



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
ACTING DIRECTOR

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

AGENDA

September 16, 2014

10:00 a.m. Eastern Standard Time

1. Call to Order and Determination of Quorum A. D'Ascenzo
2. Approval of Agenda – September 16, 2014 (Pages 1 – 2)
3. Approval of Minutes – July 16, 2014 (Pages 3 – 6)
Approval of Examination Minutes – July 17, 2014 (Page 7)
4. Examination Results – July 17, 2014 (Pages 8 – 10)
 - A. Journey Plumber
 - B. Master Plumber
 - C. Plumbing Contractor
5. Applicants Appearing Before the Board (Pages 11 – 16)
 - A. Bottai, Mark L. Master Plumber
 - B. Marinelli, Ronald J. Master Plumber
6. New Products (Pages 17 – 20) J. Madziar
 - A. NewAge Casting Company, LP, Cast Iron Soil Pipe & Fittings, NH, SV, and ZFBE, BCCP-14-008
7. Good Moral Character Reviews
 - A. Brandt, Carl J. Plumbing Apprentice Registration
 - B. Guy, William J. Plumbing Apprentice Registration
 - C. Henning, Jeffrey M. Plumbing Apprentice Registration
 - D. Stellner, Frank R. Plumbing Apprentice Registration
8. Chief's Report J. Madziar
9. Legislative Update

Providing for Michigan's Safety in the Built Environment

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State Plumbing Board Agenda

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September 16, 2014

10. Unfinished Business (Pages 21 – 29)
 - A. Hood, Patrick C. Journey Plumber
11. New Business
12. Public Comment
13. Next Meeting – December 2, 2014
14. Adjournment



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BUREAU OF CONSTRUCTION CODES
IRVIN J. POKE
DIRECTOR

STEVE ARWOOD
DIRECTOR

STATE PLUMBING BOARD
Upper Peninsula State Fairgrounds
2401 12th Avenue North
Escanaba, Michigan 49829

MINUTES
July 16, 2014

8:15 a.m. Eastern Standard Time

MEMBERS PRESENT

Mr. Daniel Nixon, Vice Chairperson
Mr. Curt McNitt
Mr. Anthony D'Ascenzo
Mr. Steve Busch
Mr. Walter Maner

MEMBERS ABSENT

Ms. Dana DeBruyn
Mr. Aaron Fedewa

DEPARTMENT PERSONNEL ATTENDING

Mr. Joseph Madziar, Chief, Plumbing Division

OTHERS IN ATTENDANCE

Mr. Tyler Jouppe, Journey Applicant
Mr. Myril Brix III., Master Applicant
Mr. Doug Guldán, Waste Water Heat Transfer Systems, LLC
Mr. Tim Laske, B-Dry Systems of Michigan
Mr. Mike Henery, B-Dry Systems of Michigan

1. CALL TO ORDER AND DETERMINATION OF QUORUM

Vice Chairperson Nixon called the meeting to order at 8:15 a.m. A quorum was present at that time.

2. NOMINATION AND ELECTION OF CHAIRPERSON

Board Member Maner moved to nominate Anthony D'Ascenzo as Chairperson. Board Member McNitt seconded the motion. **MOTION CARRIED UNANIMOUSLY.**

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3. APPROVAL OF AGENDA

Board Member Maner moved to approve the agenda for the July 16, 2014 State Plumbing Board meeting. Chairperson D'Ascenzo seconded the motion. **MOTION CARRIED.**

4. APPROVAL OF MINUTES

Board Member McNitt moved to approve the board minutes from the **June 3, 2014** meeting. Board Member Busch seconded the motion. **MOTION CARRIED.**

5. APPROVAL OF EXAMINATION MINUTES

Board Member Maner moved to approve the examination minutes of the Journey Plumber and Master Plumber Examinations held on **June 4, 2014** and the Plumbing Contractor Examination held on **June 25, 2014**. Board Member McNitt seconded the motion. **MOTION CARRIED.**

6. APPLICANTS APPEARING BEFORE THE BOARD

A. Mr. Tyler W. Jouppe, Journey Applicant, appeared before the Board requesting permission to take the Journey Plumber Examination. Mr. Jouppe 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. Jouppe regarding his qualifications to take the Journey Plumber Examination, Board Member Maner moved to allow Mr. Jouppe to take the Journey Plumber Examination. Board Member McNitt seconded the motion. **MOTION CARRIED.**

B. Mr. Myril A. Brix III, Master Applicant, appeared before the Board requesting permission to take the Master Plumber Examination. Mr. Brix 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. Brix regarding his qualifications to take the Master Plumber Examination, Chairperson D'Ascenzo moved to allow Mr. Brix to take the Master Plumber Examination. Board Member McNitt seconded the motion. **MOTION CARRIED.**

7. NEW PRODUCTS

A. Waste Water Heat Transfer Systems, LLC, Heat Wave, BCCP-14-006

Mr. Doug Guldan presented the Board a product approval request from Waste Water Heat Transfer Systems, LLC for Heat Wave, Model W2-80-4-1.

