



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

**STATE PLUMBING BOARD**

Conference Room No. 3  
2501 Woodlake Circle  
Okemos, Michigan 48864

**AGENDA**

**February 26, 2013**

10:00 a.m. Eastern Standard Time

1. Call to Order and Determination of Quorum D. Jones
2. Nomination and Election of Officers
3. Approval of Agenda – February 26, 2013 (Pages 1 – 2)
4. Approval of Minutes – December 4, 2012 (Pages 3 – 7)  
Approval of Examination Minutes – December 5, 2012 and December 12, 2012 (Pages 8 – 9)
5. Approval of Examination Results (Pages 10 – 12)
  - A. Journey Plumber – December 5, 2012
  - B. Master Plumber – December 5, 2012
  - C. Plumbing Contractor – December 12, 2012
6. Applicants Appearing Before the Board (Pages 13 – 31)
 

A.	Nabors, Jonathan W.	Journey Plumber
B.	Blakeman, Stefan D.	Master Plumber
C.	Hensley, John M.	Master Plumber
D.	Tyrriver, Benjamin P.	Master Plumber
7. New Products (Pages 32 – 41) R. Konyndyk
  - A. NewAge Casting Company, LP., NewAge Cast Iron Soil Pipe and Fittings (Hubless, Hub, and Spigot), BCCP-13-001
  - B. Stay Dry Basement Water Proofing Inc., Hydroflo Systems Waterproofing Sub Soil Drain System, BCCP-12-001

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State Plumbing Board Agenda

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February 26, 2013

8. Chief's Report R. Konyndyk
9. Legislative Update
10. Unfinished Business (Pages 42 – 49) R. Konyndyk
  - A. Eemax, Inc., Electric Tankless Water Heaters Drain Valve Consideration, models EMT1, EMT2.5, EMT4, and EMT6, BCCP-12-008
11. New Business R. Konyndyk
12. Public Comment
13. Next Meeting – June 4, 2013
14. Adjournment



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DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
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STEVE ARWOOD  
ACTING DIRECTOR

**STATE PLUMBING BOARD**  
Conference Room No. 3  
2501 Woodlake Circle  
Okemos, Michigan 48864

**MINUTES**  
**December 4, 2012**  
10:00 a.m. Eastern Standard Time

**MEMBERS PRESENT**

Mr. David Jones, Chairperson  
Mr. Curt McNitt  
Mr. Daniel Nixon  
Mr. Brock Howard

**MEMBERS ABSENT**

Mr. Steve Busch  
Mr. Walter Maner

**DEPARTMENT PERSONNEL ATTENDING**

Mr. Keith Lambert, Deputy Director, BCC  
Mr. Robert Konyndyk, Chief, Plumbing Division  
Mr. Andy Neuman Jr., Assistant Chief, Plumbing Division  
Mr. Joe Madziar, Senior Plumbing Inspector  
Ms. Sara Leiby, Secretary, Plumbing Division

**OTHERS IN ATTENDANCE**

Ms. Cindy Maher, MPMCA  
Mr. Charlie Tindal, Apollo Corporation  
Mr. Alan Martin, Master Applicant  
Mr. Robbie McFarlin, Falcon Plumbing  
Mr. Alan Fiorillo, Master Applicant  
Mr. Ed Glende, Gastite  
Mr. Pat McQuillan, NewAge Casting

**1. CALL TO ORDER AND DETERMINATION OF QUORUM**

Chairperson Jones called the meeting to order at 10:00 a.m. A quorum was present at that time.

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**2. APPROVAL OF AGENDA**

Board Member Nixon moved to approve the agenda for the December 4, 2012 State Plumbing Board meeting. Board Member Howard seconded the motion. **MOTION CARRIED.**

**3. APPROVAL OF MINUTES**

Board Member Howard moved to approve the board minutes from the **September 18, 2012** meeting. Board Member McNitt seconded the motion. **MOTION CARRIED.**

**4. APPROVAL OF EXAMINATION MINUTES AND RESULTS**

Board Member Nixon moved to approve the examination minutes and results of the Journey Plumber and Master Plumber Examinations held on **September 19, 2012** and the Plumbing Contractor Examination held on September 26, 2012. Board Member McNitt seconded the motion. **MOTION CARRIED.**

**5. APPLICANTS APPEARING BEFORE THE BOARD**

- A. **Mr. Alan J. Fiorillo**, Master Applicant, appeared before the Board requesting permission to take the Master Plumber Examination. Mr. Fiorillo provided documentation verifying his out-of-state license was obtained through substantially the same requirements as the State of Michigan.

After a discussion with Mr. Fiorillo regarding his qualifications to take the Master Plumber Examination, Board Member Howard moved to allow Mr. Fiorillo to take the Master Plumber Examination. Board Member McNitt seconded the motion. **MOTION CARRIED.**

- B. **Mr. John M. Hensley**, Master Applicant, did not appear before the Board as scheduled. Prior to the meeting, Mr. Hensley contacted the division and sent a request to be rescheduled for the next Board meeting in February.

Board Member Howard moved to postpone Mr. Hensley's out-of-state experience review for the Master Plumber Examination for consideration until the next Board meeting which will be held on February 26, 2013. Board Member McNitt seconded the motion. **MOTION CARRIED.**

- C. **Mr. Thomas P. Jornlin**, Master Applicant, did not appear before the Board as scheduled. Prior to the meeting, Mr. Jornlin contacted the division and sent a request to be rescheduled for the next Escanaba Board meeting in July.

Board Member Howard moved to postpone Mr. Jornlin's out-of-state experience review for the Master Plumber Examination for consideration until the next

Escanaba Board meeting which will be held on July 17, 2013. Board Member Nixon seconded the motion. **MOTION CARRIED.**

- D. **Mr. Alan Martin**, Master Applicant, appeared before the Board requesting permission to take the Master Plumber Examination. Mr. Martin provided documentation verifying his out-of-state license was obtained through substantially the same requirements as the State of Michigan.

After a discussion with Mr. Martin regarding his qualifications to take the Master Plumber Examination, Board Member Howard moved to allow Mr. Martin to take the Master Plumber Examination. Board Member Nixon seconded the motion. **MOTION CARRIED.**

## 6. **NEW PRODUCTS**

- A. **Apollo Corporation, Essence Spa Bathing System, models 7101, 7102, and 7103, BCCP-12-009**

Mr. Charlie Tindal presented the Board a product approval request from Apollo Corporation for Essence Spa Bathing System.

Following a review and discussion with Mr. Tindal, Board Member McNitt moved to forward the product to the Commission for approval. Board Member Howard seconded the motion. **MOTION CARRIED.**

- B. **Apollo Corporation, Advantage Bathing System, models WP6000, WP6300, AS6000, AS6300, and SS, BCCP-12-010**

Mr. Charlie Tindal presented the Board a product approval request from Apollo Corporation for Advantage Bathing System.

Following a review and discussion with Mr. Tindal, Board Member Howard moved to forward the product to the Commission for approval. Board Member Nixon seconded the motion. **MOTION CARRIED.**

## 7. **CHIEF'S REPORT**

Mr. Konyndyk provided information on the following issues:

- A. January 29, 2013 Code Official Conference of Michigan (COCM)
- B. 2015 International Plumbing Code completed at final code hearings in Portland, Oregon
- C. 2012 Michigan Plumbing Code Rules status

- D. Public Act 311 of 2012, an act to amend the State Plumbing Act 733 of 2002 by amending sections 31 and 35, which waives licensing/examination fees for honorably discharged veterans and pushes back the sunset of the fees an additional 3 years.

