



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
DIRECTOR

**STATE PLUMBING BOARD**

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

**AGENDA**

**March 3, 2015**

10:00 a.m. Eastern Standard Time

1. Call to Order and Determination of Quorum A. D'Ascenzo
2. Nomination and Election of Officers
3. Approval of Agenda – March 3, 2015 (Pages 1 – 2)
4. Approval of Minutes – December 2, 2014 (Pages 3 – 7)
5. Approval of Examination Minutes – December 3, 2014 and December 17, 2014 (Pages 8 – 13)
  - A. Journey Plumber Examination Results – December 3, 2014
  - B. Master Plumber Examination Results – December 3, 2014
  - C. Plumbing Contractor Examination Results – December 17, 2014
6. Applicants Appearing Before the Board (Pages 14 – 19)
  - A. Buresh, John J. Master Plumber
7. Chief's Report J. Madziar
8. Legislative Update
9. Unfinished Business (Pages 20 – 35)
  - A. Showalter, Mark A. Journey Plumber
  - B. Rogers, Charles P. Master Plumber
  - C. NewAge Casting Company, LP, Cast Iron Soil Pipe & Fittings, NH, SV, and ZFBE, BCCP-14-008
10. New Business
11. Public Comment

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State Plumbing Board Agenda

Page 2

March 3, 2015

12. Next Meeting – June 9, 2015

13. Adjournment



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

**MINUTES**  
**December 2, 2014**  
10:00 a.m. Eastern Standard Time

**MEMBERS PRESENT**

Mr. Daniel Nixon, Vice Chairperson  
Mr. Curt McNitt  
Mr. Aaron Fedewa  
Mr. Walter Maner

**MEMBERS ABSENT**

Mr. Anthony D'Ascenzo, Chairperson  
Ms. Dana DeBruyn  
Mr. Steve Busch

**DEPARTMENT PERSONNEL ATTENDING**

Mr. Irvin Poke, Director, BCC  
Mr. Keith Lambert, Deputy Director, BCC  
Mr. Joseph Madziar, Chief, Plumbing Division  
Mr. Andy Neuman, Assistant Chief, Plumbing Division  
Mr. Kole Myers, Senior Plumbing Inspector  
Mrs. Sara Leiby, Secretary, Plumbing Division

**OTHERS IN ATTENDANCE**

Ms. Cindy Maher, MPMCA  
Mr. James Bruce, Journey Applicant  
Mr. Jeffrey Toepp, Master Applicant  
Mr. Bick Singh, NewAge Casting Company, LP  
Mr. Pat McQuillan, NewAge Casting Company, LP  
Mr. Barry Pines, Code Study and Development  
Mr. Dave Parney, CISPI  
Mr. Bill LeVan, CISPI  
Mr. Victor Hatcher, Tyler Pipe & Coupling  
Mr. Rob Costello, Charlotte Pipe and Foundry  
Mr. John Burke, Burke Agency/Charlotte  
Mr. William Grayzar, ASPE-EMC  
Mr. Michael Melaragni, PITC

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Ms. Amy Harrison, NSF

Mr. Chris Salazar, NSF

Mr. Joe Hernandez, American Society of Plumbing Engineers

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

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

**2. APPROVAL OF AGENDA**

Board Member Maner moved to approve the agenda for the December 2, 2014 State Plumbing Board meeting. Board Member McNitt seconded the motion. **MOTION CARRIED.**

**3. APPROVAL OF MINUTES**

Board Member Fedewa moved to approve the board minutes from the **September 16, 2014** meeting. Board Member McNitt seconded the motion. **MOTION CARRIED.**

**4. APPROVAL OF EXAMINATION MINUTES**

Board Member Fedewa moved to approve the examination minutes of the Journey Plumber and Master Plumber Examinations held on **September 17, 2014** and the Plumbing Contractor Examination held on **September 24, 2014**. Board Member McNitt seconded the motion. **MOTION CARRIED.**

**5. APPLICANTS APPEARING BEFORE THE BOARD**

**A. Mr. James F. Bruce**, Journey Applicant, appeared before the Board requesting permission to take the Journey Plumber Examination. Mr. Bruce 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. Bruce regarding his qualifications to take the Journey Plumber Examination, Board Member Maner moved to allow Mr. Bruce to take the Journey Plumber Examination. Board Member Fedewa seconded the motion. **MOTION CARRIED.**

**B. Mr. Mark A. Showalter**, Journey Applicant, did not appear before the Board as scheduled. Prior to the meeting, Mr. Showalter contacted the division and sent a request to be rescheduled.

Board Member Maner moved to postpone Mr. Showalter's out-of-state experience review for the Journey Plumber Examination for consideration until the March 3, 2015 Board meeting. Board Member McNitt seconded the motion. **MOTION CARRIED.**

- C. **Mr. Charles P. Rogers**, Master Applicant, did not appear before the Board as scheduled. Prior to the meeting, Mr. Rogers contacted the division and sent a request to be rescheduled.

