiality statement
for 84-2 (41353302) document

Faxes received 12/28/90

7 Spurling

Mr. Henrich said it was ok to
move it into correspondence and
remove the check from the
worksheet column 7.

He also said it was ok to
to remove X's from column
7 of these 4 guidelines

97 Spurling

12/28/90

DOW CORNING

DEC 24 1990

December 21, 1990

John M. Carley, Manager
Phase 3 In-Processing
Reregistration Phase 3 Response
U.S. EPA: Office of Pesticide Programs
P. O. Box 14890
Silver Spring, MD 20911-4890

RE: Phase 3 Resubmission; Company # 034292; Chemical Code 107401;
Case # 3148

Dear Sir:

In response to your letter of 12/7/90 please be advised that we have resubmitted the requested material to:

Reregistration Phase 3 Response
C/O Automated Sciences Group, Inc.
Attn: Normal Spurling
1010 Wayne Avenue, Suite 600
Silver Springs, MD 20910

This material is clearly marked as "Phase 3 Resubmission" and consists of:

<u>Guideline No.</u>	<u>MRID Nos.</u>	
61-1	130316	Summary
61-2	130316; 164909; 70190	Summary
63-13	130316	Summary
81-2	130318; 41339402	Summary
82-3	41339403	Summary
83-3	41438003; 41438002	Summary
84-2	41296802; 41296803	Summary
84-4	41296804	Summary
171-4	40385214; 28989	Summary
71-1	40385218	Reformat
71-2	40385217	Reformat
72-1	130321; 40385202; 130321	Reformat
	40385202	Reformat
72-2	40385215	Reformat
81-3	41157803	Reformat
84-2	28990; 40385213; 41353302	Reformat
85-1	40385216	Reformat
171-4	40385214; 28989; 40385209	Reformat
	40385208	Reformat

13/3

December 21, 1990
Mr. John M. Carley
Page 2

Please be advised that Guideline 63-17 (MRID 130316) was not submitted under Phase III.

We were unable to locate an MRID No. for Guideline 62-1 incorrectly labeled MRID 229359. I have attached a corrected copy of the Phase 3 worksheet where this MRID identification has been deleted. All materials related to this ~~61-1~~ Guideline have been sent in triplicate as a new submission to: 62-1

Document Processing Deck
Attn: Elton Harrison
Crystal Mall 2; Room 266A
1921 Jefferson Davis Hwy.
Arlington, VA 22202

Thank you for your diligence. We apologize for our oversight.

Sincerely,



Arthur A. Birdsall, Manager
Product Stewardship, Safety & Compliance
Mail # C03101
2200 W. Salzburg Road
Midland, MI 48686-0994
(517) 496-5896

Attachment

United States Environmental Protection Agency
Washington, DC 20460

Form Approved : 12/23/89
OMB No. : 2070-0106
Approval Expires: 12/31/92

REREGISTRATION PHASE 3 CHEMICAL RESPONSE WORKSHEET

1.a. Company Name
**DOW CORNING CORP.
MIDLAND, MI**

1.b. Company No.
034292

2.a. Chemical No.
107401

2.b. Chemical Name
Trimethoxysilylpropyl dim

2.c. Case No.
3148

Summary of Registrant's Phase 2 Response

Phase 3 Response

3	4	5	6	7	8	9	10	11	12	13	14	15
Guideline Reference Number	Name of Requirement	IRIP Number Associated with Codes 1 and 6	Code Used in Phase 2 Response	Is Summary Provided?	Does Summary Identify Adverse Effects?	Is Reference Study Provided?	Will Do Study?	Will Cost Share?	Have/Will Provide Data/Concentration?	Are Responding to Reg. User?	Correspondence Attached	Time Frame (Yrs.)
61-1	Chemical Identity	* 243105	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
61-2(a)	Begin. mat. & mfg. proc	* 229359	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
61-2(b)	Discussion of Impurities	130316		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
62-1	Preliminary Analysis	164909		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
62-2	Certification of Limits	105186	1,7M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
62-3	Analytical Method	* 229359	7M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
63-2	Color	* 243105	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
63-3	Physical State	130316		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1
		* 229359	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1

16 Check here if registrant is submitting other information he or she believes supports reregistration. 17 Check here if registrant is submitting identification of adverse effects information other than summaries of studies listed above.

18 Certification
I certify that the statements that I have made on this form and all attachments therein are true, accurate, and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.

A. A. Birdsall
(SIGNATURE)

A. A. Birdsall
(PRINT)

7/17/90
(DATE)

19 Contact
A. A. Birdsall

20 Phone
(517) 496-5896

IF YOU HAVE ANY QUESTIONS OR OTHER CONCERNS ABOUT PHASE 3 PLEASE CALL 800-552-8879.

The change to guideline 62-1 has been made on the original 15

REREGISTRATION PHASE 3 IN-PROCESSING TELEPHONE CONVERSATION RECORD

COMPANY#: 34292 CASE#: 3148 CHEMICAL#: 107401 MRID ROOT#: 93218
DATE OF CALL: 1/4/91 TIME: 2:00 AM/PM CALLER: Teresa Deane
COMPANY CONTACT: Richard Herrich TELEPHONE#: (517) 496-5358 EXT:
COMPANY NAME: Dow Corning Corp. CITY/STATE: Midland, MI

Guideline 34-2, ^{two} summaries
of MRIDs 40385213 and
related MRID 28990:

Certification of access to raw
data does not use the
wording specified in PRN 89-3.

The lab that performed the
study, Microbiological Associates
cannot locate the raw data.
The submitter cannot certify
access to the raw data.

Both documents were placed
at the back of correspondence.
Checks were deleted from the
"Summary provided" column for
both summaries. See p. 1213 -

N. Spurling
11/9/91

REFERRED TO: