

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 2/2023 Service Account No.: 017948-000
 Customer Name: Kids Academy Home Phone: _____
 Service Address: 2028 Evans Cp Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 10/22

Description of Cause of Leak (faucet, toilet, underground, etc.):

Valves Leaking

Explanation of how leak was repaired: Attach plumbing invoice or receipts for repair parts

Sworn Statement:

I _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICIAL USE ONLY							
<u>1 month</u>	Amount of Bill:	<u>\$1,686.20</u>			Usage:	<u>910</u>	
	Average Bill:	<u>\$357.23</u>			Three Month Average Usage:	<u>175</u>	
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:		
	Amount of Adjustment to Sewer Bill:	<u>\$624.02</u>			Adjusted Bill Amount:	<u>\$1,062.18</u>	
	Payment Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payment Period	<input type="checkbox"/> 3 Months	<input type="checkbox"/> 6 Months	Payment Amt:

Customer Service Manager [Signature]

Acct #
017948-000

INVOICE 5058

MP 3425



PRIDE PLUMBING INC
The Plumber Protects the Health of the Nation

P.O. Box 5237
Jacksonville, AR 72078
501-941-8781

SOLD TO

Kids Academy

2028 Evans Loop

Bryant, AR 72022

SHIP TO

ADDRESS

CITY STATE ZIP

CUSTOMER NO

SALESMAN

TERMS

TO 3

DATE

0-10-22

billed

ORDER SHIPPED

DESCRIPTION

Installed three (3) new Sloan style valves. Old valves were leaking.

*R SE UNIT AMOUNT

Notes

TOTAL

870.12

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 2/2023 Service Account No.: 082427-001
 Customer Name: Lisa Pemberton Home Phone: _____
 Service Address: 1510 Woodland Dr Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 1/2023

Description of Cause of Leak (faucet, toilet, underground, etc.):

Water Line Leaking

Explanation of how leak was repaired: *Attach plumbing invoice or receipts for repair parts*

Sworn Statement:

I _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY									
<u>2 months</u>	Amount of Bill:	<u>1,162.95</u>	Usage:	<u>654</u>					
	Average Bill:	<u>139.34</u>	Three Month Average Usage:	<u>77</u>					
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approved By:						
	Amount of Adjustment to Sewer Bill:	<u>489.87</u>	Adjusted Bill Amount:	<u>672.88</u>					
Payment Plan	Yes	No	Payment Period	3 Months	6 Months	Payment Amt.			

[Signature]
Customer Service Manager

2:26



5G 41%

Chris Dyer Plumbing Inc.

316 Turtle Creek
Benton, AR 72015

*Lisa
Pemberton*

Invoice

Date	Invoice #
1/13/2023	18845

Bill To
Terri Ellis 1510 Woodland bryant Ar 72022

*Acct # 022427-001
870-917-0587*

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
2	Plumbing Called to home for water leak on January 10th, 2023. Leak was found and repaired	145.00	290.00

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 1/2023 Service Account No.: 000206-006
 Customer Name: Tawnya Sadler Home Phone: _____
 Service Address: 507 Bryant Meadow Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 12/2022

Description of Cause of Leak (faucet, toilet, underground, etc.):

Leak in Slab

Explanation of how leak was repaired: Attach plumbing invoice or receipts for repair parts

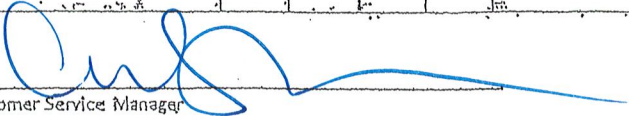
Sworn Statement:

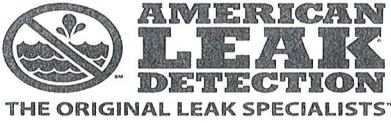
I _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY							
<u>2 months</u>	Amount of Bill:	<u>\$474.35</u>			Usage:	<u>265</u>	
	Average Bill:	<u>\$196.19</u>			Three Month Average Usage:	<u>2.2</u>	
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Approved By:			
	Amount of Adjustment to Sewer Bill:	<u>\$187.62</u>			Adjusted Bill Amount:	<u>\$286.73</u>	
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Period	3 Months	<input type="checkbox"/>
						6 Months	<input type="checkbox"/>
						Payment Amt:	


Customer Service Manager



AC# 000206-000

INVOICE

#37 Collins Industrial Place
 North Little Rock, AR 72113
 Phone: (501) 228-0676 / (800) 461-2962