Board Member Maner moved to postpone Mr. Rogers' out-of-state experience review for the Master Plumber Examination for consideration until the March 3, 2015 Board meeting. Board Member Fedewa seconded the motion. **MOTION CARRIED.**

- D. **Mr. Jeffrey A. Toepp**, Master Applicant appeared before the Board requesting permission to take the Master Plumber Examination. Mr. Toepp 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. Toepp regarding his qualifications to take the Master Plumber Examination, Board Member Maner moved to allow Mr. Toepp to take the Master Plumber Examination. Board Member Fedewa seconded the motion. **MOTION CARRIED.**

## 6. **NEW PRODUCTS**

- A. **MIFAB Inc., Big Max Large Plastic Grease Interceptors, Models XL-MI-G-PL-750 and XL-MI-G-PL-1150, BCCP-14-010**

Mr. Madziar presented the Board a product approval request from MIFAB Inc., for Big Max Large Plastic Grease Interceptors, Models XL-MI-G-PL-750 and XL-MI-G-PL-1150.

Following a review and discussion, Board Member Maner moved to forward the product to the Commission for approval. Board Member Fedewa seconded the motion. **MOTION CARRIED.**

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

Mr. Madziar provided information on the following:

- A. At Your Pace Online 2012 Plumbing Code Update Course applicant rescinded request for approval. Mr. Madziar will determine requirements for approval of online code update courses.

- B. The 2015 Residential Code Public Meeting to allow persons an opportunity to present data and comments on the general need to update the current Michigan Residential Code with the 2015 edition of the International Residential Code will be on December 10, 2014 at 9:00 a.m.
- C. Mr. Madziar is comparing the 2015 International Plumbing Code to the 2012 International Plumbing Code in order to access changes and updates needed.
- D. Mr. Madziar has been appointed to the 2018 Code Development Committee for the International Code Council, effective January 1, 2015. The ICC hearings begin April 19, 2015 through April 30, 2015 in Memphis, Tennessee.

#### **8. LEGISLATIVE UPDATE**

Mr. Keith Lambert presented information on the following legislation:

- A. Advised lame duck is now in session. There has been a couple of bills introduced pertaining to plumbing with no action recently, one of which clarifies mechanical and plumbing license requirements for water heater installations.

#### **9. UNFINISHED BUSINESS**

- A. **NewAge Casting Company, LP, Cast Iron Soil Pipe & Fittings, NH, SV, and ZFBE, BCCP-14-008**

Mr. Bick Singh and Mr. Pat McQuillan presented the Board a product approval request from NewAge Casting Company, LP, for Cast Iron Soil Pipe & Fittings, NH, SV, and ZFBE.

Following a review and discussion with Mr. Singh and Mr. Pat McQuillan, Board Member Maner moved to postpone the product review for consideration of product approval until the March 3, 2015 Board meeting to allow time for the petitioner to provide additional documentation from NSF clarifying which specific facilities are certified under the China facility listing, test reports for certification to Annex A1, and sample material test reports including radioactive tests. Board Member McNitt seconded the motion. **MOTION CARRIED.**

#### **10. NEW BUSINESS**

- A. Mr. Bill LeVan, CISPI, provided information regarding proposal to add Annex A1 to standards and codes due to third party certifiers not conducting tests in accordance with Annex A1.

**11. APPROVAL OF THE 2015 STATE PLUMBING BOARD SCHEDULE**

- A. Board Member Fedewa moved to approve the 2015 State Plumbing Board Schedule. Board Member McNitt seconded the motion. **MOTION CARRIED.**

**12. PUBLIC COMMENT**

- A. Mr. Barry Pines, representing Code Study & Development, Michigan Chapter of ASSE, and Tri-County Plumbing Inspector Association, explained that since the Clean Water Act references the EPA manual, he believes it is part of the law which would then require backflow certification to be done by a licensed plumber. He requests the Attorney General's opinion in this matter.
- B. Ms. Cindy Maher, MPMCA, notified the backflow class has moved to a permanent facility and offered that the MPMCA's information technology company may be able to assist in discussing security measures taken for the online code update course.

**13. NEXT MEETING**

March 3, 2015

**14. ADJOURNMENT**

Board Member McNitt moved to adjourn the meeting at 10:54 a.m. Eastern Standard Time. Board Member Fedewa seconded the motion. **MOTION CARRIED.**

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

Chairperson Anthony D'Ascenzo



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ACTING DIRECTOR

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

**EXAMINATION MINUTES**  
**December 3, 2014 and December 17, 2014**  
8:00 a.m. and 9:00 a.m. EST

**MEMBERS PRESENT**

Mr. Daniel Nixon, Vice Chairperson  
Mr. Aaron Fedewa  
Mr. Curt McNitt  
Mr. Walter Maner

**MEMBERS ABSENT**

Mr. Anthony D'Ascenzo, Chairperson  
Mr. Steve Busch  
Ms. Dana DeBruyn

**DEPARTMENT PERSONNEL ATTENDING**

Mr. Joseph T. Madziar, Chief, Plumbing Division  
Mr. Andy B. Neuman, Assistant Chief, Plumbing Division  
Mr. Kole Myers, Senior Plumbing Inspector  
Mr. Allon Robbins, State Plumbing Inspector  
Mr. Bob Page, State Plumbing Inspector  
Mr. David Yeager, State Plumbing Inspector

Vice Chairperson Nixon introduced the Plumbing Board members. Mr. Andy Neuman provided instructions to the candidates for the Journey Plumber Examination. Mr. Kole Myers provided instructions to the candidates for the Master Plumber Examination under the supervision of Mr. Joseph Madziar.

