



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

December 2, 2014

10:00 a.m. Eastern Standard Time

1. Call to Order and Determination of Quorum A. D'Ascenzo
2. Approval of Agenda – December 2, 2014 (Pages 1 – 2)
3. Approval of Minutes – September 16, 2014 (Pages 3 – 7)
Approval of Examination Minutes – September 17, 2014 and September 24, 2014 (Pages 8 – 9)
4. Examination Results (Pages 10 – 12)
 - A. Journey Plumber – September 17, 2014
 - B. Master Plumber – September 17, 2014
 - C. Plumbing Contractor – September 24, 2014
5. Applicants Appearing Before the Board (Pages 13 – 35)
 - A. Bruce, James F. Journey Plumber
 - B. Showalter, Mark A. Journey Plumber
 - C. Rogers, Charles P. Master Plumber
 - D. Toepp, Jeffrey A. Master Plumber
6. New Products (Pages 36 – 50) J. Madziar
 - A. MIFAB Inc., Big Max Large Plastic Grease Interceptors, Models XL-MI-G-PL-750 and XL-MI-G-PL-1150, BCCP-14-010
7. Chief's Report J. Madziar
 - A. At Your Pace Online 2012 Plumbing Code Update Course Application
8. Legislative Update
9. Unfinished Business (Pages 51 – 53)

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State Plumbing Board Agenda

Page 2

December 2, 2014

- A. NewAge Casting Company, LP, Cast Iron Soil Pipe & Fittings, NH, SV, and ZFBE, BCCP-14-008
- 10. New Business
- 11. Approval of the 2015 State Plumbing Board Schedule (Page 54)
- 12. Public Comment
- 13. Next Meeting – March 3, 2015
- 14. Adjournment



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

MINUTES
September 16, 2014
10:00 a.m. Eastern Standard Time

MEMBERS PRESENT

Mr. Anthony D'Ascenzo, Chairperson
Mr. Curt McNitt
Mr. Aaron Fedewa
Mr. Daniel Nixon
Mr. Steve Busch
Mr. Walter Maner
Ms. Dana DeBruyn

MEMBERS ABSENT

None

DEPARTMENT PERSONNEL ATTENDING

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
Ms. Diane Barmes, Review Analyst, Office of Administrative Services
Ms. Jennifer Little, Word Processing Assistant, Plumbing Division

OTHERS IN ATTENDANCE

Ms. Cindy Maher, MPMCA
Mr. Mark Bottai, Master Applicant
Mr. Ronald Marinelli, Master Applicant
Mr. Bick Singh, NewAge Casting Company, LP
Mr. Pat McQuillan, NewAge Casting Company, LP
Mr. Frank Stellner, Apprentice Applicant
Mr. Barry Pines, Code Study and Development
Mr. Dave Parney, CISPI

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Mr. Rob Costello, Charlotte Pipe and Foundry
Mr. John Burke, Burke Agency/Charlotte
Mr. William Grayzar, ASPE-EMC
Mr. George Johnston, Balfrey and Johnston

1. CALL TO ORDER AND DETERMINATION OF QUORUM

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

2. APPROVAL OF AGENDA

Board Member Busch moved to approve the agenda for the September 16, 2014 State Plumbing Board meeting. Board Member McNitt seconded the motion. **MOTION CARRIED.**

3. APPROVAL OF MINUTES

Board Member Maner moved to approve the board minutes from the **July 16, 2014** meeting. Board Member Busch seconded the motion. **MOTION CARRIED.**

4. APPROVAL OF EXAMINATION MINUTES

Board Member Maner moved to approve the examination minutes of the Journey Plumber, Master Plumber, and Plumbing Contractor Examinations held on **July 17, 2014**. Board Member Nixon seconded the motion. **MOTION CARRIED.**

5. APPLICANTS APPEARING BEFORE THE BOARD

A. Mr. Mark L. Bottai, Master Applicant, appeared before the Board requesting permission to take the Master Plumber Examination. Mr. Bottai 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. Bottai regarding his qualifications to take the Master Plumber Examination, Board Member Maner moved to allow Mr. Bottai to take the Master Plumber Examination. Board Member Nixon seconded the motion. **MOTION CARRIED.**

B. Mr. Ronald J. Marinelli, Master Applicant, appeared before the Board requesting permission to take the Master Plumber Examination. Mr. Marinelli 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. Marinelli regarding his qualifications to take the Master Plumber Examination, Board Member Maner moved to allow Mr. Marinelli to take the Master Plumber Examination. Board Member McNitt seconded the motion. **MOTION CARRIED.**

6. NEW PRODUCTS

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.

Mr. Dave Parney, CISPI, provided information regarding the standards for Cast-iron pipe and additional information in opposition to the petition for product approval. Mr. Barry Pines, Code Study and Development, and Mr. George Johnston, Balfrey and Johnston, made inquiries regarding the product's use.

Following a review and discussion with Mr. Singh and Mr. Pat McQuillan, Board Member Busch moved to postpone the product review for consideration of product approval until the December 2, 2014 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 and information regarding which 3rd party inspection agency is responsible for conducting certification to Annex A1. Board Member Nixon seconded the motion. **MOTION CARRIED.**

7. GOOD MORAL CHARACTER REVIEWS

A. Mr. Carl J. Brandt, Apprentice Applicant, did not appear before the Board as scheduled for good moral character review for processing of Plumbing Apprentice Registration.

Following review of the report of the Bureau of Construction Codes and the application, Board Member Maner moved to deny Mr. Brandt of good moral character for registration as a plumbing apprentice. Board Member Fedewa seconded the motion. **MOTION CARRIED.**

B. Mr. William J. Guy, Apprentice Applicant, did not appear before the Board as scheduled for good moral character review for processing of Plumbing Apprentice Registration.

Following review of the report of the Bureau of Construction Codes and the application, Board Member Nixon moved to deny Mr. Guy of good moral

character for registration as a plumbing apprentice. Board Member DeBruyn seconded the motion. **MOTION CARRIED.**

- C. **Mr. Jeffrey M. Henning**, Apprentice Applicant, did not appear before the Board as scheduled for good moral character review for processing of Plumbing Apprentice Registration.

Following review of the report of the Bureau of Construction Codes and the application, Board Member Nixon moved to deny Mr. Henning of good moral character for registration as a plumbing apprentice. Board Member DeBruyn seconded the motion. **MOTION CARRIED.**

- D. **Mr. Frank R. Stellner**, Apprentice Applicant, appeared before the Board requesting good moral character approval for processing of Plumbing Apprentice Registration.

Following review of the report of the Bureau of Construction Codes, the application, reference documents provided by applicant, and discussion with Mr. Stellner, Board Member Busch moved to deny Mr. Stellner of good moral character for registration as a plumbing apprentice. Board Member Nixon seconded the motion. **MOTION CARRIED.**

8. **CHIEF'S REPORT**

Mr. Madziar provided information on the following:

- A. The September examinations will be the first exams conducted under the 2012 Michigan Plumbing Code.
- B. The Plumbing Division hired Mr. David Yeager to a 1 year limited term plumbing inspector position. Mr. Walt Reynolds, state plumbing inspector currently off on sick leave, recently notified the Division of his plan to retire at the end of September.
- C. On September 24, 2014 the code committee plans to complete their work on the 2012 Residential Code. Mr. Madziar is assessing changes from the 2012 IRC to the 2015 IRC for the upcoming public hearing to determine whether we go forward with the 2015 residential code or not.
- D. On July 23, 2014 Mr. Madziar attended the NSF Plastics Committee meeting in Ann Arbor.

9. **LEGISLATIVE UPDATE**

None

10. UNFINISHED BUSINESS

- A. **Mr. Patrick C. Hood**, Journey Applicant, did not appear before the Board as scheduled.