#### 8. LEGISLATIVE UPDATE

- A. Ms. Cindy Maher described tentative agreement regarding House Bill No. 4561, in which the code update cycle is changing from a 3 year cycle to a 6 year or less cycle for the residential code. The commercial, industrial, institutional code would stay at the current 3 year cycle.
- B. Ms. Cindy Maher and Mr. Keith Lambert also provided further clarification on the pushing back of the sunset of the plumbing licensure/examination fees and waiver of fees for honorably discharged veterans.

#### 9. UNFINISHED BUSINESS

##### Eemax, Inc., Electric Tankless Water Heaters Drain Valve Consideration, models EMT1, EMT2.5, EMT4, and EMT6, BCCP-12-008

Mr. Robert Horton or a representative did not appear before the Board as scheduled. Prior to the meeting, Mr. Horton contacted the division and sent a request to be rescheduled for the next Board meeting in February.

Board Member Nixon moved to postpone drain valve consideration for the Electric Tankless Water Heaters until the next Board meeting which will be held on February 26, 2013. Board Member McNitt seconded the motion. **MOTION CARRIED.**

#### 10. NEW BUSINESS

- A. Mr. Konyndyk presented the Board the 2012 Plumbing Code Update Class Outline for approval.

Following review and discussion with Mr. Konyndyk, Board Member Howard moved to approve the 2012 Plumbing Code Update Class Outline course content and the reduced 4 hour instruction timeframe. Board Member Nixon seconded the motion. **MOTION CARRIED.**

- B. Chairperson Jones described code requirement for flux conforming to ASTM B 813 Specification for Liquid and Paste Fluxes for Soldering of Copper and Copper Alloy Tube and discussed its implementation during Journey Plumber Examinations.

Mr. Konyndyk verified the Divisions present instruction notification for the Journey Plumber Examinations and informed the Board a special notice will be sent along with the acceptance notices.

**11. PUBLIC COMMENT**

None

**12. NEXT MEETING**

February 26, 2013

**13. ADJOURNMENT**

Board Member Howard moved to adjourn the meeting at 10:59 a.m. Eastern Standard Time. Board Member Nixon seconded the motion. **MOTION CARRIED.**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Chairperson David Jones

DRAFT



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVEN H. HILFINGER  
DIRECTOR

**STATE PLUMBING BOARD**  
Michigan State University  
Agriculture and Livestock Education Pavilion  
East Lansing, Michigan 48823

**EXAMINATION MINUTES**  
**December 5, 2012 and December 12, 2012**  
8:00 a.m. and 9:00 a.m. EST

**MEMBERS PRESENT**

Mr. David Jones, Chairperson  
Mr. Curt McNitt  
Mr. Daniel Nixon

**MEMBERS ABSENT**

Mr. Steve Busch  
Mr. Walter Maner  
Mr. Brock Howard

**DEPARTMENT PERSONNEL ATTENDING**

Mr. Robert G. Konyndyk, Chief, Plumbing Division  
Mr. Andy B. Neuman Jr., Plumbing Division  
Mr. Joe Madziar, State Plumbing Inspector  
Mr. Allon Robbins, State Plumbing Inspector  
Mr. Bob Page, State Plumbing Inspector

Chairperson Jones introduced the Plumbing Board members. Mr. Andy Neuman provided instructions to the candidates for the Journey Plumber Examination. Mr. Joe Madziar provided instructions to the candidates for the Master Plumber Examination.

Twenty-four master applicants had been approved for the examination; 21 applicants took the examination.

Fifty-four journey applicants had been approved for the examination; 49 applicants took the examination.

The Chief of the Plumbing Division, Assistant Chief of the Plumbing Division, Senior Plumbing Inspector, and 2 State Plumbing Inspectors assisted the State Plumbing Board with the examinations.

Sixteen plumbing contractor applicants had been approved for the examination; 15 applicants took the examination.

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The Chief of the Plumbing Division and one proctor assisted with the contractors' examination.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
David Jones, Chairperson

DRAFT

Journey Plumber's Passed List  
December 5, 2012

Journey Plumber

AMES, RANDY L

BYRD, MARC T

CASE, KEVIN R

DEHAAN, MITCHELL A

FERNANDEZ, MIGUEL R

GOLBA, MICAH J

INGERSOLL, JEROD E

MAJESTIC, PATRICK M

MARTIN, DANIEL G

SHARP, BRAD M

SNEDEN, CHRIS E R

SULLIVAN, SEAN R

Address

MENDON MI

MILLAN MI

NORTHVILLE MI

KALAMAZOO MI

KALAMAZOO MI

TWIN LAKE MI

GRAND RAPIDS MI

SWARTZ CREEK MI

ALLEN PARK MI

KAWKAWLIN MI

HUDSONVILLE MI

GRANT MI

Master Plumber's Passed List  
December 5, 2012

Master Plumber

BUTASH, WILLIAM P

DONOHUE, JACK M

GABRISH, ROBERT A

GALL, THOMAS JR

IOTT, JOSEPH M

MARTINEZ, MIGUEL A

RAUSCH, BRADLEY T

SWEEBE, THEODORE S

Address

BERKLEY MI

GREGORY MI

LIVONIA MI

MACOMB TWP MI

KALKASKA MI

WARREN MI

BEAVERTON MI

LEVERING MI

Plumbing Contractor's Passed List  
December 12, 2012

Plumbing Contractor

Address

BELLVILLE, LARRY A

HOWELL MI

DASICH, MICHAEL G

LAKE ORION MI

DOUBLES, BRUCE D

CHINA MI

KENDALL, BRAD D

FISHERS IN

KLEIN, KENNETH K

WHITE LAKE MI

LEE, DAVID M

PLYMOUTH MI

METZ, ROBERT H

BIRMINGHAM MI

MEULENBERG, TODD P

WYOMING MI

PERRY, PATRICK M

DETROIT, MI 48234

PURIFOY, DANA E

EAST POINTE MI

SANDULA, RANDY C

LAPEER MI

SMITH, DENNIS M

EAST LANSING MI

STARK, LOREN E

PORT HURON MI

STOWE, ROBERT C

DUNDEE MI

ONE  
OK 11/13/12  
B

Application for Journey Plumber Examination  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes / Plumbing Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9330  
www.michigan.gov/bcc

Tran Infn:95 18076727-1 10/26/12  
Chk#: Amt: \$100.00  
TO: JONATHAN W NABORS

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733  
Completion: Necessary for examination consideration  
Penalty: Application cancelled and fee forfeited  
LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

≥ 6,000 hours experience over a period of not less than 3 years. The experience shall be a current registered Michigan apprentice under 2002 PA 733.

**INCOMPLETE APPLICATION**  
Employment & pg 4 ✓  
**Out of State Experience**  
enaps

your dates of employment and have their signature notarized.

payment to the address listed above.

OFFICE USE ONLY  
T-82 23701

Applicant Information

NAME (Last, First, Middle): Nabors, Jonathan, Wade  
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER\*: XXX-XX-  
HOME ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELEPHONE NUMBER (include Area Code): \_\_\_\_\_  
84 out of state

Current Status

1. Have you previously applied to take the Michigan journey plumber examination?  Yes  No  
2. Are you now licensed as a journey plumber in another state or country?  Yes  No  
Journey Plumber License No. PL32552-J State/Country MASS  
3. Are you registered as an apprentice with the State of Michigan?  Yes  No  
Apprentice No. 83- \_\_\_\_\_

RECEIVED  
OCT 9 2012  
PLUMBING DIVISION

Examination Preference

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.  
Preferred Date: 12/05/12  No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Apprenticeship School

1. Have you attended a joint apprenticeship school?  Yes (complete information below)  No  
NAME OF SCHOOL: Cape Cod Plumbing School CITY: Hyannis STATE: MA  
INSTRUCTOR: Hugh J White DATES ATTENDED (MO/DAY/YR): From: 2006 To: 2011  
2. Have you attended other plumbing schools (military, adult education, etc.)?  Yes (complete information below)  No  
NAME OF SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
INSTRUCTOR: \_\_\_\_\_ DATES ATTENDED (MO/DAY/YR): From: \_\_\_\_\_ To: \_\_\_\_\_

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Education**

HIGH SCHOOL Wylie E. Groves High School		COLLEGE / UNIVERSITY	
CITY Birmingham	STATE MI	CITY	STATE
HIGHEST GRADE COMPLETED 12 <sup>th</sup>	DATE GRADUATED 1993	MAJOR	DATE GRADUATED

**Background Information**

Have you been convicted of a felony or misdemeanor?     Yes     No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

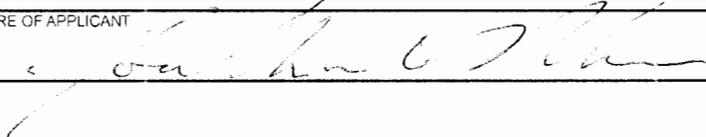
In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
CHECK <b>YES</b> OR <b>NO</b> TO THE FOLLOWING	
1. Are you a current inmate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

**Conviction History Certification and Signature** (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT 	DATE 10/23/2012
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**Experience Record**

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc) please explain.

**Part-Time Experience**

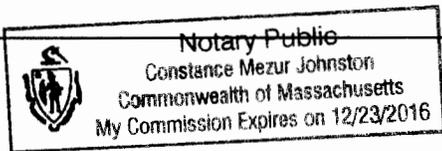
If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

**Out-of-State/Country Experience**

A person **who is licensed** as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, **but not licensed**, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

**Present Employer** - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER <u>Harbor Services Inc.</u>			NAME OF MASTER PLUMBER <u># KENNETH P. DEANE</u>		
BUSINESS ADDRESS <u>10R Airport Rd</u>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <u>10/11/2006</u> To: <u>11/30/2011</u>		
CITY <u>Nantucket</u>	STATE <u>MA</u>	ZIP CODE <u>02554</u>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week _____		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <u>KENNETH DEANE</u> this <u>22</u> day of <u>OCTOBER</u> <u>2012</u> a Notary Public in and for <u>NANTUCKET</u> County, Michigan. <u>MASS</u>		
SIGNATURE OF MASTER PLUMBER <u>Kenneth P. Deane</u>			Signature of Notary Public <u>[Signature]</u>		
LICENSE NUMBER <u># 15415</u>			My Commission expires: _____		



**Experience Record**

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc) please explain.

**Part-Time Experience**

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

**Out-of-State/Country Experience**

A person who is licensed as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, but not licensed, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

**Present Employer - This section is to be completed by the master plumber supervising the applicant**

NAME OF EMPLOYER <b>HARBOR SERVICES, INC</b>			NAME OF MASTER PLUMBER	
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR)	
CITY			From: <b>8/03</b>	To: <b>11/15/12</b>
STATE	ZIP CODE		<input checked="" type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
			No. Hours/Week <b>40</b>	
TYPE OF WORK PERFORMED				
<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair				
DESCRIPTION OF WORK				
Installation, Repair, MAINTENANCE of Hydronic Boiler systems AND HOT WATER HEATERS In Residential AND SMALL Commercial Applications. Installation of GAS Distribution systems, CSST Threaded Black Iron & BRASS.				
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____	
SIGNATURE OF MASTER PLUMBER			this _____ day of _____	
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.	
			Signature of Notary Public _____	
			My Commission expires: _____	

GMC  
OK  
1/22/13  
KD

**Application for Master Plumber Examination**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Plumbing Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9330  
 www.michigan.gov/bcc

92

Trans Infn: 97 18287017-1 01/15/13  
 Chk#: Amt: \$100.00  
 ID: BLAKEMAN PLUMBING & HEATING INC

**Examination Fee: \$100.00 (Nonrefundable)**

Authority: 2002 PA 733 Completion: Necessary for examination consideration Penalty: Application cancelled and fee forfeited	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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**Out of State Experience**

hold a journey license issued under 2002 PA 733 and have a minimum of 4,000  
 od of at least 2 years immediately preceding the date of application.

link.

- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check made payable to the **State of Michigan**.
- Mail completed application (**all pages must be submitted**) and payment to the address listed above.

**Eligibility of Applicants From Another State or Country**

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

OFFICE USE ONLY  
 T-81 12796

**Applicant Information**

NAME (Last, First, Middle) <u>Blakeman, Stefan, D</u>		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* XXX-XX- XXXX
HOME ADDRESS		DATE OF BIRTH
CITY	COUNTY <u>84</u>	
STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

**Current Status**

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan? Journey Plumber License No. 82-_____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Are you licensed as a master plumber in another state or country? Master Plumber License No. <u>674580</u> (State/Country) <u>WI</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Examination Preference**

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date  
MARCH       No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**RECEIVED**  
 JAN 18 2013  
**PLUMBING DIVISION**

**Background Information**

Have you been convicted of a felony or misdemeanor?  Yes  No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED
DATE(S) OF CONVICTION(S) AND SENTENCE(S)
NAME AND ADDRESS OF SENTENCING COURT(S)
CHECK YES OR NO TO THE FOLLOWING 1. Are you a current inmate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

**Conviction History Certification and Signature** (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT <i>[Handwritten Signature]</i>	DATE <i>1-10-13</i>
--	------------------------

**Employment Information - This section is to be completed by the master plumber supervising the applicant**

NAME OF EMPLOYER <i>Blakeman Heating and Plumbing Inc.</i>			NAME OF MASTER PLUMBER <i>Stephen Blakeman</i>		
BUSINESS ADDRESS <i>4520 E. Hwy 13</i>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <i>1-2012</i> To: <i>Present</i>		
CITY <i>Deshler</i>	STATE <i>MI</i>	ZIP CODE <i>48826</i>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time                    No. Hours/Week _____		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Install water supply and vent lines for kitchen and bathroom. Install water supply and vent lines for shower.</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <u>JEANETTE D BLAKEMAN</u> Notary Public this <u>11</u> day of <u>January</u> <u>2013</u> <u>WISCONSIN</u>		
SIGNATURE OF MASTER PLUMBER <i>Stephen Blakeman</i>			a Notary Public in and for <u>Ashland</u> County, <u>MI</u> Michigan.		
LICENSE NUMBER <i>19281</i>			Signature of Notary Public <u>Jeanette Blakeman</u> My Commission expires: <u>3-02-14</u>		

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

NAME OF EMPLOYER <i>Blakeman Heating and Plumbing Inc.</i>			NAME OF MASTER PLUMBER <i>Stephen Blakeman</i>		
BUSINESS ADDRESS <i>4520 E. Hwy 13</i>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <i>6-2008</i> To: <i>Present</i>		
CITY <i>Deshler</i>	STATE <i>MI</i>	ZIP CODE <i>48826</i>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time                    No. Hours/Week _____		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Install water supply and vent lines for shower.</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <u>JEANETTE D BLAKEMAN</u> Notary Public this <u>11</u> day of <u>January</u> <u>2013</u> <u>State of Wisconsin</u>		
SIGNATURE OF MASTER PLUMBER <i>Stephen Blakeman</i>			a Notary Public in and for <u>Ashland</u> County, <u>Wis</u> Wisconsin.		
LICENSE NUMBER <i>19281</i>			Signature of Notary Public <u>Jeanette D Blakeman</u> My Commission expires: <u>3-02-14</u>		

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT <i>Stephen Blakeman</i>	DATE <i>1-11-13</i>



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
ACTING DIRECTOR

December 17, 2012

Mr. John M. Hensley  
N7580 Birchwood Rd.  
Crivitz, WI 54114

Dear Mr. Hensley:

I am writing to provide written confirmation of the Michigan State Plumbing Board's decision regarding your scheduled board appearance to gain approval to take the Master Plumber Examination. This office has received your request to be rescheduled to attend the next Board meeting on February 26, 2013 for consideration of your out-of-state licensing experience.

The following information has been recorded in the proposed board minutes:

**Mr. John M. Hensley**, Master Applicant, did not appear before the Board as scheduled. Prior to the meeting, Mr. Hensley contacted the division and sent a request to be rescheduled for the next Board meeting in February.

Board Member Howard moved to postpone Mr. Hensley's out-of-state experience review for the Master Plumber Examination for consideration until the next Board meeting which will be held on February 26, 2013. Board Member McNitt seconded the motion.  
**MOTION CARRIED.**

If you have any questions in this matter, please contact the Plumbing Division at (517) 241-9300.

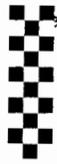
Sincerely,

Robert G. Konyndyk, Chief  
Plumbing Division

RGK/sjl

*Providing for Michigan's Safety in the Built Environment*

LARA is an equal opportunity employer  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
P.O. BOX 30254 • LANSING, MICHIGAN 48909  
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570



John Hensley  
Precision Plumbing LLC  
509 Henriette Ave.  
Crivitz, WI 54114

December 3, 2012

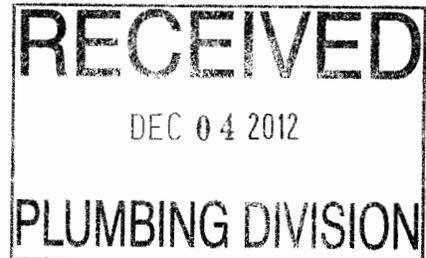
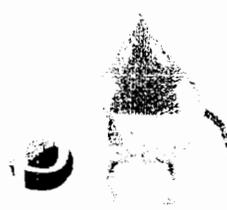
State of Michigan Plumbing Division:

Due to a family medical emergency, I will be unable to attend the board meeting on December 4<sup>th</sup> and will also be unable to take the test on December 5<sup>th</sup>. I would like to take the next scheduled test, if possible. Thank You.

Sincerely,

***J. Hensley***

John Hensley,  
Master Plumber/Owner  
(920) 819-4558



"Punctuality, Perfection... It's What We Do!"

2

**Application for Master Plumber Examination**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes / Plumbing Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9330  
 www.michigan.gov/bcc

**RECEIVED**  
 AUG 30 2012  
**PLUMBING DIVISION**

**Examination Fee: \$100.00 (Nonrefundable)**

Authority: 2002 PA 733	Program: Auxiliary aids, services, and other non-accommodations
Completion: Necessary for	Request
Penalty:	

**Instr** by license issued under 2002 PA 733 and have a minimum of 4,000  
**hours** of experience as a journey plumber or at least 2 years immediately preceding the date of application.

- Complete and **sign original application**. Type or print in ink.
- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check made payable to the **State of Michigan**
- Mail completed application (**all pages must be submitted**) and payment to the address listed above.

**Eligibility of Applicants From Another State or Country**

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

OFFICE USE ONLY  
 T-81 12708

**Applicant Information**

NAME (Last, First, Middle) <u>Hensley, John M</u>		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* XXX-XX-
HOME ADDRESS		DATE OF BIRTH
CITY	COUNTY	
STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

**Current Status**

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan? Journey Plumber License No. 82-_____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Are you licensed as a master plumber in another state or country? Master Plumber License No. <u>740238</u> State/Country <u>Wisconsin</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Examination Preference**

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

                     Preferred Date  No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**Background Information**

Have you been convicted of a felony or misdemeanor?       Yes       No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED
DATE(S) OF CONVICTION(S) AND SENTENCE(S)
NAME AND ADDRESS OF SENTENCING COURT(S)
CHECK YES OR NO TO THE FOLLOWING 1. Are you a current inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

**Conviction History Certification and Signature** (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT	DATE
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**Employment Information** - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER <u>John Hensley</u>			NAME OF MASTER PLUMBER <u>John Hensley</u>		
BUSINESS ADDRESS <u>509 Henriette Ave</u>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <u>Sept 2012</u> To: <u>Aug 2012 (Present)</u>		
CITY <u>Coventry</u>	STATE <u>WI</u>	ZIP CODE <u>54114</u>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week _____		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <u>Plumbing</u>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <u>John M Hensley</u> this <u>20<sup>th</sup></u> day of <u>August</u> <u>2012</u>		
SIGNATURE OF MASTER PLUMBER <u>[Signature]</u>			a Notary Public in and for <u>Marinette</u> County, <del>WI</del>		
LICENSE NUMBER <u>740238</u>			Signature of Notary Public: <u>Carol L Lauber</u> My Commission expires: <u>12/13/15</u>		

**Previous Employer** - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER <u>ISCHAUERENON PLUMBING LTD</u>			NAME OF MASTER PLUMBER <u>Michael J. Hush</u>		
BUSINESS ADDRESS <u>3090 MARKET ST</u>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <u>April 2000</u> To: <u>9-9-2011</u>		
CITY <u>GREENBAY</u>	STATE <u>WI</u>	ZIP CODE <u>54304</u>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week <u>40</u>		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <u>Residential &amp; Commercial Plumbing New Construction</u>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <u>Patrick Walsh</u> this <u>21<sup>st</sup></u> day of <u>August</u> <u>2012</u>		
SIGNATURE OF MASTER PLUMBER <u>Michael J Hush</u>			a Notary Public in and for <u>Bay</u> County, <del>WI</del>		
LICENSE NUMBER <u>#224990</u>			Signature of Notary Public: <u>Patrick Walsh</u> My Commission expires: <u>7/24/2015</u>		

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE

Please complete the highlighted section and return it with the enclosed envelope promptly.