Ninety-eight journey applicants had been approved for the examination; 94 applicants took the examination.

Thirty-nine master applicants had been approved for the examination; 34 applicants took the examination.

The Chief of the Plumbing Division, Assistant Chief of the Plumbing Division, Senior Plumbing Inspector, 3 State Plumbing Inspectors, and 6 proctors assisted the State Plumbing Board with the examinations.

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Twenty-five plumbing contractor applicants had been approved for the examination; 24 applicants took the examination.

The Assistant Chief of the Plumbing Division and 2 proctors assisted Vice Chairperson Nixon with the contractor examination.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Anthony D'Ascenzo, Chairperson

DRAFT

Journey Plumber's Passed List  
December 3, 2014

Journey Plumber

Address

BAKER, THOMAS O	GRAND BLANC MI
BOONE, JOSHUA J	CEDAR MI
BOUMA, JOSH R	DORR MI
BRENNEMAN, JONATHON R	LIVONIA MI
BRONSON, CHARLES L	THREE OAKS MI
BROOM, MICHAEL D	HIGHLAND MI
BRUCE, JAMES F	BLISSFIELD MI
CASARES, MARTIN III	DEARBORN MI
CAVANAUGH, LUCAS B	STERLING HEIGHTS MI
CHRISTENSEN, ADAM N	GRANDVILLE MI
CLARK, RYAN R	SAGINAW MI
CRISP, MARTIN J	CLINTON MI
DANILOWICZ, JOSHUA J	FLAT ROCK MI
DONAHUE, DERRICK A	OAKLAND MI
FAYLOR, MARK T	PETOSKEY MI
GENZINK, RYAN J	HOLLAND MI
HAYNES, JOHN R	SALINE MI
HEITZIG, GREGORY C	BAY CITY MI
JOHNSON, SCOTT W	SAULT STE MARIE MI
KALSBECK, DAVID A	GRAND RAPIDS MI

Journey Plumber's Passed List  
December 3, 2014

Journey Plumber

Address

KIMMERLY, KEITH G

MIDLAND MI

LASKE, EDWARD J

SHELBY TWP MI

MCLANE, DEREK S

CHESTERFIELD MI

PADGETT, CHRISTOPHER M

MADISON HEIGHTS MI

PARR, RICHARD L

BARBEAU MI

PIERCE, ANTHONY J

GRAND RAPIDS MI

PUNG, ROY L III

KIMBALL MI

SMALLRIDGE, STEPHEN J

CHESTERFIELD MI

SMITH, STEVEN T

MACOMB TWP MI

SYSWERDA, MICHAEL R

BYRON CENTER MI

THOMAS, WILLIAM

HOWELL MI

VARELA, ANTHONY P

GRANT MI

VETTESE, DAIN M

MILFORD MI

WESLEY, ROBERT C

MONTAGUE MI

WHITE, BRANDON M

JACKSON MI

WILLIAMS, JAMES R

HAZEL PARK MI

ZENZ, COREY URBAN

HANOVER MI

Master Plumber's Passed List  
December 3, 2014

Master Plumber

Address

BLEMASTER, CHRISTOPHER D	MAPLE RAPIDS MI
BLEMASTER, JASON W	PERRINTON MI
BOLES, DANIEL J	LANSING MI
DAVIS, DERRICK R	GARDEN CITY MI
DOLETZKY, DANIEL D II	LIVONIA MI
GANGER, ANTHONY E	GOSHEN IN
MALCOLM, STEPHEN K	ALLENTON MI
MILLER, MATTHEW T	GOSHEN IN
O'RORKE STEDMAN, PATRICK T	BEAR LAKE MI
PASTOOR, ERIC J	GRAND RAPIDS MI
RYCKMAN, ERIC A	BURTON MI
SHEPHERD, NICHOLAS J	MILFORD MI
WATTS, DARWIN L	PLYMOUTH MI
WLUDYKA, SHANE J N	HOWELL MI

Plumbing Contractor's Passed List  
December 17, 2014

<u>Plumbing Contractor</u>	<u>Address</u>
BUTASH, WILLIAM P	BERKLEY MI
CONNER, ADAM J	CLAWSON MI
GRAY, JEREMY R	BELLEVILLE MI
KAISER, MATTHEW M	HERRON MI
KARE, JOHN W	ROMEIO MI
LEE, EDWARD E	OXFORD MI
LOBB, HENRY M	FLINT MI
MCCLURE, DEMETRI M	DETROIT MI
MELITZ, AARON	STERLING HEIGHTS MI
NORTON, STEVE G	BRIGHTON MI
RAAK, ROBERT J	BYRON CENTER MI
RAUPAGH, DANIEL N	ANN ARBOR MI
RUDNICK, BARRIE	WALLED LAKE MI
SLOCUM, BRENT J	MANTON MI
SOMMERDYKE, CORRIE L	KENTWOOD MI
SUPER, LUKE T	BAY CITY MI
WALLEN, THOMAS A	WYANDOTTE MI
WILL, LUKE A	MACOMB MI



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DIRECTOR

MIKE ZIMMER  
ACTING DIRECTOR

December 15, 2014

Mr. John J. Buresh  


Dear Mr. Buresh:

The Plumbing Division has received your Application for Master Plumber Examination.

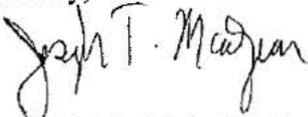
The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state licensing experience. The meeting will be held on **March 3, 2015**, located at 2501 Woodlake Circle, 1<sup>st</sup> Floor, Conference Room No. 3, Okemos, Michigan. The meeting will begin at 10:00 a.m., Eastern Standard Time. A map and the exam information form are enclosed for your convenience.

You will be required to provide your original license issued from the State of Wisconsin with the licensing rules and regulations.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **March 4, 2015**, located in East Lansing, Michigan.

If you have any further questions or are unable to attend, contact the Plumbing Division at (517) 241-9330.

Sincerely,



Joseph T. Madziar, Chief  
Plumbing Division

JTM/sjl

Enclosures

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Call  
OK 12/10/14  
"OS"

Application for Master Plumber Examination

**RECEIVED**  
DEC 03 2014

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

Trans Info: 92 1995/3000-1 12/01/14  
CHK#: 100000037 Amt: \$100.00  
EIS: IMECT/GRANT MEDICAL INC

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733  
Completion: Necessary for examination consideration  
Penalty: Application cancelled and fee forfeited  
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**Out of State Experience**

... a journey license issued under 2002 PA 733 and have a minimum of 4,000 of 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 12964

**Applicant Information**

NAME (Last, First, Middle) Buresh, John, J		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. 249754 exp. 3.15 State/Country Wisconsin	<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
------------------------	------

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

NAME OF EMPLOYER <b>TWEET GAROT MECHANICAL</b>			NAME OF MASTER PLUMBER <b>JOHN BURESH</b>		
BUSINESS ADDRESS <b>2545 LARSEN Rd</b>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) <b>MASTER</b> From: <b>2005</b> To: <b>CURRENT</b>		
CITY <b>GREEN BAY</b>	STATE <b>WI</b>	ZIP CODE <b>54307</b>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week <b>40</b>		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <b>HEALTH CARE FACILITIES, MANUFACTURING, FOOD PROCESSING, SCHOOLS</b>					
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, _____ this _____ day of _____		
SIGNATURE OF MASTER PLUMBER <b>John Buresh</b>			a Notary Public in and for _____ County, Michigan.		
LICENSE NUMBER <b>249754</b>			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 <b>TWEET GAROT MECHANICAL</b>			NAME OF MASTER PLUMBER <b>THOMAS BRAUNER</b>		
BUSINESS ADDRESS <b>2545 LARSON Rd</b>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <b>2002</b> To: <b>2005</b>		
CITY <b>GREEN BAY</b>	STATE <b>WI</b>	ZIP CODE <b>54307</b>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week <b>40</b>		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <b>HEALTH CARE, MANUFACTURING, FOOD PROCESSING, SCHOOLS</b>					
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, _____ this _____ day of _____		
SIGNATURE OF MASTER PLUMBER			a Notary Public in and for _____ County, Michigan.		
LICENSE NUMBER <b>6046</b>			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 <b>John J Buresh</b>	DATE <b>11-25-14</b>

ID: 249754  
 JOHN J BURESH

Certification, License, or Registration Name Expires  
 Cross Connection Control Tester Registration 12/26/16  
 Master Plumber License 03/31/15

Wisconsin Department of Safety and Professional Services  
 Signature: *John Buresh*

WISCONSIN DRIVER LICENSE REGULAR USA WI

4a ID [REDACTED]  
 1 BURESH  
 2 JOHN JAMES  
 3 [REDACTED]

1 DOB [REDACTED] 4b EXP 06/03/2020  
 16 SEX [REDACTED] 4a ISS 06/04/2013  
 16 HGT [REDACTED] 18 EYES [REDACTED]  
 17 WT [REDACTED] 19 HAIR [REDACTED]

9 CLASS DM  
 5a EHD NONE  
 5 [REDACTED]

*John Buresh*



# Wisconsin Department of Safety and Professional Services

## Credential/Licensing Search

[Credential/License Search](#)

[DSPS Home](#)

[Credential/License Search](#)   [DSPS Home](#)

### Trade Search Results

Name	Contact Info
BURESH, JOHN J	[REDACTED]

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

Black=Approved. The credential/license is currently valid and is not ready for renewal.