Board Member Nixon moved to deny Mr. Hood to take the Journey Plumber Examination. Board Member Busch seconded the motion. **MOTION CARRIED.**

11. NEW BUSINESS

None

12. PUBLIC COMMENT

- A. Mr. Barry Pines, Code Study and Development, commented on license requirements for backflow certification and that concrete grease interceptors are no longer addressed in the code.

13. NEXT MEETING

December 2, 2014

14. ADJOURNMENT

Board Member Busch moved to adjourn the meeting at 11:30 a.m. Eastern Standard Time. Board Member McNitt seconded the motion. **MOTION CARRIED.**

Approved: _____ Date: _____

Chairperson Anthony D'Ascenzo



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MIKE ZIMMER
ACTING DIRECTOR

STATE PLUMBING BOARD

Michigan State University
Agriculture and Livestock Education Pavilion
East Lansing, Michigan 48823

EXAMINATION MINUTES

September 17, 2014 and September 24, 2014
8:00 a.m. and 9:00 a.m. EST

MEMBERS PRESENT

Mr. Anthony D'Ascenzo, Chairperson
Mr. Daniel Nixon
Ms. Dana DeBruyn
Mr. Curt McNitt
Mr. Walter Maner

MEMBERS ABSENT

Mr. Steve Busch
Mr. Aaron Fedewa

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

Chairperson D'Ascenzo introduced the Plumbing Board members. Mr. Andy Neuman provided instructions to the candidates for the Journey Plumber Examination. Mr. Joseph Madziar provided instructions to the candidates for the Master Plumber Examination.

Eighty-seven journey applicants had been approved for the examination; 70 applicants took the examination.

Fifty-two master applicants had been approved for the examination; 44 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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Thirty plumbing contractor applicants had been approved for the examination; 29 applicants took the examination.

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

Approved: _____ Date: _____
Anthony D'Ascenzo, Chairperson

DRAFT

Journey Plumber's Passed List
September 17, 2014

Journey Plumber

Address

ALLERA, JOSEPH J

MONROE MI

ALLOR, DANIEL C III

SOUTH LYON MI

ARCHER, DONALD E JR

LINDEN MI

BENTLEY, JACQUIS L

GRAND RAPIDS MI

COGAN, ALEXANDER R

MUNGER MI

CORNWELL, DANIEL P

CADILLAC MI

HILL, TODD R

MADISON HGTS MI

KUKLA, JOHN W

ESSEXVILLE MI

PATTERSON, ANDREW J

MT PLEASANT MI

POSTMA, COREY M

LOWELL MI

RAUS, SARAH K

PINCKNEY MI

TURNER, ANDREW C

METAMORA MI

VANKAMMEN, JORGE K

GOWEN MI

Master Plumber's Passed List
September 17, 2014

Master Plumber

Address

BRIX, MYRIL A III	WAUSAUKEE WI
BROCK, DOUGLAS J	HARTLAND MI
DORMAN, KRISTOFER A	METAMORA MI
ESTELLE, ERIC J	ALLEGAN MI
KAISER, MATTHEW M	HERRON MI
MARSH, DAVID L II	PONTIAC MI
MASSEY, ROBERT J JR	BELLAIRE MI
MESSICK, WILLIAM L	MILFORD MI
MIZZI, ISAAC W	MADISON HGTS MI
NORTON, STEVE G	BRIGHTON MI
OBERLIN, SHAWN L	LAKEVIEW MI
SANMIGUEL, ORLANDO D	FLAT ROCK MI
SCHROTENBOER, BRIAN M	ZEELAND MI
SOMERDYKE, DONALD P III	GRAND RAPIDS MI
WALTON, MICHAEL J	MT PLEASANT MI
WARNER, PATRICK F	BERRIEN SPRINGS MI
WEISS, KURT A	ST HELEN MI

Plumbing Contractor's Passed List
September 24, 2014

<u>Plumbing Contractor</u>	<u>Address</u>
BELLY, ZACHARY R	HUDSON MI
BOTTAI, MARK L	SAINT HELENA ISLAND SC
DOLETZKY, DANIEL D II	LIVONIA MI
EADS, JEFFREY C	BAY CITY MI
FISK, CHRISTOPHER R	SPRING LAKE MI
FLAUGHER, MARK S	GRAND LEDGE MI
HOOVER, COREY	TRAVERSE CITY MI
KUNZ, DAVID M	SWARTZ CREEK MI
NYEHOLT, DAVID E	ROCKFORD MI
PEGLEY, MICHAEL A	BIRCH RUN MI
PELFRESNE, JAMES A	KALAMAZOO MI
PLEIMAN, JOSEPH M	GLADWIN MI
POWERSKI, RONALD D	SHELBY TWP MI
PUTMAN, LOWELL B	ROCHESTER HILLS MI
PUTMAN, MARK J	ROCHESTER HILLS MI
REDDER, JOEL D	WATERFORD MI
ROULO, PAUL T	EASTPOINTE MI
WAGNER, ADAM M	DEXTER MI
WESTERVELT, CHARLIE D	KALAMAZOO MI



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DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

November 12, 2014

Mr. James F. Bruce


Dear Mr. Bruce:

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

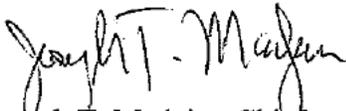
The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state licensing experience. The meeting will be held on **December 2, 2014**, located at 2501 Woodlake Circle, 1st Floor, Conference Room No. 3, Okemos, Michigan. The meeting will begin 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 Oregon 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 **December 3, 2014**, 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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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

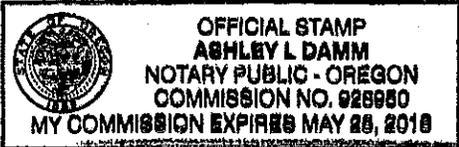
If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also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

Out-of-State/Country Experience

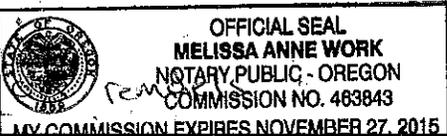
A person who is licensed as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out of state/country applicants must 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

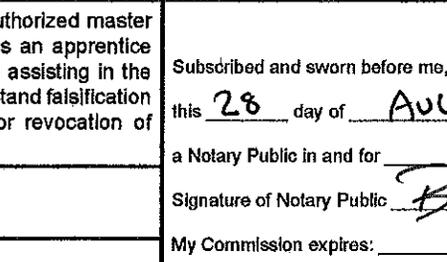
NAME OF EMPLOYER <i>Tom Copeland Plumbing LLC</i>			NAME OF MASTER PLUMBER <i>Thomas Copeland</i>		
BUSINESS ADDRESS <i>958 Nantucket Ave</i>			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: <i>8/30/2013</i> To: <i>8/29/2014</i> <i>14</i>		
CITY <i>Eugene</i>	STATE <i>OR</i>	ZIP CODE <i>97404</i>	<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 <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK <i>Installation of water and waste plumbing. Creating schedule. As the Procuring material. Maintaining truck stock. Co owner of company</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>Ashley Damm</i> this <i>29</i> day of <i>August</i> , <i>2014</i> a Notary Public in and for <i>Lane</i> County, <i>Oregon</i>		
SIGNATURE OF MASTER PLUMBER <i>Thomas Copeland</i>			Signature of Notary Public <i>Ashley Damm</i>		
LICENSE NUMBER <i>9226SP/191507</i>			My Commission expires: <i>05/28/2018</i>		