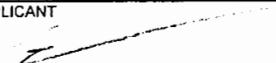
**Employment Information - This section is to be completed by the master plumber supervising the applicant**

NAME OF EMPLOYER <b>JOHN HENSLEY (SELF EMPLOYED)</b>			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY			STATE		ZIP CODE
			From:		To:
			<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time
			No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK Residential plumbing, septic systems, new plumbing construction, remodel plumbing, water heaters, commercial plumbing, storm drains, car wash plumbing, Repair plumbing.					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY			STATE		ZIP CODE
			From:		To:
			<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time
			No. Hours/Week _____		
TYPE OF WORK PERFORMED					
<input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE
	9-10-12

140238

MARTIN HENSLEY

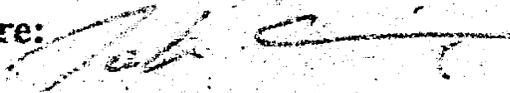
Certification, License, or Registration Name

Master Plumber License

03/31/15

Wisconsin Department of Commerce

Signature:



Customer Details	
Name	JOHN HENSLEY
Contact Info	Specific contact information is not available for this customer.

**Credentials listed for HENSLEY, JOHN**

The continuing education information displayed here may not be accurate due to reporting, entry, or web retrieval errors. It is a credential holder's responsibility to keep track of their continuing education credits.

- Black=Approved. The credential is currently valid and is not ready for renewal.
- Blue=Renewal Application Sent. A renewal application has been sent to the credential holder. This does not guarantee that the credential is currently valid.
- Red=Expired or Other. The Credential has expired, the application is pending or the record has been locked. The credential holder should contact the credential unit if they wish to reinstate the credential.

Credential Type	Expiration	CE Hours Needed	CE Needed By
Journeyman Plumber	03/31/11	0	12/30/10
Master Plumber	03/31/15	0	12/30/14
Plumbing Apprentice	02/11/09	0	11/12/08

gmc  
ok 11/15/12

**Application for Master Plumber Examination**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Construction Codes / Plumbing Division  
P.O. Box 30255, Lansing, MI 48909  
517-241-9330  
www.michigan.gov/bcc

92

Tran Info: 92 18076728-1 10/26/12  
CHK#: Amt: \$100.00  
ID: LINDSEY R TYRIVER

Examination Fee: \$100.00 (Nonrefundable)

Notary, MP sign. Applicant  
**INCOMPLETE APPLICATION** sign.

portunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request  
ilities.

hold a journey license issued under 2002 PA 733 and have a minimum of 4,000  
od of at least 2 years immediately preceding the date of application.

**Out of State Experience**

ink.

er must certify your dates of employment and have their signature notarized.

- Enclose a check made payable to the Bureau of Construction Codes / Plumbing Division.
- Mail completed application (all pages must be submitted) and payment to the address listed above.

**Eligibility of Applicants From Another State or Country**

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

OFFICE USE ONLY

T-81

12787

**Applicant Information**

NAME (Last, First, Middle)		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER*	
Tyriver, Benjamin, P		XXX-XX-	
HOME ADDRESS		DATE OF BIRTH	
CITY		COUNTY	
STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	

out of state  
84

**Current Status**

1. Have you previously applied to take the Michigan master plumber examination?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you been licensed as a journey plumber in Michigan? Journey Plumber License No. 82-_____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Are you licensed as a master plumber in another state or country? Master Plumber License No. <u>672930</u> State/Country <u>Wisconsin/USA</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Examination Preference**

Examinations are conducted in March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination date you have selected is full, you will be scheduled for the next available examination.

Preferred Date \_\_\_\_\_

No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

**RECEIVED**  
OCT 30 2012  
**PLUMBING DIVISION**

**Background Information**

Have you been convicted of a felony or misdemeanor?  Yes  No

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

**Conviction History**

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED	
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED	
DATE(S) OF CONVICTION(S) AND SENTENCE(S)	
NAME AND ADDRESS OF SENTENCING COURT(S)	
<p>CHECK <b>YES</b> OR <b>NO</b> TO THE FOLLOWING</p> <p>1. Are you a current inmate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Are you currently on probation / parole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.</p>	
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE	
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED	

**Conviction History Certification and Signature** (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE OF APPLICANT	DATE
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**Employment Information - This section is to be completed by the master plumber supervising the applicant**

NAME OF EMPLOYER <b>TYRIVER PLUMBING, LLC</b>			NAME OF MASTER PLUMBER <i>Benjamin Tyriver</i>		
BUSINESS ADDRESS <i>W1215 Center Rd</i>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <i>2006 Nov</i> To: <i>present</i>		
CITY <i>Brillion</i>	STATE <i>WI</i>	ZIP CODE <i>54110</i>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time                    No. Hours/Week <i>40</i>		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>A small business owner with a primary focus on residential and commercial plumbing service and repair.</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <i>DAVID F. FREBERS</i>		
SIGNATURE OF MASTER PLUMBER <i>[Signature]</i>			this <i>6<sup>th</sup></i> day of <i>NOVEMBER</i> <i>2012</i>		
LICENSE NUMBER <i>MP # 672930</i>			a Notary Public in and for <i>MARQUETTE</i> County, Michigan.		
			Signature of Notary Public <i>[Signature]</i>		
			My Commission expires: <i>9-7-2016</i>		

**Previous Employer - This section is to be completed by the master plumber who supervised the applicant**

NAME OF EMPLOYER <b>RJ KAMPO</b>			NAME OF MASTER PLUMBER <i>Rick Kambo</i>		
BUSINESS ADDRESS <i>1000 S. Westland Dr.</i>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <i>Nov. 07</i> To: <i>April 2011</i>		
CITY <i>Appleton</i>	STATE <i>WI</i>	ZIP CODE <i>54914</i>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time                    No. Hours/Week <i>40</i>		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Responsible for new plumbing installs primarily on commercial jobsites. Service and repair plumbing work performed when called upon.</i>					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, <i>Debra Haptenburger</i>		
SIGNATURE OF MASTER PLUMBER <i>[Signature]</i>			this <i>8<sup>th</sup></i> day of <i>November</i> <i>2012</i>		
LICENSE NUMBER <i>3955</i>			a Notary Public in and for <i>Winnebago</i> County, Michigan.		
			Signature of Notary Public <i>[Signature]</i>		
			My Commission expires: <i>8-31-15</i>		

**Certification and Signature (Must be signed by all applicants)**

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT <i>[Signature]</i>	DATE <i>Nov. 6th 2012</i>

072052

672930

State of Michigan

Department of Licensing

Plumber License

03/31/14

As I mentioned in an email,  
this copy is far from readable,  
the sand and grit onsite can  
be a little harmful to one's  
wallet. I'm requesting a new  
copy from the WI dept. of  
safety and professional services  
department of trades/licensing.  
I will forward a copy once  
obtained. 10/24/12

  
MP # 672930



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

February 6, 2013

TO: Members of the State Plumbing Board

FROM: Robert G. Konyndyk, Chief, Plumbing Division

SUBJECT: Approval of NewAge Cast Iron Soil Pipe & Fittings (Hubless, Hub, & Spigot),  
BCCP-13-001

The applicant has requested product approval to provide product acceptance through approval clarification. The applicant, NewAge Casting Company, LP., is a material importer/distributor who has stated in the application that the products are manufactured by three other companies in China. The IAPMO Listing does not identify the manufacturers, only the importer (NewAge).

The Certificate of Acceptance process established by 1972 PA 230, Section 21 provides for the acceptance of products utilized by state enforcement and interested authorities having jurisdiction. Local inspection agencies have their recognition ability based upon this process or may make acceptance decisions separately based upon the Michigan Plumbing Code, Section 105 Approval.

**APPLICANT REPRESENTATIVE:**

Mr. Bo Singh

**APPLICANT:**

NewAge Casting Company, LP.  
4023 Westhollow Parkway Suite #108  
Houston, Texas 77082

**AUTHORITY:**

Section 21 of Act 230, 1972, being section 125.1521 of the Michigan Compiled Laws.