Blue=Renewal Application Sent. A renewal application has been sent to the credential/license holder.

This does not guarantee that the credential/license is currently valid.

Red=Expired or Other. The credential/license has expired, the application is pending or the record has been locked. The credential/license holder should contact the credential unit if they wish to reinstate the credential/license.

Click on credential/license name to display the actual courses recorded for this continuing education cycle.

Credential/License Type	Expiration	CE Hours Needed to Renew	Total Hours Accumulated	Total Hours Required	CE Needed By
<a href="#">Plumbing Apprentice</a>	4/29/2003	0	0	0	1/29/2003
<a href="#">Journeyman Plumber</a>	3/31/2006	12	0	12	12/31/2005
<a href="#">Cross Connection Control Tester</a>	12/26/2016	6	6	0	12/26/2016
<a href="#">Master Plumber</a>	3/31/2015	24	28	0	3/31/2015

[Return to Search Results](#)



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
ACTING DIRECTOR

December 15, 2014

Mr. Mark A. Showalter  
[REDACTED]

Dear Mr. Showalter:

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 Journey Plumber Examination. This office has received your request to be rescheduled to attend the State Plumbing Board meeting at a later date for consideration of your out-of-state licensing experience.

The following information has been recorded in the board minutes:

Mr. Mark A. Showalter, Journey Applicant, did not appear before the Board as scheduled. Prior to the meeting, Mr. Showalter contacted the division and sent a request to be rescheduled.

Board Member Maner moved to postpone Mr. Showalter's out-of-state experience review for the Journey Plumber Examination for consideration until the March 3, 2015 Board meeting. Board Member McNitt seconded the motion. **MOTION CARRIED.**

Therefore, the Plumbing Division is rescheduling you to appear before the State Plumbing Board for consideration of your out-of-state licensing experience. The meeting will be held on **March 3, 2015**, located at 2501 Woodlake Circle, 1<sup>st</sup> Floor, Conference Room No. 3, Okemos, Michigan. The meeting will begin at 10:00 a.m., Eastern Standard Time. A map and the exam information form are enclosed for your convenience.

You will be required to provide your original license issued from the State of West Virginia with the licensing rules and regulations.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **March 4, 2015**, located in East Lansing, Michigan.

*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

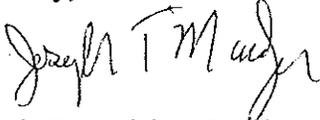
Mr. Mark A. Showalter

Page 2 of 2

December 15, 2014

If you have any further questions or are unable to attend, please contact the Plumbing Division at (517) 241-9330.

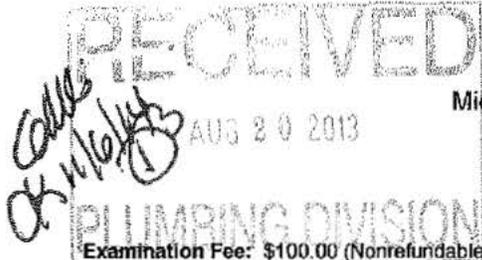
Sincerely,

A handwritten signature in cursive script, appearing to read "Joseph T. Madziar".

Joseph T. Madziar, Chief  
Plumbing Division

JTM/sjl

Enclosures



**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

Trans Info 495 48470523-1 08/15/13  
 CRK: 3956 Amt: \$100.00  
 TO: MARK A SHOWALTER

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.

**Out of State Experience**

Have 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.

- 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.

OFFICE USE ONLY  
 T-82 23943

**Applicant Information**

NAME (Last, First, Middle) <i>Showalter MARK ALAN</i>		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* XXX-XX- <span style="background-color: black; color: black;">[REDACTED]</span>
HOME ADDRESS <span style="background-color: black; color: black;">[REDACTED]</span>		DATE OF BIRTH <span style="background-color: black; color: black;">[REDACTED]</span>
CITY <span style="background-color: black; color: black;">[REDACTED]</span>		COUNTY <span style="background-color: black; color: black;">[REDACTED]</span>
STATE <span style="background-color: black; color: black;">[REDACTED]</span>	ZIP CODE <span style="background-color: black; color: black;">[REDACTED]</span>	TELEPHONE NUMBER (Include Area Code) <span style="background-color: black; color: black;">[REDACTED]</span>

**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. *PL09908* State/Country *West Virginia USA*  
*Master*

3. Are you registered as an apprentice with the State of Michigan?  Yes  No  
 Apprentice No. 83-\_\_\_\_\_

**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 *Sept*  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	CITY	STATE
INSTRUCTOR		DATES ATTENDED (MO/DAY/YR)
		From: To:

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.