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

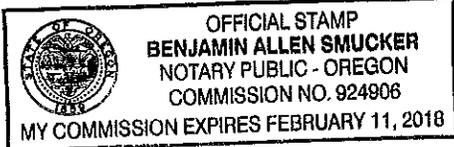
NAME OF EMPLOYER C&R Plumbing LLC			NAME OF MASTER PLUMBER Craig Arney		
BUSINESS ADDRESS 3780 Kathryn Ave, Ste. A			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: 8/8/2011 To: 8/30/2013 2.5M		
CITY Springfield	STATE OR	ZIP CODE 97438	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK Service / New Construction installation of DWV & water & New Construction / repair of					
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, Melissa Work this 29th day of August , 2014 mw a Notary Public in and for Lane County, Oregon mw Signature of Notary Public Melissa Work My Commission expires: November 27th, 2015 water heaters		
SIGNATURE OF MASTER PLUMBER Craig Arney					
LICENSE NUMBER 7229JP/167015					

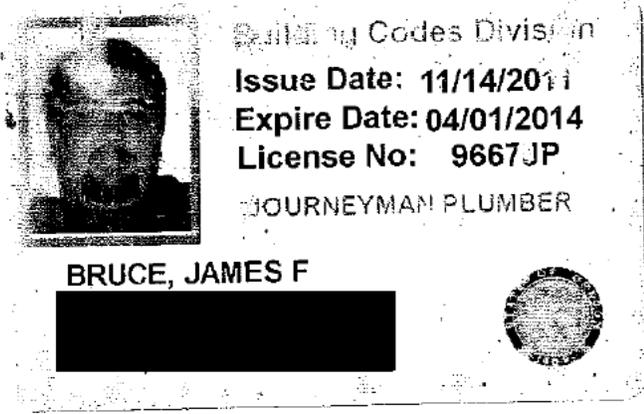
Previous Employer - This section is to be completed by the master plumber who supervised the applicant

NAME OF EMPLOYER JOE PISCOPO PLUMBING			NAME OF MASTER PLUMBER JOR PISCOPO		
BUSINESS ADDRESS 1591 Territorial Hwy			DATES OF APPRENTICE'S EMPLOYMENT (MO/DAY/YR) From: 10/18/2006 To: 8/8/2011 4Y 9.5M		
CITY Cottage Grove	STATE OR	ZIP CODE 97424	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week _____		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK Service / New Construction installation & repair of DWV & water installed & repaired fixtures & water heaters.					
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, BENJAMIN ALLEN SMUCKER this 28 day of AUGUST , 2014 a Notary Public in and for LANE County, OREGON Signature of Notary Public Ben Allen Smucker My Commission expires: 02/11/2018		
SIGNATURE OF MASTER PLUMBER Jo. Piscopo					
LICENSE NUMBER 167915					

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 Jo. Piscopo	DATE 8.28.14.





New license received in mail -
License is current.



3780 Kathryn Ave., Springfield, OR 97478
541-206-7611/541-654-1890
Fax: 541-636-3615
Ccb# 167015

To: Whom it concerns

From: Craig Arney; C&R Plumbing LLC

Date: August 30, 2014

Reference: Jim Bruce

This is a letter stating that Jim Bruce was employed with us starting on August 5, 2011 to August 30, 2013. Jim's responsibilities included time management, material ordering and purchasing, job planning, customer relations, and running jobs.

The type of work Jim performed was all aspects of service plumbing, from simple faucet repairs to more complex problems. Full residential remodels and re-pipes. New residential plumbing jobs including high end custom homes. New commercial jobs such as restaurants and creameries.

Jim is a self motivated individual who seems to be successful at any position he is in. He was our number one plumber when he worked for us as he was capable of doing any kind of work. His attention to detail is high as is his relationships he develops with the customer. He works well with others including training apprentices. Jim would be an excellent fit for any type of work in the plumbing field from design to running jobs.

**Sincerely,
Craig Arney**

Your query for: License no: 9667JP

**BCD Search
Results of your search**

Displaying 1 - 1 (1 total) |< Prev | Next >|

JAMES F BRUCE



County: LANE

License/Registration No: **9667JP**

Type: **JP-Journeyman Plumber**

Status: Active

Expiration Date: 04/01/2017

CE required (CR + CC): 24

Of the total CE required, you must have at least:

8 CC

Currently you have CC: 0

CR: 0

Total CE: 0

CC = Code Change

CR = Code Related

CE = Continuing Education

Displaying 1 - 1 (1 total) |< Prev | Next >|

Total Records Returned: 1

[Go Back to Query](#)

mylic_search.search.get_name_results

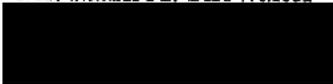


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IRVIN J. POKE
DIRECTOR

MIKE ZIMMER
ACTING DIRECTOR

November 12, 2014

Mr. Mark A. Showalter


Dear Mr. Showalter:

The Plumbing Division has received your Application for Journey 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 **December 2, 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 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 **December 3, 2014**, 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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RECEIVED

CALLS
OK
W/10/13

AUG 20 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

Trans Info: 95 18870523-1 08/15/13
CASH: [REDACTED] 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-[REDACTED]
[REDACTED]		DATE OF BIRTH [REDACTED]
[REDACTED]		CITY [REDACTED]
[REDACTED]	[REDACTED]	TELEPHONE NUMBER (include Area Code) [REDACTED]

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*

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 CONTRACTING			NAME OF MASTER PLUMBER MARK SHOWALTER		
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
mm

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, <i>Craig Thomas</i>		
SIGNATURE OF MASTER PLUMBER			this <i>13</i> day of <i>June</i> 2014.		
LICENSE NUMBER			a Notary Public in and for <i>Harrison County, WV</i> County, Michigan.		
			Signature of Notary Public <i>Craig Thomas</i>		
			My Commission expires: <i>March 13, 2024</i>		

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

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

NAME OF EMPLOYER			NAME OF MASTER PLUMBER ASSISTING in the County of MIDLAND		
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

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 & 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 ^{LT} <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>Timothy 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>Timothy 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

STEVE ARWOOD
DIRECTOR

November 3, 2014

Mr. Charles P. Rogers


Dear Mr. Rogers:

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

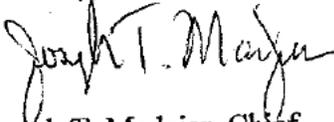
The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state licensing experience. The meeting will be held on **December 2, 2014**, located at 2501 Woodlake Circle, 1st Floor, Conference Room No. 3, Okemos, Michigan. The meeting will begin 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 **December 3, 2014**, 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

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

COALC
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

Team Infor 92 19797607-1 08/13/14
CARR [REDACTED] Amt: \$100.00
COT NORTH CENTRAL MECHANICAL INC

Examination Fee: \$100.00 (Nonrefundable)

Out of State Experience

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

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

and 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>ROGERS 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. *PL 10500525* State/Country *IL (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 _____, a Notary Public in and for _____ County, Michigan.		
SIGNATURE OF MASTER PLUMBER <i>[Signature]</i>			Signature of Notary Public _____		
LICENSE NUMBER <i>8107595</i>			My Commission expires: _____ <i>expired - see attached</i>		

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 .	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 _____, a Notary Public in and for _____ County, Michigan.		
SIGNATURE OF MASTER PLUMBER			Signature of Notary Public _____		
LICENSE NUMBER			My Commission expires: _____		

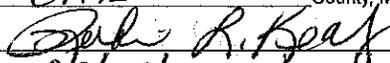
Certification and Signature (Must be signed by all applicants)

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 <i>Charles Kager</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 10/21/14		
CITY Mishawaka	STATE IN	ZIP CODE 46545	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week 40		
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, Robin L. Kealy this 2 nd day of October 2014		
SIGNATURE OF MASTER PLUMBER 			a Notary Public in and for CAAS County, Michigan.		
LICENSE NUMBER PC10200261			Signature of Notary Public  My Commission expires: 07/05/2021		

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.		
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	DATE

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

October 6, 2014

Mr. Jeffrey A. Toepp


Dear Mr. Toepp:

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

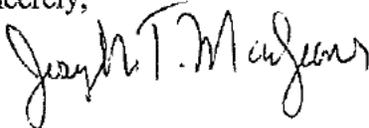
The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state licensing experience. The meeting will be held on **December 2, 2014**, located at 2501 Woodlake Circle, 1st Floor, Conference Room No. 3, Okemos, Michigan. The meeting will begin 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 **December 3, 2014**, 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

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

COME
ON 9/17/14

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

Examination Fee: \$100.00 (Nonrefundable)

Authority: 2002 PA 733	LARA is an equal opportunity employer/program. Auxilli to individuals with disabilities.
Completion: Necessary for examination consideration	
Penalty: Application cancelled and fee forfeited	

**VETERAN EXEMPTION
APPROVED**

Out of State Experience

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

• Master plumbers who supervised you must certify your dates of employment and have their signature notarized.