Following a review and discussion with Mr. Guldán, Chairperson D'Ascenzo moved to forward the product to the Commission for approval for nonpotable water applications. Once the product adheres to NSF 61, the applicant may reapply for product approval for potable water applications. Board Member Busch seconded the motion. **MOTION CARRIED.**

B. B-Dry Systems of Michigan, Pipe & Gravel System, BCCP-14-007

Mr. Tim Laske and Mr. Mike Henery presented the Board a product approval request from B-Dry Systems of Michigan for a Pipe & Gravel System.

Following a review and discussion with Mr. Laske and Mr. Henery, Chairperson D'Ascenzo moved to forward the product to the Commission for approval. Board Member McNitt seconded the motion. **MOTION CARRIED.**

C. MIFAB, Inc., Floor Drain Trap Seal Protection Devices, BCCP-14-009

Mr. Madziar presented the Board a product approval request from MIFAB, Inc. for Floor Drain Trap Seal Protection Devices, Models MI-GARD-2, MI-GARD-3, MI-GARD-35, AND MI-GARD-4.

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

8. CHIEF'S REPORT

Mr. Madziar provided information on the following issues:

- A. Prior Chairperson David Jones was not reappointed to the Board. Mr. Madziar expressed his appreciation for Mr. Jones' many years of service as a board member.
- B. Mr. Aaron Fedewa was appointed to the Board and will represent licensed plumbing contractors who hold a master's license.
- C. The 2012 Plumbing Code Update Course is now available online through the MPMCA.
- D. The September examinations will be based on the 2012 Michigan Plumbing Code.
- E. Committee work continues on the 2012 Michigan Residential Code.

F. The Plumbing Division currently has one inspector, Walt Reynolds, off on medical leave. The Division has been approved to hire a temporary inspector.

G. Mr. Madziar will be attending the NSF Plastics Committee meeting on July 23, 2014 in Ann Arbor.

9. LEGISLATIVE UPDATE

None

10. UNFINISHED BUSINESS

None

11. NEW BUSINESS

The Board discussed Section 27 (2) and (3) of the State Plumbing Act 733 of 2002.

12. PUBLIC COMMENT

None

13. NEXT MEETING

September 16, 2014

14. ADJOURNMENT

Board Member Busch moved to adjourn the meeting at 9:34 a.m. Eastern Standard Time. Board Member Nixon seconded the motion. **MOTION CARRIED.**

Approved: _____ Date: _____

Chairperson Anthony D'Ascenzo



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STATE PLUMBING BOARD
Upper Peninsula State Fairgrounds
2401 12th Avenue North
Escanaba, Michigan 49829

EXAMINATION MINUTES

July 17, 2014
8:00 a.m. EST

MEMBERS PRESENT

Mr. Anthony D’Ascenzo, Chairperson
Mr. Daniel Nixon
Mr. Steve Busch
Mr. Curt McNitt
Mr. Walter Maner

MEMBERS ABSENT

Ms. Dana DeBruyn
Mr. Aaron Fedewa

DEPARTMENT PERSONNEL ATTENDING

Mr. Joseph Madziar, Chief, Plumbing Division
Mr. Ken Raupp, State Plumbing Inspector
Mr. Craig Cole, State Plumbing Inspector

Chairperson D’Ascenzo introduced the Plumbing Board members. Mr. Joseph Madziar provided instructions to the candidates.

Ten journey applicants had been approved for the examination; 9 applicants took the examination.

Three master applicants had been approved for the examination; 3 applicants took the examination.

Two plumbing contractor applicants had been approved for the examination; 2 applicants took the examination.

The Chief of the Plumbing Division and two State Plumbing Inspectors assisted the State Plumbing Board with the examinations.

Approved: _____ Date: _____

Anthony D’Ascenzo, Chairperson

Providing for Michigan’s Safety in the Built Environment

Journey Plumber's Passed List
July 17, 2014

Journey Plumber

Address

CARDINAL, CHAD J

SAULT STE MARIE MI

DAMON, CHAD A

GARDEN MI

JOUPPE, TYLER W

HANCOCK MI

LANTAGNE, RICHARD J JR

ESCANABA MI

TOMLANOVICH, ELI M

NORWAY MI

Master Plumber's Passed List
July 17, 2014

Master Plumber

Address

NONE

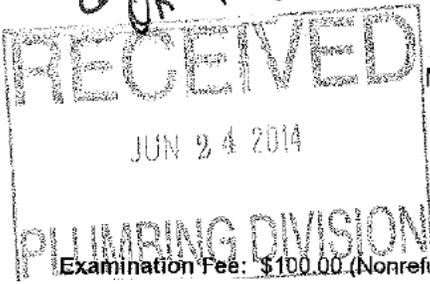
Plumbing Contractor's Passed List
July 17, 2014

Plumbing Contractor

Address

SWARTZ, MARCUS S

HURLEY WI



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 19689496-1 06/19/14
Chk#: 1254 Amt: \$100.00
ID: MARK BOTTAL

Examination Fee: \$100.00 (Nonrefundable)

Out of State Experience

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

... years of age, hold a journey license issued under 2002 PA 733 and have a minimum of 4,000 hours experience in work as a journey plumber over a period 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 12939

Applicant Information

NAME (Last, First, Middle) BOTTAL, MARK, LOUIS		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER* XXX-XX- [REDACTED]
HOME ADDRESS [REDACTED]		DATE OF BIRTH [REDACTED]
CITY [REDACTED]		COUNTY [REDACTED]
STATE [REDACTED]	ZIP CODE [REDACTED]	TELEPHONE NUMBER (include Area Code) [REDACTED]

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>002110210</u> State/Country <u>SOUTH CAROLINA</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.

09/17/14 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.

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

NAME OF EMPLOYER <i>Atlantic Design And Const.</i>			NAME OF MASTER PLUMBER <i>Michelle Bottaz</i>		
BUSINESS ADDRESS <i>4 High Dunes</i>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <i>12/1/2007</i> To: <i>Present</i>		
CITY <i>Smith Haven</i>	STATE <i>FL</i>	ZIP CODE <i>29920</i>	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week <i>60</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>Copper, waste & vent, cast iron & no hub, PVC, Ductal, water service</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>Michelle S. Parker</i> this <i>11th</i> day of <i>June</i> , <i>2014</i>		
SIGNATURE OF MASTER PLUMBER <i>[Signature]</i>			Notary Public in and for <i>Beaufort</i> County, <i>South Carolina</i>		
LICENSE NUMBER <i>002110210</i>			Signature of Notary Public <i>Michelle S. Parker</i> My Commission expires: <i>April 30, 2014</i>		

64 AM

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 <i>[Signature]</i>			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>[Signature]</i>	DATE <i>6/9/2014</i>



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

Tran Info: 92 19658320-1 05/29/14
CHK#: 2850 Amt: \$100.00
ID: DRTP DRDP PLBG

Examination Fee: \$100.00 (Nonrefundable)

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

Instructions: Applicant shall be at least 18 years of age, hold a journey license issued under 2002 PA 733 and have a minimum of 4,000 hours experience in work as a journey plumber over a period 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.

Out of State Experience

... or country may qualify for examination upon a determination by the board that the requirements are substantially the same or equal requirements as those of the state of Michigan. Out-of-state license with the licensing rules and regulations from that state/country.

Applicant Information		OFFICE USE ONLY T-81 12932	
NAME (Last, First, Middle) Marinelli Ronald J.		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER XXX-XX-XXXX	
HOME ADDRESS [REDACTED]		[REDACTED]	
CITY [REDACTED]		[REDACTED]	
STATE [REDACTED]	ZIP CODE [REDACTED]	[REDACTED]	

Current Status

1. Have you previously applied to take the Michigan master plumber examination? Yes No
2. Have you been licensed as a journey plumber in Michigan? Yes No
Journey Plumber License No. 82- _____
3. Are you licensed as a master plumber in another state or country? Yes No
Master Plumber License No. 055-036750 State/Country Illinois

Examination Preference 5204344

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.
7/27/14 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.