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

NAME OF EMPLOYER JON PINTI DBA A & V CONTRACTORS			NAME OF MASTER PLUMBER MARK SHAWALTER		
BUSINESS ADDRESS P.O. Box 4025			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: sept. 2002 To: Aug. 2008		
CITY Clarksburg	STATE WV	ZIP CODE 26302	<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 checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK waste and copper water lines, underground, sprinklers lines, domestic and soft water.					
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 <i>Jon Pinti</i>			this _____ day of _____		
LICENSE NUMBER PL 09360			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

74 ✓  
11M

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

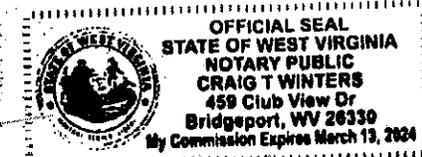
NAME OF EMPLOYER			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: _____ To: _____		
CITY	STATE	ZIP CODE	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time            No. Hours/Week _____		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" 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, <i>Craig T. Winters</i>		
SIGNATURE OF MASTER PLUMBER			this <u>13</u> day of <u>June</u> 2014.		
LICENSE NUMBER			a Notary Public in and for <u>Harrison County, WV</u> County, Michigan.		
			Signature of Notary Public <i>Craig T. Winters</i>		
			My Commission expires: <u>March 13, 2024</u>		

**RECEIVED**  
SEP 10 2014  
PLUMBING DIVISION

**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



*Craig T. Winters*  
6/12/14

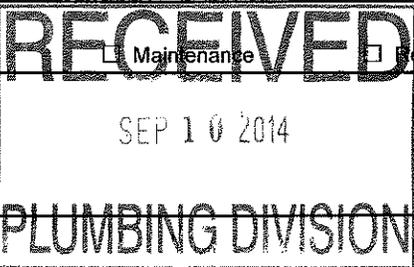
MY Commission Expires March 13, 2024

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

NAME OF EMPLOYER <b>J'E Johnson Contracting Inc</b>			NAME OF MASTER PLUMBER <b>James E Johnson Jr</b>		
BUSINESS ADDRESS <b>P.O. Box 1863</b>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <b>8/20/2013</b> To: <b>Present</b>		
CITY <b>Midland</b>	STATE <b>MI</b>	ZIP CODE <b>48640</b>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week <b>40+</b>		
TYPE OF WORK PERFORMED <input 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 <b>Plumb, Sanitary drainage, storm drainage, venting, Domestic water, Fixture Installation</b>					
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, <b>CHERYL SEGEL</b> this <b>9th</b> day of <b>OCT</b> , <b>2013</b>		
SIGNATURE OF MASTER PLUMBER <i>[Signature]</i>			a Notary Public in and for <b>MIDLAND</b> County, Michigan.		
LICENSE NUMBER <b>8106249</b>			Signature of Notary Public <i>[Signature]</i> My Commission expires: <b>11-19-2013</b> <b>CHERYL A. SEGEL</b> Notary Public, State of Michigan County of <b>Midland</b>		

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

NAME OF EMPLOYER			NAME OF MASTER PLUMBER <b>ASSISTING in the County of <b>MIDLAND</b></b>		
BUSINESS ADDRESS			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: _____ To: _____		
CITY	STATE	ZIP CODE	<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 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, _____ this _____ day of _____ a Notary Public in and for _____ County, Michigan.		
SIGNATURE OF MASTER PLUMBER			Signature of Notary Public _____		
LICENSE NUMBER			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

SHOWALTER, MARK A  
PENDING FILE

Original application is held in the Plumbing Division's office. Please complete the application and return to us promptly.

**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 <i>Custom Heating &amp; Plumbing, Inc</i>			NAME OF MASTER PLUMBER <i>Ryan Stoneller</i>		
BUSINESS ADDRESS <i>1923 Packard</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>4/29/2002</i> To: <i>8/30/2002</i>		
CITY <i>MT. Pleasant</i>	STATE <i>MI</i>	ZIP CODE <i>48858</i>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time    No. Hours/Week <i>40</i>		
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, _____ this _____ day of _____, a Notary Public in and for _____ County, Michigan.		
SIGNATURE OF MASTER PLUMBER			Signature of Notary Public _____		
LICENSE NUMBER			My Commission expires: _____		

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

NAME OF EMPLOYER <i>Clouse Plumbing</i>			NAME OF MASTER PLUMBER <i>ANTHONY S CLOUSE</i>		
BUSINESS ADDRESS <i>714 PICKARD RD</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>5-1996</i> To: <i>6-1998</i>		
CITY <i>MT. PLEASANT</i>	STATE <i>MI</i>	ZIP CODE <i>48858</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 type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <sup>LT</sup> <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>WATER AND WASTE LINES ON HOUSES / SET FIXTURES</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 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, <i>Tommy Sean Crowder</i> this <i>13</i> day of <i>2013</i> a Notary Public in and for <i>Washtenaw</i> County, Michigan. Signature of Notary Public <i>Tommy Sean Crowder</i> My Commission expires: <i>9-14-2017</i>		
SIGNATURE OF MASTER PLUMBER <i>Anthony S Clouse</i>					
LICENSE NUMBER <i>81-10299</i>					

**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 APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: To:		
CITY	STATE	ZIP CODE	<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 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, _____ this _____ day of _____ a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____		
SIGNATURE OF MASTER PLUMBER					
LICENSE NUMBER					

**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



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
ACTING DIRECTOR

December 15, 2014

Mr. Charles P. Rogers  
[REDACTED]

Dear Mr. Rogers:

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 State Plumbing Board meeting at a later date for consideration of your out-of-state licensing experience.