DESCRIPTION OF WORK

and payment to the address listed above.

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 12945

Applicant Information

NAME (Last, First, Middle) TOEPP, JEFFREY ALAN		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. PC 10100754 State/Country INDIANA	<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 **09/17/2014** No Preference - Next Available Examination

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

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

RECEIVED
JUL 22 2014
PLUMBING DIVISION

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

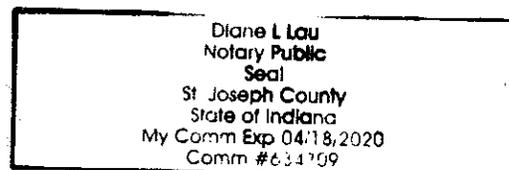
NAME OF EMPLOYER BALES MECHANICAL, INC			NAME OF MASTER PLUMBER JEFF A. TOEPP		
BUSINESS ADDRESS 400 E. MICHIGAN STREET			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: 12/01/2009 To: PRESENT 4Y+		
CITY NEW CARLISLE	STATE IN	ZIP CODE 46552	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week 40+		
TYPE OF WORK PERFORMED <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Heavy Construction <input checked="" type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Repair					
DESCRIPTION OF WORK					
I 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>Jeff Toepf</u>		
SIGNATURE OF MASTER PLUMBER			this <u>25</u> day of <u>June</u> , <u>2014</u>		
LICENSE NUMBER PC10100754			a Notary Public in and for <u>St. Joseph</u> County, <u>Indiana</u>		
			Signature of Notary Public <u>Deane L. Lou</u>		
			My Commission expires: <u>4/18/2020</u>		

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

NAME OF EMPLOYER PRITCHARD MECHANICAL			NAME OF MASTER PLUMBER JACK PRITCHARD, JR / JEFFREY A. TOEPP		
BUSINESS ADDRESS 2397B ST. RD. 2			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: 03/28/1995 To: 11/30/2009		
CITY SOUTH BEND	STATE IN	ZIP CODE 46619	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time No. Hours/Week 40+		
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 checked="" type="checkbox"/> Maintenance <input checked="" 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, <u>Jeff Toepf</u>		
SIGNATURE OF MASTER PLUMBER			this <u>25</u> day of <u>June</u> , <u>2014</u>		
LICENSE NUMBER PC10100754			a Notary Public in and for <u>St. Joseph</u> County, <u>Indiana</u>		
			Signature of Notary Public <u>Deane L. Lou</u>		
			My Commission expires: <u>4/18/2020</u>		

Certification and Signature (Must be signed by all applicants)

I certify the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	
SIGNATURE OF APPLICANT	DATE 6/25/14

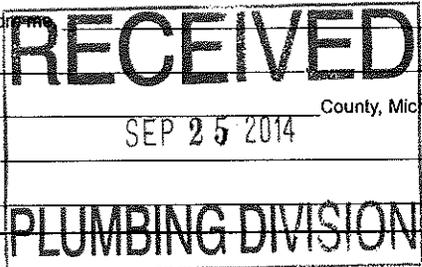


Employment Information - This section is to be completed by the master plumber supervising the applicant

NAME OF EMPLOYER BALES MECHANICAL INC			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY			From: _____ To: _____		
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 INSTALL/SERVICE BLACK IRON GAS PIPING, ROUGH/FINAL TRIM OF ABOVE/BELOW GRADE DRAIN PIPING, INSTALL CU/PEX SUPPLY PIPING, INSTALL CAST/PVC DRAIN/SEWER PIPING, INSTALL ALL TYPES OF RESIDENTIAL/COMMERCIAL WH, INCLUDING TANKLESS AND <1,000,000 BTU BOILER SYSTEMS					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		

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

NAME OF EMPLOYER PRITCHARD MECHANICAL			NAME OF MASTER PLUMBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)		
CITY			From: _____ To: _____		
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 INSTALL/SERVICE BLACK IRON GAS PIPING, ROUGH/FINAL TRIM OF ABOVE/BELOW GRADE DRAIN PIPING, INSTALL CU/PEX SUPPLY PIPING, INSTALL CAST/PVC DRAIN/SEWER PIPING, INSTALL ALL TYPES OF RESIDENTIAL/COMMERCIAL WH, INCLUDING TANKLESS AND <1,000,000 BTU BOILER SYSTEMS					
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.			Subscribed and sworn before me, _____		
SIGNATURE OF MASTER PLUMBER			this _____ day of _____		
LICENSE NUMBER			a Notary Public in and for _____ County, Michigan.		
			Signature of Notary Public _____		
			My Commission expires: _____		



Certification and Signature (Must be signed by all applicants)

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

TOEPP, JEFFREY A.

MASTER PENDING FILE

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

																																			
<p>New Search</p> <p>Litigation Documents</p> <p>Digital Certification</p> <p>Plumbing Commission</p>	<table border="1"> <tr> <td colspan="2" style="text-align: center;">Person Information</td> </tr> <tr> <td colspan="2" style="text-align: center;">Jeffrey A. Toepp</td> </tr> <tr> <td colspan="2" style="text-align: center;">Address Information</td> </tr> <tr> <td colspan="2" style="text-align: center;">[REDACTED]</td> </tr> <tr> <td colspan="2" style="text-align: center;">License Information</td> </tr> <tr> <td>License No:</td> <td>PC10100754</td> </tr> <tr> <td>Profession:</td> <td>Plumbing Commission</td> </tr> <tr> <td>License Type:</td> <td>Plumber Contractor</td> </tr> <tr> <td>Obtained By Method:</td> <td>Examination</td> </tr> <tr> <td>Issue Date:</td> <td>12/6/2001</td> </tr> <tr> <td>Expiration Date:</td> <td>12/31/2015</td> </tr> <tr> <td>License Status:</td> <td>Active</td> </tr> <tr> <td colspan="2" style="text-align: center;">Previous Action</td> </tr> <tr> <td colspan="2" style="text-align: center;">Previous Action - None</td> </tr> <tr> <td colspan="2" style="text-align: center;">Related Licenses</td> </tr> <tr> <td>License No: PA21200243</td> <td>Name: Kretchmer, Nathan Eugene</td> </tr> <tr> <td>License Type: Plumbing Apprentice</td> <td>Status: Active Relationship: Employer/Employee</td> </tr> </table>	Person Information		Jeffrey A. Toepp		Address Information		[REDACTED]		License Information		License No:	PC10100754	Profession:	Plumbing Commission	License Type:	Plumber Contractor	Obtained By Method:	Examination	Issue Date:	12/6/2001	Expiration Date:	12/31/2015	License Status:	Active	Previous Action		Previous Action - None		Related Licenses		License No: PA21200243	Name: Kretchmer, Nathan Eugene	License Type: Plumbing Apprentice	Status: Active Relationship: Employer/Employee
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Jeffrey A. Toepp																																			
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RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
ACTING DIRECTOR

October 21, 2014

Mr. Jason Gremchuk
MIFAB Inc., LLC
1321 W. 119th Street
Chicago, IL 60643

Dear Mr. Gremchuk:

The Bureau of Construction Codes, Plumbing Division has received your product approval application for Big Max Large Plastic Grease Interceptors, models XL-MI-G-PL-750 and XL-MI-G-PL-1150.