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 5-18-14
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Employment Information - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER <i>Drip Drop Plumbing</i>			NAME OF MASTER PLUMBER <i>Ronald Marchelli</i>		
BUSINESS ADDRESS <i>1212-2 Capitol Dr.</i>			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: <i>1-09-08</i> To: <i>Present 6+ Yrs.</i>		
CITY <i>Addison</i>	STATE <i>TX</i>	ZIP CODE <i>75010</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 type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance					
DESCRIPTION OF WORK <i>Plumbing Residential & Commercial</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>RANJANA KADIYALA</i>		
SIGNATURE OF MASTER PLUMBER <i>[Signature]</i>			this <i>27</i> day of <i>MAY</i> , <i>2014</i>		
LICENSE NUMBER <i>055-036750</i>			a Notary Public in and for <i>DUPAGE</i> County, <i>Illinois</i>		
<i>05/27/2014</i>			Signature of Notary Public <i>[Signature]</i>		
			My Commission expires: <i>JULY 11, 2016</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 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, _____		
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 <i>[Signature]</i>	DATE <i>5-18-14</i>



Illinois Department of PUBLIC HEALTH EH079318B

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

LAMAR HASBROUCK, M.D., M.P.H
DIRECTOR

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
09/30/2014	6A	055-036750

DRIP DROP PLUMBING INC
PLUMBING CONTRACTOR
REGISTRATION

DRIP DROP PLUMBING INC
1212 Capitol Dr
Ste. #1
Addison IL 60101

RONALD MARINELLI
DuPage

The face of this license has a colored background. Printed by Authority of the State of Illinois - 9/05

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

10/18/2013

DRIP DROP PLUMBING INC
1212 Capitol Dr
Ste. #1
Addison IL 60101



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
ACTING DIRECTOR

August 26, 2014

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

Dear Mr. Singh:

I am writing in response to your April 18, 2014 Petition Application for Certificate of Acceptability for NewAge Cast Iron Soil Pipe & fittings NH, SV, and ZFBE.

It is our intent to present your products to the State Plumbing Board at their next scheduled meeting, September 16, 2014. This meeting will be located at 2501 Woodlake Circle, 1st floor, Conference Room 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 questions prior to the State Plumbing Board Meeting, please feel free to contact the Plumbing Division at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief
Plumbing Division

JTM/sjl

Enclosures

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P.O. BOX 30254 • LANSING, MICHIGAN 48909
www.michigan.gov/bcc • Telephone (517) 241-9302 • Fax (517) 241-9570



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DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

September 2, 2014

TO: Members of the State Plumbing Board
FROM: Joseph T. Madziar, Chief, Plumbing Division *JTM*
SUBJECT: Certificate of Acceptance for New Age Cast Iron Soil Pipe & Fittings NH, SV,
and ZFBE, BCCP-14-008

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 correspondence that the products are manufactured by four manufacturing plants in China. The IAPMO Listing does not identify the manufacturers, only the importer (NewAge Casting Company, LP).

APPLICANT REPRESENTATIVE:

Mr. Bick Singh

APPLICANT:

NewAge Casting Company, LP
1260 West Airport Blvd., Suite 100
Sugar Land, TX 77478

AUTHORITY:

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

PRODUCT:

NewAge Cast Iron Soil Pipe & Fittings, NH, SV, and ZFBE.

NH – No hub or hubless pipe and fittings ranging from 1 ½” to 15”.

SV – Service weight bell and spigot pipe and fittings ranging from 2” to 15”.

ZFBE – Epoxy coated C.I.S.P hubless pipe and fittings ranging from 1 ½” to 15”.

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IDENTIFICATION OF MANUFACTURERS:

Hua Wang Universal Spun Casting Company, Wangchun Runheng Town, Yangcheng CHINA 48100, Trademark HWP

Quwo Heng Tong Casting Company, LTD., No. 5, Shunfeng Road, Industry Zone Daqiao Town, Nanhu District Jiaxing City CHINA, Trademark SHF

Shijiazhuang Asia Casting Company, LTD., Xhaoba Industrial Zone, Shenze County Shijiazhuang CHINA, Trademark HBXF

Zhangjiakou Kexin Foundry Company, LTD., North of liangtaizhung village, wuan quan county zhangjiakou City Hebei Prov CHINA, Trademark KLC

APPLICATION:

Cast Iron Soil Pipe & Fittings are used for drain waste and vent piping applications. The NH Epoxy Coated System is used for Excessive Corrosive DWV Applications

APPROVAL/ TESTS:

ICC Evaluation Service, ICC-ES PMG Listing PMG-1220 for conformance to ASTM A888-2013a, and CISPI 301-2012

ICC Evaluation Service, ICC-ES PMG Listing PMG-1219 for conformance to ASTM A74-2013a

IAPMO, R&T File No. 4818 for conformance to ASTM A888-2013a including Annex A1, Revised 7/14/2014 to state excluding Annex A1

IAPMO, R&T File No. 7767 for conformance to CISPI 301-2009 including Annex A1, Revised 7/14/2014 to state excluding Annex A1

IAPMO, R&T File No. 6336 for conformance to ASTM A74-2013a including Annex A1, Revised 7/14/2014 to state excluding Annex A1

APPLICABLE CODE SECTION:

Michigan Plumbing Code

Sections 702.1-702.4. These sections all relate to approved types of drainage waste and vent pipe and pipe fittings for sanitary drainage.

CONDITIONS OF USE AND INSTALLATION IF APPROVED:

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.

RECOMMENDATION:

Staff has reviewed all the information and product samples provided by the applicant.

After a recent review of IAPMO, R&T File No. 4818 for conformance to ASTM A888-2013a, a revised listing was found not to include conformance with Annex A1, part of the standard. The same revised listing also appeared for IAPMO, R&T File No. 7767 for conformance to CISPI 301-2009, and IAPMO, R&T File No. 6336 for conformance to ASTM A74-2013a. The date of all three IAPMO R&T revised listings was 7/14/2014.

In addition to the revised listings, a sharp burr was found in the epoxy coated fitting that was supplied for inspection. This may suggest quality control issues.

Based on the revised listings and possible quality control problems listed above, staff recommends denial of this application for product approval.



RICK SNYDER
GOVERNOR

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

STEVE ARWOOD
DIRECTOR

June 12, 2014

Mr. Patrick C. Hood
[REDACTED]

Dear Mr. Hood:

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

Board Member Nixon moved to postpone Mr. Hood's out-of-state experience review for the Journey Plumber Examination for consideration until the September 16, 2014 Board meeting. Board Member Busch 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 **September 16, 2014**, located at 2501 Woodlake Circle, 1st 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 **September 17, 2014**, located in East Lansing, Michigan.

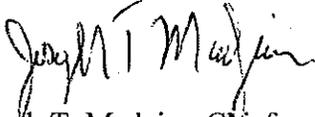
Providing for Michigan's Safety in the Built Environment

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. Patrick C. Hood
Page 2 of 2
June 12, 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 black ink, appearing to read "Joseph T. Madziar". The signature is written in a cursive style with a large initial "J" and "M".

Joseph T. Madziar, Chief
Plumbing Division

JTM/sjl

Enclosures

May 27, 2014

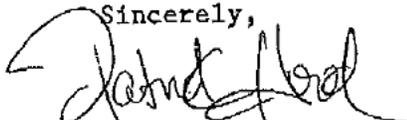
Patrick Hood
[Redacted]

To: Plumbing Division - Department of Licensing - State of Michigan
Fax# 517-373-8547

I am currently scheduled for a board meeting regarding my Michigan Plumbing license on June 3, 2014. I am requesting that this be re-scheduled for a later date as I have been unemployed for several months and the travel, hotel, etc would be a hardship I cannot afford at this time. I am hopeful that very soon I will be hired at a full time position and will be able to make this meeting and take the test in the near future.

Please let me know if we can schedule again in next several months. Thank you for considering my request.

Sincerely,



Patrick Hood

RECEIVED
MAY 30 2014
PLUMBING DIVISION

RECEIVED

Call 113
APR 22 2013

APR 22 2013

PLUMBING DIVISION

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

95

Tran Info: 95 18597911-1 04/15/13
Chk#: 1358 Amt: \$100.00
ID: PATRICK CASEY HOOD

Authority: 2002 PA 733
Completion: Necessary for examination consideration

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

experience shall

INCOMPLETE APPLICATION

REINSTATE LICENSE

OFFICE USE ONLY

T-82 23744

Applicant Information

NAME (Last, First, Middle) <u>Hood Patrick Casey</u>		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER XXX-XX- <u>[REDACTED]</u>
HOME ADDRESS <u>[REDACTED]</u>		DATE OF BIRTH <u>[REDACTED]</u>
CITY <u>[REDACTED]</u>		<u>[REDACTED]</u>
ZIP CODE <u>[REDACTED]</u>	R (Include Area Code) <u>[REDACTED]</u>	

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. JP21300017 State/Country Indiana