The following information has been recorded in the board minutes:

Mr. Charles P. Rogers, Master Applicant, did not appear before the Board as scheduled. Prior to the meeting, Mr. Rogers contacted the division and sent a request to be rescheduled.

Board Member Maner moved to postpone Mr. Rogers' out-of-state experience review for the Master Plumber Examination for consideration until the March 3, 2015 Board meeting. Board Member Fedewa seconded the motion. **MOTION CARRIED.**

Therefore, the Plumbing Division is rescheduling you to appear before the State Plumbing Board for consideration of your out-of-state licensing experience. The meeting will be held on **March 3, 2015**, located at 2501 Woodlake Circle, 1<sup>st</sup> Floor, Conference Room No. 3, Okemos, Michigan. The meeting will begin at 10:00 a.m., Eastern Standard Time. A map and the exam information form are enclosed for your convenience.

You will be required to provide your original license issued from the State of Indiana with the licensing rules and regulations.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **March 4, 2015**, located in East Lansing, Michigan.

*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

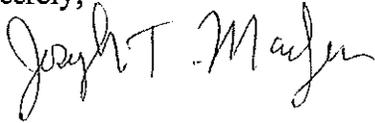
Mr. Charles P. Rogers

Page 2 of 2

December 15, 2014

If you have any further questions or are unable to attend, please contact the Plumbing Division at (517) 241-9330.

Sincerely,

A handwritten signature in cursive script that reads "Joseph T. Madziar".

Joseph T. Madziar, Chief  
Plumbing Division

JTM/sjl

Enclosures

Calc  
AS 11/21/14



**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

Trans Info: 92 19097607-1 09/18/14  
Check: 47100 Amt: \$100.00  
ID: NORTH CENTRAL MEDICAL INC

Examination Fee: \$100.00 (Nonrefundable)

**Out of State Experience**

Supervising MP license expired  
FULL SSN REQUIRED ✓ 12/31/13 ✓  
Phone # ✓

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

...d a journey license issued under 2002 PA 733 and have a minimum of 4,000  
...of 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 17916

**Applicant Information**

NAME (Last, First, Middle) <i>ROBERT CHARLES PAUL</i>		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER XXX-XX-
HOME ADDRESS [REDACTED]		DATE OF BIRTH [REDACTED]
CITY [REDACTED]	COUNTY [REDACTED]	
STATE [REDACTED]	ZIP CODE [REDACTED]	TELEPHONE NUMBER (include Area Code) [REDACTED]

**Current Status**

- Have you previously applied to take the Michigan master plumber examination?  Yes  No
- Have you been licensed as a journey plumber in Michigan?  Yes  No  
Journey Plumber License No. 82- \_\_\_\_\_
- Are you licensed as a master plumber in another state or country?  Yes  No  
Master Plumber License No. *PC 10500525* State/Country *IN* (attached)

**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  
*Sept 4-14*  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.

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

NAME OF EMPLOYER <i>North Central Mech</i>			NAME OF MASTER PLUMBER <i>James H Anderson Jr.</i>		
BUSINESS ADDRESS <i>1721 N CEDAR</i>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <i>10/21/96</i> To: <i>Present</i>		
CITY <i>Mishawaka</i>	STATE <i>IN</i>	ZIP CODE <i>46545</i>	<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 checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>New Install, Service, Install Drainage Water AND New Fixtures</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, _____ this _____ day of _____		
SIGNATURE OF MASTER PLUMBER <i>[Signature]</i>			a Notary Public in and for _____ County, Michigan.		
LICENSE NUMBER <i>8107595</i>			Signature of Notary Public _____		
			My Commission expires: _____		

IN: PC810570287

18000218

*expired - see attached*

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

NAME OF EMPLOYER <i>Fenner Plumbing</i>			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: _____ To: _____		
CITY <i>.</i>	STATE	ZIP CODE	<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 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, _____ this _____ day of _____		
SIGNATURE OF MASTER PLUMBER			a Notary Public in and for _____ County, Michigan.		
LICENSE NUMBER			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 <i>Charles Kaper</i>	DATE <i>8/11/14</i>

Contractor issued 5/2/02 - Present

12 + years

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

NAME OF EMPLOYER North Central Mechanical Inc.			NAME OF MASTER PLUMBER Chris Anderson		
BUSINESS ADDRESS 1721 N Cedar Street			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: 01/01/2014 To: Present		
CITY Mishawaka	STATE IN	ZIP CODE 46545	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time            No. Hours/Week <u>40</u>		
TYPE OF WORK PERFORMED <input type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK New install, service, install drainage water and new fixtures. Underground 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, <u>Robin L. Kealy</u> this <u>2<sup>nd</sup></u> day of <u>October</u> , <u>2014</u>		
SIGNATURE OF MASTER PLUMBER 			a Notary Public in and for <u>CAGB</u> County, Michigan. Signature of Notary Public <u>Robin L. Kealy</u> My Commission expires: <u>07/05/2021</u>		
LICENSE NUMBER PC10200261					