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**PRODUCT:**

NewAge Cast Iron Soil Pipe & Fittings (Hubless, Hub, & Spigot)

NH - Hubless (No-Hub) ranging from 1 ½” to 15”

SV - Hub & Spigot (Service Weight) ranging from 2” to 15”

**IDENTIFICATION OF MANUFACTURERS:**

HWP (Trade Mark)- Hua Wang Universal Spun Casting Co., China

SHF (Trade Mark)- Quwo Heng Tong Casting Co., LTD., China

HBXF (Trade Mark)- Shijiazhuang Asia Casting Co. LTD., China

Staff has requested if and who the other manufacturers may be.

**APPLICATION:**

Cast Iron Soil Pipe Products are used for drain, waste, and vent piping applications.

**LABORATORY TESTS:**

IAPMO, R&T Lab, File Number: 4818 for conformance to ASTM A 888

IAPMO, R&T Lab, File Number: 7767 for conformance to CISPI 301

IAPMO, R&T Lab, File Number: 6636 for conformance to ASTM A 74

**CONDITIONS OF USE AND INSTALLATION:**

1. All requirements of the Michigan Plumbing Code shall be applicable.
2. Installations shall be in accordance with the manufacturers' specifications.
3. This approval shall become void if and when the product no longer meets the requirements of the Michigan Plumbing Code or a change in design/designation occurs.

**EVALUATION INSIGHTS:**

This office has reviewed the applicant's submission documentation and additional documentation based upon our December 3, 2012 inquires.

NewAge Casting states only three manufacturers provide their product. The listing agency states they “do not publish manufacturing location information on the certificates of listing as this is deemed confidential information.” They also fail to indicate the company in addition to the location. When importers are listed only, rather than

identifying the actual product manufacturers, code enforcement agencies do not have confidence the listing will continue to only use the previously identified manufacturers. The possibility exists that changes in manufacturers may take place and the product will not be assured to meet the conformance standards.

Additionally the listing agency Certificate of Listings exclude Annex A from their compliance operations for the three code standards. Annex A is a mandatory requirement to assure ongoing surveillance as required by code. This disregard for the manufacturers' records affects the validity of the listing. This office does not accept the December 20, 2012 position in response to question 7 of our December 3, 2012 inquiry.

**RECOMMENDATION:**

Staff recommends the product request be denied.

RGK/sjl



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

February 6, 2013

Mr. Bo Singh  
NewAge Casting Company, LP.  
4023 Westhollow Parkway Suite #108  
Houston, TX 77082

Dear Mr. Singh:

I am writing in response to your Certificate of Acceptance request for the NewAge Cast Iron Soil Pipe & Fittings and your December 20, 2012 correspondence providing additional product details. We are offering you or your representative the opportunity to address the State Plumbing board at their next scheduled board meeting in this matter.

The board meeting will begin at 10:00 a.m. EST, Tuesday, February 26, 2013, at the Michigan Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, Conference Room No. 3, 2501 Woodlake Circle, Okemos, Michigan. A map is enclosed for your convenience.

If the product is approved by the board, it will be forwarded to the Construction Code Commission at their next scheduled meeting for final action.

If you have any further questions, please contact me at (517) 241-9330.

Sincerely,

A handwritten signature in black ink that reads "Robert G. Konyndyk".

Robert G. Konyndyk, Chief  
Plumbing Division

RGK/sjl

Enclosure

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RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
ACTING DIRECTOR

**Document # BCCP-12-001**

December 10, 2012

TO: Members of the State Plumbing Board  
FROM: Robert G. Konyndyk, Chief, Plumbing Division  
SUBJECT: Approval of Hydroflo Systems Waterproofing Sub Soil Drain System

The applicant has requested product approval to provide product acceptance through approval clarification. Previous actions by the commission are identified as 1369-PA and 1513-PA.

**APPLICANT REPRESENTATIVE:**

Mr. David Brown

**APPLICANT:**

Stay Dry Basement Water Proofing Inc.  
4600 N. Grand River  
Lansing, Michigan 48906

**AUTHORITY:**

Section 21 of Act 230, 1972 being section 125.1521 of the Michigan Compiled Laws.

**PRODUCT:**

Hydroflo Systems Waterproofing Sub Soil Drain System

**APPLICATION:**

Basement dewatering system.

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**APPLICABLE CODE SECTION:**

Section 1111 Subsoil Drains, Section 1112 Building Subdrains, and Section 1113 Sumps and Pumping Systems

**CONDITIONS OF USE AND INSTALLATION:**

1. All requirements of the Michigan Plumbing Code shall be applicable.
2. All requirements of the Michigan Residential Code shall be applicable.
3. Shall be installed in accordance with manufacturer's installation instructions.
4. This approval shall become void if and when the product no longer meets the requirements of the Michigan Plumbing Code or a change in design/designation occurs.

**RECOMMENDATION:**

Staff has evaluated the requested information and recommends the product be submitted to the commission for approval.

RGK/sjl



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
ACTING DIRECTOR

December 10, 2012

Mr. David Brown  
Stay Dry Basement Water Proofing Inc.  
4600 N. Grand River  
Lansing, Michigan 48906

Dear Mr. Brown:

I have reviewed your responses to our product inquires of November 30, 2011 for your product approval request for Hydroflo Systems Waterproofing Sub Soil Drain System. We are offering you and/or your representative the opportunity to address the State Plumbing Board at the next scheduled board meeting in this matter.

The board meeting will begin at 10:00 a.m. EST, Tuesday, February 26, 2013, at the Michigan Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, Conference Room No. 3, 2501 Woodlake Circle, Okemos, Michigan 48864. A map is enclosed for your convenience.

If the product is approved by the board, it will be forwarded to the Construction Code Commission at their next scheduled meeting for final action.

If you have any further questions, please contact me at (517) 241-9330.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert G. Konyndyk".

Robert G. Konyndyk, Chief  
Plumbing Division

RGK/sjl

Enclosure

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Basement Waterproofing Inc. ,  
4600 N. Grand River Ave.  
Lansing, MI 48906  
(800) 800-7073  
Fax: 517-977-0888  
[staydrywaterproofing.com](http://staydrywaterproofing.com)

12/7/12

RE: Certificate of Acceptability No. 1513-PA

1. Wayne Nichols established Wayne Nichols Cement & Waterproofing Contractors, Inc. DBA Hydroflo Systems in March, 1972. The company was sold to Jim Nash in May, 2005 and renamed Hydryflo Systems of Michigan. The company went into bankruptcy in October, 2005. Wayne Nichols assumed all Hydroflo documentation. Wayne was hired by StayDry Basement Waterproofing, Inc as the Senior Foundation Consultant in September 2008. StayDry uses the same Interior Drain Tile method as the Hydroflo system and Wayne Nichols would like the Certificate of Acceptability to be transferred into the name of StayDry Basement Waterproofing, Inc. StayDry does not have a professional relationship with Jim Nash.
2. StayDry trenches out approximately 1 foot of the concrete floor along the exterior basement wall. We dig out the dirt along the footer (being careful not to take out any dirt from underneath the footer) and put our tile along the footer in a bed of soil separating fabric and washed stone. We pitch the tile to the crock which is then covered with additional stone level with the top of the footing. We then re-cement using the same amount of concrete as the original floor keeping the integrity of the foundation sound.
3. The original Hydroflo System used a schedule 30 S&D pipe with slots cut into it. The pipe StayDry uses is a stronger non crushable ADS 3000 Triplewall pipe with holes. This pipe is not only stronger but

the holes make it less susceptible to becoming clogged with iron algae. I have included an engineer report which addresses the strength of the ADS 3000 Triplewall.