The State Plumbing Board will review your product following receipt and evaluation of the requested information at one of their scheduled board meetings. These are public meetings should you desire to attend and present information related to your product. If your product is reviewed favorably by the board, it will be sent to the Construction Code Commission for final approval.

This office is requesting additional information listed below which must be addressed prior to board scheduling. Please provide the following information to assist in our evaluation:

1. You've indicated that laboratory test and/or evaluation had been completed by SCA and NSF. Provide laboratory test results from CSA and NSF and the standards that CSA and NSF used for testing and evaluation. Please be advised that this office adheres to copy write provisions. Copies from other sources will not be acceptable.
2. Provide complete standards used for certification, including PDI-G101 and ASME A112.14.3. Copies from other sources will not be acceptable.
3. Provide test results and certification to PDI-G101.
4. Describe the locations for installation of these hydromechanical interceptors (inside or outside the building).

Please be advised that all correspondence and documents are subject to our Freedom of Information Act (FOIA) requirements. Manufacturers and product acceptance submitters often express concern in this area at a later date.

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

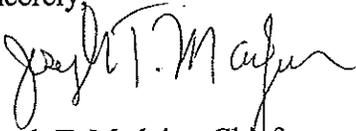
Mr. Jason Gremchuk
October 21, 2014
Page 2 of 2

Please return this letter with all the necessary information requested above to:

Department of Licensing and Regulatory Affairs
Bureau of Construction Codes, Plumbing Division
P.O. Box 30254
Lansing, MI 48909

If you have any questions prior to your written explanation, please contact me at (517) 241-9330.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph T. Madziar". The signature is fluid and cursive, with the first name "Joseph" and last name "Madziar" clearly legible.

Joseph T. Madziar, Chief
Plumbing Division

JTM/sjl



Descriptive Report and Test Results

MASTER CONTRACT: 163960

REPORT: 2706081

PROJECT: 2724619

Edition 1: March 28, 2014; Project 2706081 – Cleveland
Issued by David Schmidt; Reviewed by Thomas Valente

Edition 2: May 8, 2014; Project 2724619 – Cleveland
Issued by David Schmidt; Reviewed by Thomas Valente

Contents: Certificate of Compliance - Page 1 to 1
Supplement to Certificate of Compliance – Page 1
Description and Tests – Pages 1 to 3
Att1 Figures – 1 to 5

PRODUCTS

CLASS 7701-01 - Drains and interceptors - Grease interceptor

CLASS 7701-81 - Drains and interceptors - Grease interceptor - Certified to US Standards

Hydro-mechanical Grease Interceptor Models:

XL-MI-G-PL-1150 - flow rated to 100 gpm

APPLICABLE REQUIREMENTS

CSA B481.1-2012 - Testing and rating of grease interceptors using lard

ASME A112.14.3-2000 - Grease interceptors

MARKINGS

The manufacturer is required to apply the following markings:

- Products shall be marked with the markings specified by the particular product standard.
- Products certified for Canada shall have all Caution and Warning markings in both English and French.

Additional bilingual markings not covered by the product standard(s) may be required by the Authorities Having Jurisdiction. It is the responsibility of the manufacturer to provide and apply these additional markings, where applicable, in accordance with the requirements of those authorities.

Product markings shall be in accordance with the related standards. In addition, it shall be the responsibility of the manufacturer to provide additional markings on the product to comply with the requirements of the local regulatory authorities. For example, in Canada, any caution and warning markings must be provided in French and English.

This report shall not be reproduced, except in full, without the approval of CSA Group.

8501 East Pleasant Valley Road, Cleveland, OH, U.S.A. 44131-5575
Telephone: 216-524-4990 1.800.463.6727 Fax: 216-642-3463 www.csagroup.org

All markings required by CSA must be permanent, legible and visible after installation of the product. A permanent label on the cover of the interceptor may be used. The contents consist of:

- Submitter's Identification: "Mifab, Inc."
- CSA Mark
- Flow rating
- Grease containment capacity
- Inlets and outlets shall be clearly identified

ALTERATIONS

None

FACTORY TESTS

None

SPECIAL INSTRUCTIONS FOR FIELD SERVICES

1. Component descriptions marked with either the "(INT)" or "(INT*)" identifiers may be substituted with other components providing the requirements specified under the notes in the "Description" are complied with.

COMPONENT SPECIAL PICKUP

1. Component descriptions marked with the identifier "(CT)" are subject to annual pickup and Conformity Testing.

DESCRIPTION

Products are hydro mechanical type grease interceptors. Model XL-MI-G-PL-1150 is rated for a maximum flow rate of 100 gpm.

Inlet and outlet connections are 4" diameter.

See figures 1 to 5.

TESTS

Project 2706081

Original certification of model XL-MI-G-1-PL to the requirements of CSA B481-2012 and ASME A112.14.3-2000.

Flow rating tests using Lard as per CSA B481.1-12 were performed with satisfactory results.

Evaluation of the listed model to CSA B481.0-12 was performed with satisfactory results.

Evaluation of the listed model to ASME A112.14.3-2000 was performed with satisfactory results.

All test results and supporting documentation is kept on file at CSA International – Cleveland facility.

Project 2724619

Change model name XL-MI-G-1-PL to XL-MI-G-PL-1150. No additional testing required.

End of report.

STANDARD PDI-G101 GREASE INTERCEPTOR RATING TEST FORM #1

Interceptor ID		Manufacturer: MIFAB, Inc.		Model Number: XL-MI-G-PL-1150		GPM Size: 100		Report No.: 163960-2715510	
Sink Capacity and Flow Rate		****Lard Data****		*****Flow Control Data*****		***Testing Lab Information***			
Capacity No. 1	100 gal	Spec. Gravity:	0.876	Orifice Size:	3.00"	Test Lab:		Test Date: 3/19/2014	
Capacity No. 2	100 gal	Viscosity:	14.2cP			Cleveland		Notes:	
Separate No. 1	100 GPM					Test Technician:		1. Drainage gauged on clear compartment	
Separate No. 2	100 GPM					David Schmidt			
Simultaneous 1	200 GPM								
Simultaneous 2	200 GPM							2. The "amount retained" is a is a calculation of "Added" minus "Skimmed"	

					***** INCREMENTAL *****				*****ACCUMULATED *****			
					(drop-skim / drop)x 100) = efficiency				(drop-skim / drop)x 100) = efficiency			

No.	Test	Clear	Min./Sec.	Rate: GPM	lb. Added	lb. Skimmed	lb. Retained	Efficiency	lb. Added	lb. Skimmed	lb. Retained	Efficiency
1	1	2	1.98	101.01	20.0	0.2	19.80	99.00	20.00	0.2	19.80	99
2	2	1	1.93	103.63	20.0	0.36	19.64	98.20	40.00	0.56	39.44	98.6
3	1	2	1.97	101.52	20.0	0.18	19.82	99.10	60.00	0.74	59.26	98.7667
4	2	1	1.92	104.17	20.0	0.66	19.34	96.70	80.00	1.4	78.60	98.25
5	1	2	1.98	101.01	20.0	0.41	19.59	97.95	100.00	1.81	98.19	98.19
6	2	1	1.92	104.17	20.0	0.82	19.18	95.90	120.00	2.63	117.37	97.8083
7	1	2	1.98	101.01	20.0	0.73	19.27	96.35	140.00	3.36	136.64	97.6
8	2	1	1.93	103.63	20.0	0.22	19.78	98.90	160.00	3.58	156.42	97.7625
9	1	2	1.98	101.01	20.0	0.19	19.81	99.05	180.00	3.77	176.23	97.9056
10	2	1	1.93	103.63	20.0	0.36	19.64	98.20	200.00	4.13	195.87	97.935
11	1	2	1.98	101.01	20.0	0.32	19.68	98.40	220.00	4.45	215.55	97.9773
12	2	1	1.93	103.63	20.0	0.5	19.50	97.50	240.00	4.95	235.05	97.9375
13	1	2	1.97	101.52	20.0	0.37	19.63	98.15	260.00	5.32	254.68	97.9538

3. All Skimmed weights taken after de-watering by Seperatory funnel and chilling.

Summary and results based on testing per Section 7.7 "rated capacity." The total grease skimmed was taken at the thirteenth increment.