INVOICE DATE	INVOICE #
12/7/2022	50276

PAID
12/07/2022

BILLING ADDRESS	
Taunya Sadler 507 Bryant Meadows Dr Bryant, AR 72022 501-766-3214	

SITE ADDRESS	
Taunya Sadler 507 Bryant Meadows Dr Bryant, AR 72022	

Claim # /P.O. #	Payment Terms	Completion Date	Tech	Billing Phone
	PAID	12/6/2022	Nails	501-766-3214
ITEM	DESCRIPTION	QTY	AMOUNT	
Leak Det. Res.	ALD performed a recheck to reveal a separate issue. Leak detection performed to reveal a leak under slab. Lines were cut and pressurized to reveal the 1/2" cold supply line for the ice maker leaking. Leaking line was eliminated and new 1/2" PEX line was "T" of the 3/4" PEX line in the attic space to resupply the ice maker. System retested upon completion of repairs to reveal no other leaks evident at this time. Line in attic space was then insulated. ALD is not responsible for the sheetrock.			400.00
Repipe	Repipe/reroute of water line.			1,800.00
	Sales Tax			0.00
Thank you for your business.			Total	\$2,200.00

Guarantees Apply as Indicated # _____

#1 Leak detection and location work is guaranteed for 30 days from the date of completion. We will re-test the system or refund the detection fee (at our sole option), if it is reported within the above 30 day period that the leak is not where originally marked. We will not be liable for consequential losses. Detection and Guarantee is limited to the first leak found on the system.

#2 Pool leak detection guarantee applied to pool pipes and above ground plumbing only. No guarantee applies to leak detection on pool structure or structural repairs unless otherwise specified. We will re-test the pool pipes and above ground plumbing or refund the detection fee (at our sole option), if it is reported within the above 30 day period that the leak is not where originally marked. We will not be responsible for consequential losses. Guarantee does not apply to additional leaks found in the same line.

#3 Minor repairs are guaranteed for 30 days from the date of completion.

#4 Major repairs are guaranteed for 12 months from the date of completion. We will not be liable for consequential losses.

#5 No Guarantee Applies.

I FIND THE WORK SASTISFACTORY AND THE CHARGES AS AGREED, AND AGREE TO PAY THE TOTAL AMOUNT WITHOUT ANY DEDUCTION WHATSOEVER, I FURTHER AGREE TO PAY REASONABLE CHARGES FOR COLLECTION, INCLUDING LEGAL FEES, IN THE EVENT OF MY DEFAULT, AS WELL AS PENALTY AND INTEREST AS ALLOWED BY LAW.

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 2/20/23 Service Account No.: 028779-000
 Customer Name: Arkansas Heart Hospital Home Phone: _____
 Service Address: 1901 Encore Way Work Phone: _____
 City: Bryant State, Zip: AR 72222
 Date Leak Detected: _____ Date Repaired: 1/2/2022

Description of Cause of Leak (faucet, toilet, underground, etc.):

Water Leak on Cooling Tower

Explanation of how leak was repaired: Attach plumbing invoice or receipts for repair parts

Sworn Statement:

I _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY									
1 month	Amount of Bill:	\$17,082.62			Usage:	16310			
	Average Bill:	\$4,741.36			Three Month Average Usage:	4559			
	Adjustment Approved:	Yes	No		Approved By:				
	Amount of Adjustment to Sewer Bill:	\$6,110.52			Adjusted Bill Amount:	\$10,972.10			
Payment Plan	Yes	No	Payment Period	3 Months	6 Months	Payment Amt.			

[Signature]
Customer Service Manager



5440 Northshore Dr
 North Little Rock, AR 72118
 (877) 274-7127

Invoice 203829
 Job 354986

Jan 27, 2023

Bill To

ARKANSAS HEART HOSPITAL
 1701 S. SHACKLEFORD RD.
 LITTLE ROCK, AR 72211

CUSTOMER NAME	PROPERTY NAME	PROPERTY ADDRESS
ARKANSAS HEART HOSPITAL	ENCORE MEDICAL CENTER	1901 ENCORE WAY BRYANT, AR 72019
DUE DATE	AUTHORIZED BY	CUSTOMER PO
Feb 26, 2023		
CUSTOMER WO	NTE	TERMS
		Net 30

Invoice Summary

12-25 I responded to call for water leak on the cooling tower. Upon arrival Steve with Heart Hospital isolated leak and it was no longer leaking. We put a 1" cap on the line so we can put water back on it and supply water to the other two cooling towers. I have gathered a material list and sent it to Phillip Hodges for the line to be repaired this week.