4. Our 4" Triple Wall pipe is connected to a 24" or 30" crock for water collection. We drill a 4" hole into the crock approximately 6"-10" from the top. The 4" pipe is then stubbed 2"-3" into the crock for drainage. All water collected is pumped out of the basement using a variable horsepower pump. The sump pump has a threaded 1-1/2" discharge fitting manufactured into the pump base. We attach 1-1/2" PVC schedule 30 to the pump and using a combination of schedule 30-45's and 90's we construct a discharge pipe which rises approximately 8' and exits the home at ground level. The 1-1/2" pipe is run 10' from the foundation.
5. For all angle transitions such as around corners, existing piping and plumbing already under the basement floor, we use standard 4" SEWER/DRAIN EL 90D D3034 PVC, 4" SEWER/DRAIN 45D D3034 PVC, and 4" SEWER/DRAIN TEE D3034 PVC fittings. For all sump pump discharge piping we use NIBCO 1-1/2" PVC DWV 45-Degree Hub x Hub Elbows and NIBCO 1-1/2" PVC DWV 90-Degree Hub x Hub Elbows. All angle transition fittings are purchased from Home Depot directly in bulk.
6. Enclosed
7. Enclosed
8. StayDry uses the same basic method as Hydroflo for interior waterproofing with a couple exceptions. The biggest difference is the type of pipe StayDry uses. The Hydroflo system used Schedule 30 PVC pipe with slots cut into it. StayDry uses ADS 3000 Triplewall with holes drilled into the bottom. I have enclosed documentation showing the strength of this pipe vs. Schedule 30 PVC. Another change is the product we use over the weep holes that are drilled into the block wall and along the wall / floor seam in a poured wall. Hydroflo used solar wrap insulation (HydroWrap) to direct

water into the drain tile. StayDry uses a product called Flexiseal. It is a strong dimpled plastic product that sits away from the wall and top of the footer and allows air flow to better direct water into our drain tile system.

Hydroflo also used a product called HydroSeal for leaking cracks in a block and poured wall. Our product is called DuraWall. It is a flexible white panel that is applied to walls using fasteners. If the wall cracks leak, the DuraWall sheet keeps the water directed into the drain system. Some homeowners will opt to have the DuraWall panels put on all walls for a finished look.

I have included some pictures showing the angle of our pipe around a corner, the pipe being re-cemented and pipe from the pump to discharge.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVEN H. HILFINGER  
DIRECTOR

July 30, 2012

TO: Members of the State Plumbing Board

FROM: Robert G. Konyndyk, Chief, Plumbing Division

SUBJECT: Certificate of Acceptance for the Product Approval application for the Drain Valve Consideration on the Eemax EMT1, EMT2.5, EMT4, and EMT6 electric tankless water heaters, BCCP-12-008

The applicant has requested approval to provide product acceptance for a design area which deviates from the Michigan Plumbing Code.

**APPLICANT REPRESENTATIVE:**

Mr. Robert Horton

**APPLICANT:**

Eemax, Inc.  
353 Christian St.  
Oxford, CT 06478

**AUTHORITY:**

Section 21 of Act 230, 1972 being section 125.1521 of the Michigan Compiled Laws.

**PRODUCT:**

Eemax EMT2.5, EMT4, and EMT6 electric tankless water heaters drain valve consideration.

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**PRODUCT DESCRIPTION:**

Since there is no drain valve on our heaters, our customers simply disconnect the unit from the plumbing/electrical hookups and tilt the unit until the water has drained out. You will find this information on page 12 of the instruction manual, "Drainage and Removing the Water Heater", which is enclosed.

Note: language provided from the submitter on the application.

**APPLICATION:**

Small point of use electric tankless water heaters.

**APPLICABLE CODE SECTION:**

Michigan Plumbing Code

Section 501.3 Drain Valves. Drain valves for emptying shall be installed at the bottom of each tank-type water and *hot water* storage tank. Drain valves shall conform to ASSE 1005.

**CONDITIONS OF USE AND INSTALLATION:**

1. All requirements of the Michigan Plumbing Code shall be applicable.
2. Installed in accordance with manufacturer's installation instructions.
3. This approval shall become void if and when the product no longer meets the requirements of the Michigan Plumbing Code or a change in design/designation occurs.

**RECOMMENDATION:**

Staff does not recommend approval of this deviation from the code.

RGK/sjl



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

February 6, 2013

Mr. Robert Horton  
Eemax, Inc.  
353 Christian St.  
Oxford, CT 06478

Dear Mr. Horton:

The State Plumbing Board's product review of the omission of drain valves on your Eemax EMT1, EMT2.5, EMT4, and EMT6 electric tankless water heater has been rescheduled per your request. We are offering you or your representative the opportunity to address the State Plumbing Board at their next scheduled board meeting in this matter.

The board meeting will begin at 10:00 a.m. EST, Tuesday, February 26, 2013, at the Michigan Department of Licensing and Regulatory Affairs, Bureau of Construction Codes, Conference Room No. 3, 2501 Woodlake Circle, Okemos, Michigan. A map is enclosed for your convenience.

If the product is approved by the board, it will be forwarded to the Construction Code Commission at their next scheduled meeting for final action.

If you have any further questions, please contact me at (517) 241-9330.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert G. Konyndyk".

Robert G. Konyndyk, Chief  
Plumbing Division

RGK/sjl

Enclosure

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# Efficient Technology Sales, LLC

5350 Joliet Street #2, Denver, CO 80239

Phone (303) 339-4900

(800) 605-6542

Fax (303) 339-4909

Web [www.waiwela.com](http://www.waiwela.com)

Email [sales@waiwela.com](mailto:sales@waiwela.com)

August 24, 2012

Mr. Robert G. Konyndyk, Chief  
Plumbing Division  
State of Michigan  
Dept of Licensing & Reg Affairs  
P.O. Box 30254  
Lansing, MI 48909

Dear Mr. Konyndyk:

Regarding your communication of July 30, 2012 sent by you to Mr. Robert Horton of Eemax, Inc., I have been asked to respond with full information from my company, which imports the EMT 1, EMT 2.5, EMT 4, EMT 6.

The above referenced models are referred to in the plumbing trade as point of use, 110V, mini tank water heaters. Other brands in the marketplace are Ariston and WaiWela.

As requested, I will now respond to the three items in your letter of July 30, 2012.

1. Documentation attached is from UL. At this time, I could find no discussion specifically about drain valves in the UL report but drain valves are dealt with in general codes on all storage tanks.
2. No prior code concerns.
3. Point of use electric mini tank water heaters are commonly installed under a counter within a finished space. Because of the small physical size and the small volume of water in the tank, service requirements are met by removing the entire water heater and turning it upside down to accomplish draining.

The inclusion of a drain valve introduces greater risk of accidental leakage into the finished space and because the tank is small and oblong, a drain valve may compromise the integrity of the tank. Mini tanks are usually installed in a finished space under a counter and contain from 5 to 25 liters of water.