1) Total Skimmed:	5.32
2) Total Retained :	254.68
3) Total Added:	260
Eff. = (line 3 - line1) / line 3 X100	
Efficiency % =	98.0

Summary and Results based on the testing per Section 7.6 "maximum grease capacity."

Break down	
Increment No.	
1) Total Skimmed :	
2) Total Retained :	
3) Total Added :	
Eff. = (line 3 - line1) / line 3 X100	
Efficiency % =	#DIV/0!



May 2, 2014

ENGINEERING LABORATORY TEST REPORT

Send to:	Mifab, Inc. 1321 West 119th Street Chicago IL 60643 Mr. Michael Whiteside	Plant:	Mifab, Inc. 1321 West 119th Street Chicago IL 60643
Client #:	88630	Plant #:	88631

NSF Job#: J-00131770

Description of Test Sample: 75 gpm Grease Interceptor Model # (not specified)

Sample Received: November 7, 2013 – Submitted in good condition by client

Date of Test: December 19, 2013

Location of Test: NSF International, Ann Arbor, MI

Test Protocol: PDI G101-2012 Grease Interceptors
ASME A112.14.3-2000 Grease Interceptors

Results:

PDI G101-2012	PASS
ASME A112.14.3-2000	PASS

Technical responsibility

David Orton

Digitally signed by David Orton
DN: cn=David Orton, o=NSF International,
ou=Engineering Lab, email=orton@nsf.org,
c=US
Date: 2014.05.02 16:14:20 -04'00'

Senior Engineer, Engineering Laboratory

Note: This report replaces serial # FI20131230000010. It is being re-issued after the client provided updated instructions and drawings to satisfy the requirements in the standards. This changes the overall pass/fail status to PASS.

This report shall not be reproduced, except in its entirety, without the written approval of NSF. This report does not represent NSF Certification or authorization to use the NSF Mark. Authorization to use the NSF Mark is limited to products appearing in the Company's Official NSF Listing (www.nsf.org). The results relate only to those items tested, in the condition received at the laboratory.



PDI G101 Section 5.1 Media Analysis

COMPLETE

pH value	n/a
Lard specific gravity	0.874
Viscosity	6.83 cP

PDI G101 Section 5.4 Flow Rate Verification

COMPLETE

Type of Grease Interceptor	Type A	
Size of Flow Controller	2.175	inches
Flow Time 1 Sink 1+2	113.3	sec
Flow Time 2 Sink 1+2	113.9	sec
Flow Time 3 Sink 1+2	111.8	sec
Flow Time Average Sink 1+2	113.0	sec
Flow Rate Average Sink 1+2	75.7	gpm
Deviation from Req Average Sink 1+2	0.9	%
Flow Time 1 Sink 2+1	109.6	sec
Flow Time 2 Sink 2+ 1	112.3	sec
Flow Time 3 Sink 2+ 1	109.8	sec
Flow Time Average Sink 2+1	110.6	sec
Flow Rate Average Sink 2+1 (gpm)	77.3	gpm
Deviation from Req Average Sink 2+1	3.1	%
Max allowable deviation from average	5	%
Max allowable deviation between runs	5	%
Max deviation between runs	2.4	%
Flow rate acceptable?	Yes	

Note: Flow rates verified using NSF's laboratory flow controller.

PDI G101 Section 7 Certification Rating Test (Grease Retention Capacity)

PASS*

Model	Not specified
Flow	75 GPM
Flow Restrictor ID	2.175 inches
Required Breakdown Increment Number	13
Actual Breakdown Increment Number	15
Pounds Grease Retained at Breakdown	213.6 lbs.
Incremental Efficiency	94.0 %
Average Efficiency	95.0 %
Required Total Amount of Grease Retained	168.75 lbs.
Actual Total Amount of Grease Retained	213.6 lbs.

* Note: Significant leakage was observed through the joint between the tank and inlet bulkhead after the fourth increment. Refer to Figure 1.



ASME A112.14.3 Section 2 General Requirements

PASS

Design	PASS
Rating	PASS
Inlet and Outlet Connections	PASS
Flow Controls and Vents	PASS

ASME A112.14.3 Section 3.5 Rating Test (Grease Retention Capacity)

PASS*

Model	XL-MI-G-O-PL	
Flow	75	GPM
Flow Restrictor Type	Not specified	
Flow Restrictor ID	2.175	inches
Breakdown Increment Number	15	
Pounds Grease Retained	213.57	lbs.
Incremental Efficiency	94.0	%
Average Efficiency	95.0	%
Efficiency A	95.0	%
Efficiency B	N/A	%
Required Amount of Grease Retained	150	lbs.
Actual Amount of Grease Retained	213.57	lbs.

* Note: Significant leakage was observed through the joint between the tank and inlet bulkhead after the fourth increment. Refer to Figure 1.

ASME A112.14.3 Section 4.1 Labelling

PASS

Manufacturer's name or trademark	Yes
Model number	Yes
Rated Flow (see paragraph 2.2)	Yes
Inlet and Outlet	Yes
ASME A112.14.3	Yes
Product Type by Rating	Yes
Efficiency** at the rated capacity	Yes



ASME A112.14.3 Section 4.2 Installation Instructions

PASS

Flow Control and / or vent requirements	Yes
Separate trapping requirements	Yes
Elevation and accessibility requirements	Yes
Safety and health related instructions	Yes
Cleanout Locations	Yes
Instructions that show the clearances required for maintenance, cleaning, and hazard prevention.	Yes
Cautions against installation in any manor except as tested and rated.	Yes

ASME A112.14.3 Section 4.2 Maintenance Instructions

PASS

Maintenance Instructions	Yes
Safety and Health provisions	Yes
Each grease interceptor shall be provided with service instructions, which include a trouble shooting guide as well as instruction for performing necessary servicing or for obtaining servicing	Yes