3. Are you registered as an apprentice with the State of Michigan? Yes No
Apprentice No. 83- 03098 06-06 3.18.05-4.30.06

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

September

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 <u>Indiana South Bend Local 172 plumbers/pipefitters</u>	CITY <u>South Bend,</u>	STATE <u>IN</u>
INSTRUCTOR <u>Broc Buczolin Apprenticeship Coordinator</u>	DATES ATTENDED (MO/DAY/YR) From: <u>Aug 08</u> To: <u>May 2013</u>	

2. Have you attended other plumbing schools (military, adult education, etc.)? Yes (complete information below) No

NAME OF SCHOOL <u>Southwestern Michigan College (plumbing apprenticeship)</u>	CITY <u>Dowagiac</u>	STATE <u>MI</u>
INSTRUCTOR <u>-</u>	DATES ATTENDED (MO/DAY/YR) From: To:	

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

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>BC Mechanical Inc</i>			NAME OF MASTER PLUMBER <i>William L. Correa</i>		
BUSINESS ADDRESS <i>882 Anderson Rd</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>5/2007</i> To: <i>Present</i>		
CITY <i>Niles</i>	STATE <i>Mi</i>	ZIP CODE <i>49120</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 checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Plumbing for New Construction and Existing Buildings All Phases Rough in</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>Thomas Gulliford</i> this <i>4th</i> day of <i>April</i> <i>2013</i>		
SIGNATURE OF MASTER PLUMBER <i>William L. Correa</i>			a Notary Public in and for <i>Bernier</i> County, Michigan.		
LICENSE NUMBER <i>8110598/8000143</i>			Signature of Notary Public <i>[Signature]</i> My Commission expires: <i>5/8/17</i>		

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>B.C. mechanical inc</i>			NAME OF MASTER PLUMBER <i>Bill Correa</i>		
BUSINESS ADDRESS <i>882 Anderson Rd</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>7/11/07</i> To: <i>Present</i>		
CITY <i>Niles</i>	STATE <i>Mi</i>	ZIP CODE <i>48120</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 checked="" type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Sanitary waste systems. Storm Drains. Gas piping. Domestic water piping. Hydronic piping. Type of pipe included. copper, pvc, cast Iron, and all Iron pipe.</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>William Correa</i> this <i>30th</i> day of <i>July</i> , 2013 a Notary Public in and for <i>Benne</i> County, Michigan.		
SIGNATURE OF MASTER PLUMBER <i>William P. Correa</i>			Signature of Notary Public <i>[Signature]</i>		
LICENSE NUMBER <i>8110598</i>			My Commission expires: <i>5/8/17</i>		

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

NAME OF EMPLOYER <i>Hoods Plumbing</i>			NAME OF MASTER PLUMBER <i>Alan Hood</i>		
BUSINESS ADDRESS <i>70625 Elizabeth st.</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>○</i> To:		
CITY <i>hiles</i>	STATE <i>MI</i>	ZIP CODE <i>49120</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 type="checkbox"/> Commercial <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>service plumbing work. Roughing in of copper water pipe and other domestic water systems as well as sanitary drainage systems. setting 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, _____ this _____ day of _____ a Notary Public in and for _____ County, Michigan. Signature of Notary Public _____ My Commission expires: _____		
SIGNATURE OF MASTER PLUMBER <i>Alan Hood</i>					
LICENSE NUMBER <i>810844(master) 8000940</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 <i>Alan Hood</i>	DATE <i>7-15-13</i>

February 12, 2014

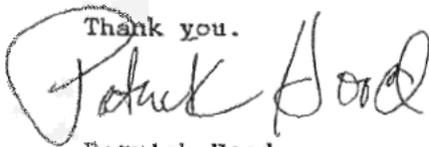
To: Plumbing Division
Fax: 517-373-8547

To Whom It May Concern:

I am writing in regard to my pending plumbing application. There has been some confusion on my out of state experience. I worked for BC Mechanical and even though they have a Michigan address, they are part of Plumbers & Pipefitters Local 172 in South Bend, IN and most of their work is done in Indiana.

I have an Indiana Journeyman Plumbing license which I obtained through a five year apprenticeship with Local 172. I have been plumbing in Indiana for 6 years under the contractor B.C. Mechanical.

Thank you.



Patrick Hood
[REDACTED]

Indiana Professional Licensing Agency
402 W. Washington St., Room W072, Indianapolis, IN 46204
(317) 234-3022

Journeyman Plumber

License Number	Expiration Date	License Status
JP21300017	12/31/2013	Active

Patrick Hood

Signature