12-27 I picked up press gun and returned and made repairs on makeup water line for cooling tower. I returned the press gun back to shop and picked up insulation. I returned and insulated the piping. I valved water back in and made sure there were no leaks. I checked AHU that has busted chilled water coil. I valved in and made sure the coil was bad. Unit does not have a freeze stat and needs one. It has electric preheat and hot water reheat. We will have our Project Crew return and assess the repair.

Item Name	Description	Quantity	Unit Price	Price Subtotal
5020 Overtime Labor	12/25/2022 - Overtime Hours	3	\$180.00	\$540.00
5010 Material	12/27/2022 - 1in press 90 from shop	1	\$25.00	\$25.00
5010 Material	12/27/2022 - 1in press coupling from shop	1	\$20.85	\$20.85
5010 Material	12/27/2022 - 3 feet of 1in copper from shop	1	\$40.00	\$40.00
5020 Labor	12/27/2022 - Labor Hours TROUTMAN	4	\$120.00	\$480.00
5010 Material	Brass ball valve	1	\$110.75	\$110.75
5010 Material	Gaffers tape and insulation	1	\$57.25	\$57.25
		<u>12</u>		<u>\$1,273.85</u>

Subtotal	\$1,273.85
Taxable Subtotal	\$1,273.85
Sales Tax Rate	9.875%
Tax Amount	\$125.79
Total	<u>\$1,399.64</u>

Terms of Service

In the event any additional taxes are due on the sale, the Purchaser will be responsible for the payment of additional taxes.



INVOICE

INVOICE NO
85238

CUST ARKANSAS HEART HOSPITAL
1701 S. SHACKLEFORD
LITTLE ROCK, AR 72211

SITE ENCORE MEDICAL CENTER
1901 ENCORE WAY
BRYANT, AR 72019

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE		JOB NUMBER	PAGE
AR HEART	12/29/2022	Net 15	1/13/2023		S1383ENCO R	1

WORK ORDER 354978, PO

RESOLUTION I responded to call for busted chilled water line. Upon arrival I checked in with the customer and gained access to the area where the leak was. Steve with the Heart Hospital already had the coil isolated and the leak stopped. I gathered information off the unit so I could give it to Philip Hodges for the repairs to be quoted.

ITEM NO	EQUIP NO	DATE	QUANT	DESCRIPTION	UNIT PRICE	EXTENDED
OT HOURS		12/24/2022	2.00HR	Overtime Hours Caleb A.	180.00HR	360.00

ITEM TOTAL 360.00
TAX 35.55

TOTAL AMOUNT 395.55

Thank you!

We appreciate your business! Please note new remittance address!

Please remit to:
Powers Mechanical Service Company
5440 Northshore Drive
North Little Rock, AR 72118

In the event any additional taxes are due on this sale, Purchaser will be responsible for payment of the additional taxes.
5440 Northshore Drive * North Little Rock, Arkansas 72118 * 501-374-5420 * FAX: 501-374-1792

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 2/2023 Service Account No.: 012948-000
 Customer Name: Nancy Mills Home Phone: 993-3702
 Service Address: 1200 Sadie Dr. #1 Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 1/2023

Description of Cause of Leak (faucet, toilet, underground, etc.):

Leak in water line + Shower Valve + Toilet

Explanation of how leak was repaired: Attach plumbing invoice or receipts for repair parts

Sworn Statement:

I _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY									
<u>3 months</u>	Amount of Bill:	<u>\$905.25</u>			Usage:	<u>506</u>			
	Average Bill:	<u>\$60</u>			Three Month Average Usage:	<u>30</u>			
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:				
	Amount of Adjustment to Sewer Bill:	<u>\$353.17</u>			Adjusted Bill Amount:	<u>\$552.08</u>			
	Payment Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payment Period	<input type="checkbox"/> 3 Months	<input type="checkbox"/> 6 Months	Payment Amt:		

[Signature]
Customer Service Manager

**B&R #2
PLUMBING**

1199 Edinburgh Drive
Mabelvale, AR 72103
(501) 944-4391

INVOICE

DATE 2-19-23
INVOICE # _____
BILL TO
LONA CLARK
Customer Name
1200 Sadie Lane
Address
Bryant
City State Zip Code
Phone _____

PROJECT OR SERVICE DESCRIPTION	AMOUNT
Unstop toilet + Repair	
Lab	
MATERIALS	
LABOR	
SUBTOTAL	
TAX	
GRAND TOTAL	<u>250</u>