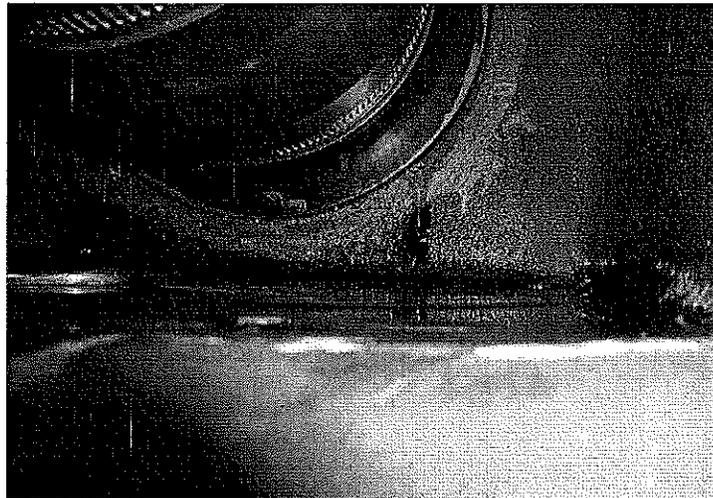


Figure 1 - Leakage at Inlet Connection

STANDARD PDI-G101 GREASE INTERCEPTOR RATING TEST FORM #1

Interceptor ID Manufacturer: MIFAB		Model Number: Not specified		GPM Size: 75	Report No.: J-00131770								
Sink Capacity and Flow Rate		****Lard Data****		****Flow Control Data****		***Testing Lab Information***							
Capacity No. 1	75 gal	Spec. Gravity:	0.874	Orifice Size:	2.175"	Test Lab:	NSF International	Test Date:	12/19/2013				
Capacity No. 2	75 gal	Viscosity:	6.83 cP					Notes:					
Separate No. 1	64.5 GPM					Test Technician:		1. Drainage gauged on clear compartment					
Separate No. 2	64.4 GPM					Jon McGaugh							
Simultaneous 1	75.7 GPM					Trey Allen							
Simultaneous 2	77.3 GPM							2. The "amount retained" is a calculation of "Added" minus "Skimmed"					
				***** INCREMENTAL *****				*****ACCUMULATED *****					
				(drop-skim / drop)x 100) = efficiency				(drop-skim / drop)x 100) = efficiency					
No.	Test	Clear	Min./Sec.	Rate: GPM	lb. Added	lb. Skimmed	lb. Retained	Efficiency	lb. Added	lb. Skimmed	lb. Retained	Efficiency	
1	1	2	111.85	76.4	15	0.34	14.66	98	15	0.34	14.66	98	3. All Skimmed weights taken after de-watering by Seperatory funnel and chilling. Summary and results based on testing per Section 7.7 "rated capacity." The total grease skimmed was taken at the thirteenth increment.
2	2	1	112.37	76.1	15	0.72	14.28	95	30	1.06	28.94	96	
3	1	2	113.72	75.2	15	0.7	14.3	95	45	1.76	43.24	96	
4	2	1	112.26	76.2	15	0.51	14.49	97	60	2.27	57.73	96	
5	1	2	113.92	75.1	15	0.74	14.26	95	75	3.01	71.99	96	
6	2	1	112.26	76.2	15	0.75	14.25	95	90	3.76	86.24	96	
7	1	2	111.12	76.9	15	0.79	14.21	95	105	4.55	100.45	96	
8	2	1	111.73	76.5	15	0.95	14.05	94	120	5.5	114.5	95	
9	1	2	110.7	77.2	15	0.71	14.29	95	135	6.21	128.79	95	
10	2	1	111.02	77	15	0.93	14.07	94	150	7.14	142.86	95	
11	1	2	112.08	76.3	15	0.85	14.15	94	165	7.99	157.01	95	
12	2	1	111.97	76.4	15	0.92	14.08	94	180	8.91	171.09	95	
13	1	2	110.44	77.4	15	0.72	14.28	95	195	9.63	185.37	95	
14	2	1	110.84	77.1	15	0.87	14.13	94	210	10.5	199.5	95	
15	1	2	111.01	77	15	0.93	14.07	94	225	11.43	213.57	95	
16	2	1											
17	1	2											
18	2	1											
19	1	2											Summary and Results based on the testing per Section 7.6 "maximum grease capacity."
20	2	1											
21	1	2											
22	2	1											
23	1	2											
24	2	1											
25	1	2											
26	2	1											
27	1	2											
28	2	1											
29	1	2											
30	2	1											
Average Or Total			111.82	76.46667	225	11.43	213.57						

Manufacturer MIFAB

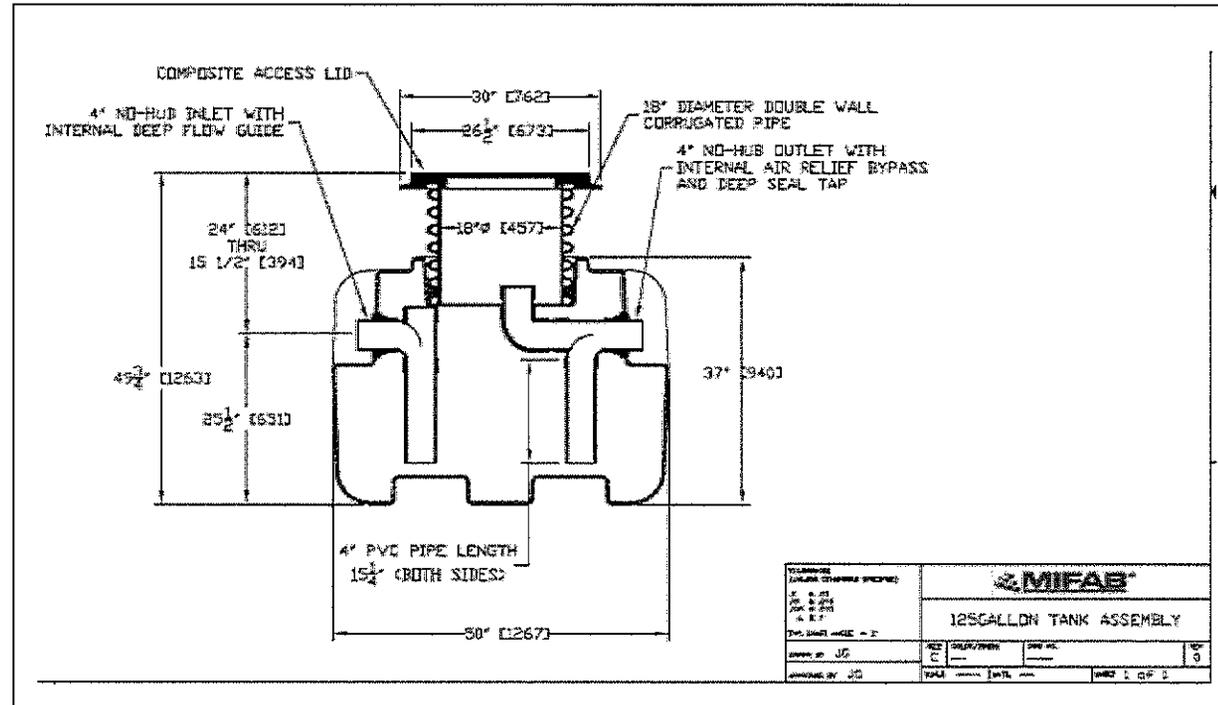
Model Number 75 gpm (model # not specified)

GPM Size 75

Test Number J-00131770

Drawing and Dimensions of unit tested

Drawing is a cross-section in a plane perpendicular to the cover passing through the inlet and outlet ports with all internal components in place.
Length, width, and height are noted



The unit as described above was tested in accordance to PDI Standard G-101 and has conformed with or exceeded all requirements for certification.

Test Technician David Orton

Note: Dimensions were not verified at the time of the grease capacity test, but appear to be correct.

(print name)

(signature/electronic signature)

this 2 day of May, 20 14



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
ACTING DIRECTOR

November 10, 2014

Mr. Jason Gremchuk
MIFAB Inc., LLC
1321 W. 119th Street
Chicago, IL 60643

Dear Mr. Gremchuk:

I am writing in response to your September 10, 2014 Petition Application for Certificate of Acceptability for MIFAB Inc., LLC, Big Max Large Plastic Grease Interceptors, Models XL-MI-G-PL-750 and XL-MI-G-PL-1150.

It is our intention to present your product to the State Plumbing Board at their next scheduled meeting, December 2, 2014. The meeting will be located at 2501 Woodlake Circle, 1st floor, Conference Room 3, Okemos, MI 48864. 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, should the board have any questions or concerns. Should the board have a favorable position regarding your product's acceptance, they will forward it to the Construction Code Commission for final approval.