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) From: To:		
CITY	STATE	ZIP CODE	<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, _____ this _____ day of _____, _____		
SIGNATURE OF MASTER PLUMBER			a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____		
LICENSE NUMBER					

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

<a href="#">New Search</a> <a href="#">Litigation Documents</a> <a href="#">Digital Certification</a> <a href="#">Plumbing Commission</a>		
	<b>Person Information</b>	
	Charles Paul Rogers	
	<b>Address Information</b>	
	[REDACTED]	
	<b>License Information</b>	
	License No:	PC10500525
	Profession:	Plumbing Commission
License Type:	Plumber Contractor	
Obtained By Method:	Examination	
Issue Date:	8/19/2005	
Expiration Date:	12/31/2015	
License Status:	Active	
<b>Previous Action</b>		
Previous Action - None		
<b>Related Licenses</b>		
No Prerequisite Information		



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
DIRECTOR

February 10, 2015

Mr. Bick Singh  
NewAge Casting Company, LP  
12630 West Airport Blvd. Suite 100  
Sugar Land, Texas 77478

Dear Mr. Singh,

I am writing to provide written confirmation of the Michigan State Plumbing Board's decision regarding your scheduled board appearance to petition for product approval of Cast Iron Soil Pipe & Fittings, NH, SV, and ZFBE. Following your attendance and questioning at the December 2, 2014 meeting, the Board postponed review for consideration for product approval until the next Board meeting to allow time to provide additional documentation.

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

**NewAge Casting Company, LP, Cast Iron Soil Pipe & Fittings, NH, SV, and ZFBE, BCCP-14-008**

Mr. Bick Singh and Mr. Pat McQuillan presented the Board a product approval request from NewAge Casting Company, LP, for Cast Iron Soil Pipe & Fittings, NH, SV, and ZFBE.

Following a review and discussion with Mr. Singh and Mr. Pat McQuillan, Board Member Maner moved to postpone the product review for consideration of product approval until the March 3, 2015 Board meeting to allow time for the petitioner to provide additional documentation from NSF clarifying which specific facilities are certified under the China facility listing, test reports for certification to Annex A1, and sample material test reports including radioactive tests. Board Member McNitt seconded the motion. **MOTION CARRIED.**

Further clarification of the requested information was also provided in the December 19, 2014 letter to you. Your response to this request was received on January 27, 2015. Your response has been supplied to the State Plumbing Board to help them with their decision for your products approval or denial.

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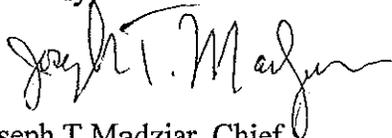
Mr. Bick Singh  
Page 2 of 2  
February 10, 2015

Therefore, the Plumbing Division is scheduling the continued product review for consideration for the next Board meeting. The meeting will be held on March 3, 2015, located at 2501 Woodlake Circle, 1<sup>st</sup> Floor, Conference Room No. 3, Okemos, Michigan. The meeting will begin at 10:00 a.m., Eastern Standard Time. A map is enclosed for your convenience.

Your attendance or your company's representative's attendance will be helpful if the Board has any questions or concerns. Should the Board have a favorable position regarding your products' acceptance, they will forward a recommendation to the Construction Code Commission for final approval.

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

Sincerely,



Joseph T Madziar, Chief  
Plumbing Division

JTM/sjl

Enclosure

cc: State Plumbing Board members



RICK SNYDER  
GOVERNOR

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

MIKE ZIMMER  
ACTING DIRECTOR

December 19, 2014

Mr. Bick Singh  
NewAge Casting Company, LP  
12630 West Airport Blvd. Suite 100  
Sugar Land, Texas 77478

Dear Mr. Singh,

I am writing to confirm what information NewAge Casting Company, LP is to supply to the State Plumbing Board for their review. You stated at our last Board meeting on December 2, 2014 that you were very close to getting all the information from NSF International for their listings of the China casting plants NewAge Casting Co., LP uses to manufacture their products. In addition to this information, I would ask that you also furnish all the information I requested in my letter dated October 31, 2014 along with a copy of all documentation provided at the December 2, 2014 State Plumbing Board meeting. Your information will be supplied to the State Plumbing Board to help them with their decision for your products approval or denial.

I am requesting that this information be delivered to my office no later than January 15, 2015. This will give me time to distribute your information to the Board before the next scheduled meeting, March 3, 2015. Your product review will not be scheduled to appear before the Board until the requested information is received with time for the Board to review prior to the meeting.

If you have any questions concerning what information I have requested, please call me so we can move forward with your Petition Application for Certificate of Acceptability. I can be reached at (517) 241-9330.

Sincerely,

Joseph T Madziar, Chief  
Plumbing Division

JTM/sjl

cc: State Plumbing Board members

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