*Thank You
FOR YOUR BUSINESS!*

Customer Signature _____ Date _____

GAS • WATER HEATERS • TOILET, SINKS & FAUCET REPAIR
PLUMBING FIXTURES • SEWER LINE REPLACEMENT/REPAIR

**AFFORDABLE
Rooter Service**

Owned and Operated by a Licensed Plumber

From: Affordable Rooter Service, LLC
 813 Haydon Creek Drive
 Bryant, AR 72022
 help@affordablerooterservice.co
 or
 +15018203824

Job ID #: 72240849
 Invoice #: 44198
 Issue date: Nov 20, 2022
 Work start date: Nov 18, 2022
 Job Address: 1200 Sadie Dr. Unit 1200-1,
 Bryant AR, 72022

Invoice for: TurnKey
 1200 Sadie Dr
 Unit 1200-1
 Bryant, AR 72022
 +15012869376

Item	Quantity	Price	Total
Apartment/Commercial: Auger	1	\$95.00	\$95.00
Ran auger through toilet in bathroom in front part of apartment. Drain open and tested. Cleaned work area.			
Overtime	1	\$50.00	\$50.00
No Guarantee	1	\$0.00	\$0.00
Subtotal			\$145.00
Tax			\$0.00
Total			\$145.00

Signatures

NT

Nick Tackett
 Affordable Rooter Service, LLC

JALD
W

B & R Plumbing
 P.O. Box 585
 Ash Flat, AR 72513
 501-888-1353
 whitney.brplumbing@yahoo.com

Invoice

Date	Invoice #
11/1/2022	10367

Billing Address
River Rock Realty 3013 W Markham St. Little Rock, Ar, 72205

Service Address
1200 Sedle Dr. Bryant, AR (Apartment Building)

Unit# OR Apt #:
1213-1

PID#

Service Date	Item	Description	Amount
11/1/2022	Service	Install new cartridge and check in shower valve.	335.00

PAID
ck

Total	\$335.00
Payments/Credits	\$0.00
Balance Due	\$335.00

WE ACCEPT DEBIT OR CREDIT CARDS BY PHONE

Thank you for your business.

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 2/2023 Service Account No.: 030699000
 Customer Name: Nicholette Ezeagwula Home Phone: _____
 Service Address: 2713 Richland Park Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 1-30-23

Description of Cause of Leak (faucet, toilet, underground, etc.):

Toilet Leaking

Explanation of how leak was repaired: *Attach plumbing invoice or receipts for repair parts*

Sworn Statement:

I, _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY									
<u>1 month</u>	Amount of Bill:	<u>\$576.80</u>			Usage:	<u>320</u>			
	Average Bill:	<u>*92.97</u>			Three Month Average Usage:	<u>49</u>			
	Adjustment Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Approved By:				
	Amount of Adjustment to Sewer Bill:	<u>*230.07</u>			Adjusted Bill Amount:	<u>\$346.73</u>			
Payment Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Payment Period	3 Months <input type="checkbox"/>	6 Months <input type="checkbox"/>	Payment Attc.			

[Signature]
Customer Service Manager

Water Billing @ City of Bryant, Conn

Name: Nichollette Ezegwuda
Address: 2713 Richland Park Drive
Account #: 030699-000
Payments: 3

SALES#: S2471GQL 4172658 TRANS#: 10123428 01-30-23

895128	81-OZ CLOROX GERM BLEACH	5.65
	DISCOUNT EACH	-0.63
24408	FM REPLACEMENT FILL VALVE	8.08
	DISCOUNT EACH	-0.90
247876	RB MANSFIELD FLUSH VALVE	4.32
	DISCOUNT EACH	-0.24
	2 @	2.16
1217527	39GAL 40CT LAWN BAG CLR	12.22
	DISCOUNT EACH	-1.36
155670	PROMOTIONAL DISCOUNT APRIL	0.00
	SUBTOTAL:	30.27
	AR - STATE TAX:	1.97
	AR - SALINE COUNTY TAX:	0.11
	BRYANT - CITY TAX:	0.91
	TOTAL TAX:	2.99
	INVOICE TOTAL:	33.26
	DEBIT:	33.26
	TOTAL DISCOUNT:	3.37
	DEBIT XXXXXXAXX9430 XXXXX	
	CHIP REPID:24710098439 01/30/23 17:46:49	
	*PIN Verified	
	TRACE: 00063281	
	PURCHASE CASH BACK	TOTAL DEBIT