The most popular size is the 10 liter, 2.5 gallon mini tank. It weighs about 35 pounds full of water. Outer dimensions on this model are 15.5" high x 12" wide x 10" deep.



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Fax (303) 339-4909

Web [www.waiwela.com](http://www.waiwela.com)

Email [sales@waiwela.com](mailto:sales@waiwela.com)

Routinely these models do not get regular maintenance, they are inexpensive (approx \$150.00 at retail) and last five to ten years.

If you require additional information, please contact me at the above address.

Sincerely,

A handwritten signature in black ink that reads 'Neil Greenzweig'. The signature is fluid and cursive, with a large loop at the end.

Neil Greenzweig, CEO  
Efficient Technology Sales, LLC

Cc: Robert Horton, Eemax, Inc.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CONSTRUCTION CODES  
IRVIN J. POKE  
DIRECTOR

STEVEN H. HILFINGER  
DIRECTOR

July 30, 2012

Mr. Robert Horton  
Eemax, Inc.  
353 Christian St.  
Oxford, CT 06478

Dear Mr. Horton:

The Plumbing Division, Bureau of Construction Codes, has received your Product Approval application for the Drain Valve Consideration on the Eemax EMT1, EMT2.5, EMT4, and EMT6 electric tankless water heaters.

It is our intention to present your product to the State Plumbing Board at a board meeting following receipt of our requested information. If the product's deviation is approved by the board, it will be forwarded to the Construction Code Commission at their next scheduled meeting for final consideration.

Please respond to the following items to assist the board in their decision:

1. Provide documentation to substantiate that your product conforms to the mechanical code required standards.
2. Has code concern been expressed by other code enforcement jurisdictions?
3. Provide discussion why your products do not have the International Code Council required drain valves.

If you have any questions prior to your written response, you may contact me at 517/241-9330.

Sincerely,

A handwritten signature in black ink that reads "Robert G. Konyndyk".

Robert G. Konyndyk, Chief  
Plumbing Division

RGK/sjl

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ELECTRIC TANKLESS WATER HEATERS

July 13, 2012

Department of LARA  
Bureau of Construction Codes  
Att: Plumbing Division  
P.O. Box 30254  
Lansing, MI 48909

To Whom It May Concern,

I have enclosed all available information for the acceptance of an alternate draining method on our Mini-Tank product line. There was an inquiry from one of our customers, who had referenced the 2009 Michigan Plumbing Code, Chapter 5, Section 501.3. I had previously submitted this information to the State of Wisconsin to receive approval, copy enclosed. Since there is no drain valve, our customers disconnect the unit from the plumbing/electrical hookups and tilt the unit until the water has drained out. You will find this information on page 12 of the instruction manual, "Draining and Removing the Water Heater", which is enclosed. I have also enclosed our product data sheet and you are welcome to visit our webpage, [www.eemax.com](http://www.eemax.com) to learn more about the product and our company.

If you have any questions or need further information, please contact me.

Sincerely,

Robert Horton  
Compliance Manager  
203-586-7448

[rhorton@eemaxinc.com](mailto:rhorton@eemaxinc.com)

# electric mini tank water heater

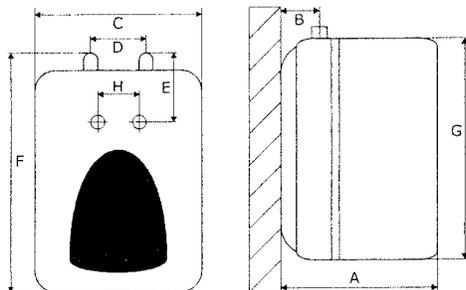
**1, 2.5, 4 and 6 Gallon Mini Tanks Deliver Hot Water Efficiently by Heating and Storing at the Point of Use**

## EEMAX MINI TANK FEATURES

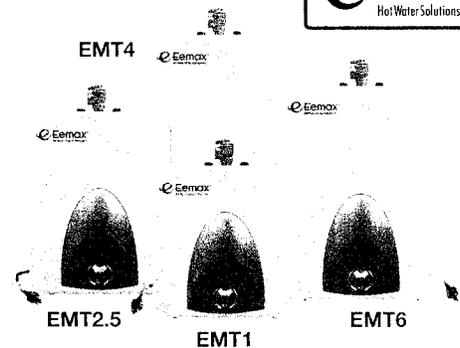
- Point-of-Use Heating Eliminates Long Hot Water Pipe Runs
- Compact Design Fits Virtually Anywhere
- Easy and Ready to Install
- Hot or Cold Water Feed
- Adjustable Temperature Control 50°-140°F
- All units are 110/120 volt plug-in
- Temperature/Pressure Relief Valve Included
- Glass Lined Tank for Extended Life
- Floor and Wall Mountable, Bracket Included
- Power Plug Outlet Capable, No Hardware Needed
- UL Listed
- Voltage: 110/120 volts
- Amperage: 12 amps
- Heating Capacity: 1440 watts
- Phase: single
- Temperatures: 50°-140°F
- Max Operating Pressure: 150 psi

## EEMAX MINI TANK INSTALLATION

Save water by eliminating the wait for hot water to reach the faucet. Simply tap into the water line and install the heater directly at the sink. No need for costly recirculating lines and pumps. And when you want to eliminate the wait for hot water but need more volume, install the Eemax heater in-line with a larger hot water source, such as a tankless heater or a storage tank heater. Lightweight and compact, these units plug into a standard 110 volt outlet.



	EMT1	EMT2.5	EMT4	EMT6
A	10.0"	10.375"	10.375"	15.5"
B	2.25"	2.75"	2.75"	4.0"
C	11.0"	11.75"	11.75"	15.75"
D	4.0"	4.0"	4.0"	4.0"
E	6.0"	6.0"	6.0"	6.0"
F	13.5"	15.5"	20.25"	19.0"
G	12.5"	14.5"	19.25"	18.0"
H	2.5"	2.5"	2.5"	2.5"



### EMT1 PRODUCT SPECIFICATIONS:

Tank Vol.: 1.3 gallon  
 Dimensions: 12.5" H x 11" W x 10" D  
 Weight: 12.5 lbs.  
 Element: Field replaceable  
 Fittings: 1/2" NPT connections at TOP of unit  
 Warranty: 5 years limited on leaks, 1 year defects

### EMT2.5 PRODUCT SPECIFICATIONS:

Tank Vol.: 2.5 gallons  
 Dimensions: 14.5" H x 11.75" W x 10.375" D  
 Weight: 20 lbs.  
 Element: Field replaceable  
 Fittings: 1/2" NPT connections at TOP of unit  
 Warranty: 5 years limited on leaks, 1 year defects

### EMT4 PRODUCT SPECIFICATIONS:

Tank Vol.: 4 gallons  
 Dimensions: 19.25" H x 11.75" W x 10.375" D  
 Weight: 24 lbs.  
 Element: Field replaceable  
 Fittings: 1/2" NPT connections at TOP of unit  
 Warranty: 5 years limited on leaks, 1 year defects

### EMT6 PRODUCT SPECIFICATIONS:

Tank Vol.: 6 gallons  
 Dimensions: 18" H x 15.75" W x 15.5" D  
 Weight: 26 lbs.  
 Element: Field replaceable  
 Fittings: 3/4" NPT connections at TOP of unit  
 Warranty: 5 years limited on leaks, 1 year defects



353 Christian Street, Oxford, CT 06478  
 (800) 543-6163 info@eemaxinc.com  
**eemax.com**