If you have any questions prior to the State Plumbing Board Meeting, please contact the Plumbing Division at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief
Plumbing Division

JTM/sjl

Enclosure

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

RICK SNYDER
 GOVERNOR

MIKE ZIMMER
 ACTING DIRECTOR

November 10, 2014

TO: Members of the State Plumbing Board

FROM: Joseph T. Madziar, Chief, Plumbing Division *JTM*

SUBJECT: Certificate of Acceptance for MIFAB Inc., Big Max Large Plastic Grease Interceptors, Models XL-MI-G-PL-750 and XL-MI-G-PL-1150, BCCP-14-010

The applicant has requested consideration for product acceptance for large plastic hydromechanical grease interceptors.

APPLICANT REPRESENTATIVE:

Mr. Jason Gremchuk

APPLICANT:

MIFAB Inc., LLC
 1321 W. 119th Street
 Chicago, IL 60643

AUTHORITY:

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

PRODUCT:

Hydromechanical Grease Interceptors, Models XL-MI-G-PL-750 and XL-MI-G-PL-1150 with flow rates up to 100 gallons per minute.

PRODUCT DESCRIPTION:

High density polyethylene grease interceptors designed for above or below ground installations. The interceptors include an adjustable lid system, external, vented flow control fitting, sample port access and multiple outlet options. The steel encased composite lid system provides a gas/water tight seal. The MIFAB model XL-MI-G-PL-750 includes a single lid system for access and is designed for 75 gallons per minute flow rate. Model XL-

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MI-G-PL-1150 includes a 2 lid system for access and is designed for 100 gallons per minute flow rate.

APPLICATION:

These two large hydrochemical grease interceptors may be used in restaurants, commercial kitchens, institutions, industrial facilities such as food processing and packaging plants and other types of food processing areas for the removal of fats, oils, and grease (FOG) that are present in the drain waste water.

APPROVAL/ TESTS:

Tested and certified to PDI-G101

Tested and certified to ASME A112.14.3

Certificate of Listing by IAPMO File No. 3380

APPLICABLE CODE SECTION:

Michigan Plumbing Code

Section 1003.3.1 Grease Interceptors and automatic grease removal devices required.

A grease interceptor or automatic grease removal device shall be required to receive the drainage from fixtures and equipment with grease-laden waste located in food preparation areas, such as in restaurants, hotel kitchens, hospitals, school kitchens, bars, factory cafeterias and clubs. Fixtures and equipment shall include pot sinks, prerinse sinks; soup kettles or similar devices; wok stations; floor drains or sinks into which kettles are drained; automatic hood wash units and dishwashers without prerinse sinks. Grease interceptors and automatic grease removal devices shall receive waste only from fixtures and equipment that allow fats, oils or grease to be discharged. Where lack of space or other constraints prevent the installation or replacement of a grease interceptor, one or more grease interceptors shall be permitted to be installed on or above the floor and upstream of an existing grease interceptor.

CONDITIONS OF USE AND INSTALLATION:

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

RECOMMENDATION:

Staff has evaluated the information provided by the manufacturer and recommends the product be forwarded to the Construction Code Commission for approval.



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
ACTING DIRECTOR

September 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 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 September 16, 2014 meeting, the Board tabled the product 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 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.

Mr. Dave Parney, CISPI, provided information regarding the standards for Cast-iron pipe and additional information in opposition to the petition for product approval. Mr. Barry Pines, Code Study and Development, and Mr. George Johnston, Balfrey and Johnston, made inquiries regarding the product's use.

Following a review and discussion with Mr. Singh and Mr. Pat McQuillan, Board Member Busch moved to table the product review for consideration of product approval until the December 2, 2014 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 and information regarding which 3rd party inspection agency is responsible for conducting certification to Annex A1. Board Member Nixon seconded the motion. **MOTION CARRIED.**

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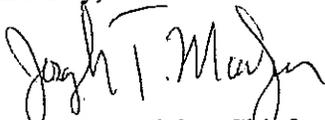
Mr. Bick Singh
Page 2 of 2
September 26, 2014

Therefore, the Plumbing Division is scheduling the continued product review for consideration for the next Board meeting. The meeting will be held on **December 2, 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 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. Please submit the requested documentation as soon as possible to allow time for review prior to the meeting. 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



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
ACTING DIRECTOR

October 31, 2014

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

Dear Mr. Singh,

I am writing today to follow up on my letter dated September 26, 2014. The letter provided the board's decision from the State Plumbing Board meeting held on September 16, 2014 which you and Mr. Pat McQuillan attended and addressed the board representing NewAge Casting Company, LP. The State Plumbing Board moved to table the product review until the December 2, 2014 Board meeting to allow yourself, the petitioner, time to provide additional documentation from NSF clarifying which specific facilities are certified under the China facility listing and information regarding which third party inspection agency is responsible for conducting certification to Annex A1. It is very important that we receive this information as soon as possible so I can distribute the information to the Plumbing Board members, before the December 2, 2014 meeting.

Along with this clarification I am requesting copies of the last three inspection reports conducted by the third party certifier for each manufacturing location. These reports should also include the legal name and address of the manufacturer. Annex A1 is a requirement of ASTM A74, ASTM A888 and CISPI 301.

I am also requesting more information on the use of hand held Geiger readers for radiation detection. In the information you provided in index number 6 for the Hengtong Casting Limited Company, under 1.1 Scope, it states that Micro Rem is a portable instrument. Section 4.3.1 of ASTM A74 and ASTM A888 along with section 4.4.1 of CISPI 301 all state only radiation devices designed specifically for the purpose of screening ferrous material shipments shall be used for the purpose of conforming to this requirement. Hand held radiation detectors (Geiger counters) are not appropriate and shall not be used for the purpose of conforming to this requirement.

Your response for the above listed items will be presented to the State Plumbing Board for their review. Please submit the requested information immediately to allow time for review prior to the meeting. If you have any questions, please contact me at (517) 241-9330.

Sincerely,

Joseph T. Madziar, Chief
Plumbing Division

JTM/sjl

cc: State Plumbing Board members

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BUREAU OF CONSTRUCTION CODES
 Plumbing Division
 2501 Woodlake Circle
 Okemos, MI 48864
 (517) 241-9330

2015 Schedule of Plumbing Board Meetings and Examinations
BOARD MEETINGS

Board Date	Location	Time
Tuesday, March 3, 2015	Okemos – Conference Room 3	10:00 AM
Tuesday, June 9, 2015	Okemos – Conference Room 1	10:00 AM
Wednesday, July 29, 2015	Escanaba – UP State Fair	8:15 AM
Tuesday, September 22, 2015	Okemos – Conference Room 3	10:00 AM
Tuesday, December 1, 2015	Okemos – Conference Room 3	10:00 AM

EXAMINATION DATES

Date and locations are subject to change.

Master Plumber License Examinations

Exam Date	Location
Wednesday, March 4, 2015	East Lansing
Wednesday, June 10, 2015	East Lansing
Thursday, July 30, 2015	Escanaba
Wednesday, September 23, 2015	East Lansing
Wednesday, December 2, 2015	East Lansing

Journey Plumber License Examinations

Exam Date	Location
Wednesday, March 4, 2015	East Lansing
Wednesday, June 10, 2015	East Lansing
Thursday, July 30, 2015	Escanaba
Wednesday, September 23, 2015	East Lansing
Wednesday, December 2, 2015	East Lansing

Plumbing Contractor License Examinations

Exam Date	Location
Wednesday, March 18, 2015	East Lansing
Wednesday, June 17, 2015	East Lansing
Thursday, July 30, 2015	Escanaba
Wednesday, September 9, 2015	East Lansing
Wednesday, December 16, 2015	East Lansing

The meeting site and parking is accessible. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional services (such as materials in alternative format) in order to participate in the meeting should call Sara Leiby at (517) 241-9330 at least 10 work days before the event. LARA is an equal opportunity employer/program.