

CERTIFICATE OF APPROVAL  
FOR INTERNAL PLUMBING

TOWN/CITY CODE: 05170 LPI NUMBER: 00123 DATE ISSUED: 12/23/81  
THE TOWN/CITY OF: Portland, IC 58890  
Installer Name: ERIC COPP Last Name: ERIC COPP F.I.M.I. Code: 2  
Owner: TOM BERGH  
Address: K-21-7 LUTHER ST - PEAKS IS.  
St/Lot Number: Street, Road Name Subdivision  
(Location where plumbing was done and inspected)

- Certificate of App. Number
- 1. Owner
  - 2. Licensed Master Plumber
  - 3. Licensed Oil Burnerman
  - 4. Employee of Public Utility
  - 5. Manufactured Housing Dealer
  - 6. Manufactured Housing Mechanic
  - 7. Infrd License

THE INTERNAL PLUMBING INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN TESTED IN MY PRESENCE, FOUND TO BE FREE FROM LEAKS AND WAS INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE PLUMBING RULES.

OWNER'S COPY

Signature of LPI: *Emilio J. Gualtero*  
Date Inspected: JAN 5 1982

**CERTIFICATE OF APPROVAL  
FOR INTERNAL PLUMBING**

THE TOWN/CITY OF

*Beckham*

TOWN/CITY CODE  
051710

LPI NUMBER  
001723

DATE ISSUED  
11/23/11

Certificate of App. Number  
39890 IC

Installers Name  
ERIC P  
Last Name  
First Name  
F. I. M. I.  
Installer Code  
2

- 1. Owner
- 2. Licensed Master Plumber
- 3. Licensed Oil Burner
- 4. Employee of Public Utility
- 5. Manufactured Housing Dealer
- 6. Manufactured Housing Mechanic
- 7. Unlicensed

Owner  
~~ERIC P~~ TOM BERSH  
Address  
K-21-7 LATHER ST. - PEAKS IS.  
Street, Road Name  
Subdivision  
City/Town

THE INTERNAL PLUMBING INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN TESTED IN MY PRESENCE, FOUND TO BE FREE FROM LEAKS, AND WAS INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE PLUMBING RULES.

**TOWN'S COPY**

Signature of LPI  
*Franklin Parsons*  
Date Inspected  
JAN - 5 1992

**INTERNAL PLUMBING PERMIT FOR THE TOWN/CITY OF**

*Beckham*

Town/City Code  
051710

LPI Number  
001723

Date Issued  
11/23/11

Installer Code  
2

PERMIT NUMBER  
58890 IP

Address of Where Plumbing Is Done  
K-21-7  
Street/Road Name  
407 HEIN ST  
Subdivision  
City/Town  
F. I. M. I.  
Last Name  
First Name  
Mailing Address  
Jethro St. P.O.  
Zip Code

|                                |   |  |   |  |                                      |                                     |                            |                    |
|--------------------------------|---|--|---|--|--------------------------------------|-------------------------------------|----------------------------|--------------------|
| Type of Construction           | 1. New                                      | 2. Remodeling                            | 3. Addition                                   | 4. Remodeling & Addition                 | 5. Replacement of Hot Water Heater   | 6. Hook-up of Mobile Home           | 7. Hook-up of Modular Home | 8. Other (Specify) |
| Plumbing To Be Done            | 1. Single (Fes)                             | 2. Multi-Fam(Fes)                        | 3. Middle Home                                | 4. Modular Home                          | 5. Commercial                        | 6. School                           | 7. Other (Specify)         |                    |
| Number of Fixtures or Hook Ups | Sinks) <input type="checkbox"/> 1           | Toilets) <input type="checkbox"/> 1      | Bathrooms) <input type="checkbox"/> 1         | Lavatories) <input type="checkbox"/> 1   | Showers) <input type="checkbox"/> 1  | Urinals) <input type="checkbox"/> 1 |                            |                    |
|                                | Clothes Washers) <input type="checkbox"/> 1 | Dish Washers) <input type="checkbox"/> 1 | Hot Water Heaters) <input type="checkbox"/> 1 | Floor Drains) <input type="checkbox"/> 1 | Hook Ups) <input type="checkbox"/> 1 |                                     |                            |                    |

**TOWN'S COPY**

Signature of LPI  
\_\_\_\_\_  
Dept. of Human Services  
Div. of Health Engineering