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 2/20/23 Service Account No.: 031575-000
 Customer Name: Kathy Lewis Home Phone: _____
 Service Address: 305 Royal Ln #21 Work Phone: _____
 City: Bryant State, Zip: AR 72077
 Date Leak Detected: _____ Date Repaired: 2-13-2023

Description of Cause of Leak (faucet, toilet, underground, etc.):

Toilet Leaking

Explanation of how leak was repaired: Attach plumbing invoice or receipts for repair parts

Sworn Statement:

I _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY									
1 month		Amount of Bill:		*555.80		Usage:		310	
		Average Bill:		*38.84		Three Month Average Usage:		14	
Adjustment Approved:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Approved By:					
Amount of Adjustment to Sewer Bill:		*246.21		Adjusted Bill Amount:		*309.59			
Payment Plan		Yes <input type="checkbox"/> No <input type="checkbox"/>		Payment Period		3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/>		Payment Amt:	

Cynthia Stepan
Customer Service Manager

Northgate Apts
TENANT REQUEST FORM

DATE: 2-13-23

Time Reported: _____

APT. # 21

Is there an animal in unit: Y__ N__

Resident: Kathy

Phone: _____

DESCRIPTION OF WORK TO BE DONE:

Toilet is constantly running

DESCRIPTION OF WORK COMPLETED BY STAFF

Replaced flapper - fixed toilet

Delayed Tenant request

PARTS USED OR REPLACED

Flapper

WORK COMPLETED BY: Anakin B.

DATE COMPLETED: 2-13-23

Time in: _____

13

Time out: _____

TENANT SIGNATURE

For Site Manger Office Use Only	Other Services _____
Estimated Time to Complete Work Order _____	Heating and Air _____
Is there a Tenant Charge: Y _____ N _____	Plumbing _____
Resident Invoice Amount: \$ _____	Building Repair _____
Attached Invoice if Applicable _____	Electrical Repair _____

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 2-2023 Service Account No.: 004401-000
 Customer Name: Susie Smart Home Phone: _____
 Service Address: 1707 Boone Rd Work Phone: _____
 City: Bryant State, Zip: AR 72027
 Date Leak Detected: _____ Date Repaired: 2-16-23

Description of Cause of Leak (faucet, toilet, underground, etc.):

Toilet Leak

Explanation of how leak was repaired: *Attach plumbing invoice or receipts for repair parts*

Sworn Statement:

I _____ swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY									
<u>1 month</u>	Amount of Bill:	<u>\$361.45</u>			Usage:	<u>207</u>			
	Average Bill:	<u>\$48</u>			Three Month Average Usage:	<u>30</u>			
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:				
	Amount of Adjustment to Sewer Bill:	<u>\$150.27</u>			Adjusted Bill Amount:	<u>\$211.18</u>			
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Period	3 Months	<input type="checkbox"/>	6 Months	Payment Attc.

[Signature]
Customer Service Manager

Paulette Plumbing LLC

Tim and Clifton Paulette
14931 Lewis Trail
Paron, AR 72122
501-594-5432

INVOICE 8405

PHONE	MECHANIC	STARTING DATE
BILL TO	HELPER	ORDER TAKEN BY
ADDRESS	DATE 2-16-23	
CITY	/ /	
JOB NAME AND LOCATION	- phone 501 847-3861	
	JOB PHONE	

DESCRIPTION OF WORK

Repair Toilet

1 hr

Material Fill Valve - 12
Comp Stop - 4
Supply Line - 6
Flapper - 8

RAIN CH# 5492

	TOTAL MATERIALS	30	00
	TOTAL LABOR	100	00
	TAX		
DATE COMPLETED	TOTAL AMOUNT	\$ 130	00

Signature Susi Smart

I hereby acknowledge the satisfactory completion of the above described work

Paulette Plumbing LLC

Tim and Clifton Paulette
14931 Lewis Trail
Paron, AR 72122
501-594-5432

INVOICE 8405

PHONE		MECHANIC	STARTING DATE
BILL TO		HELPER	ORDER TAKEN BY
ADDRESS			
CITY			
JOB NAME AND LOCATION			
DESCRIPTION OF WORK		JOB PHONE	

DATE 2-16-23

STARTING DATE 1 1

BILL TO Susie Smart

ADDRESS 1707 Boone Rd

CITY Bryant, Ar - phone 501 847-3861

DESCRIPTION OF WORK

Repair Toilet

1 hr

Material Fill Valve - 12
Comp Stop - 4
Supply Line - 6
Flapper - 8

PAID CH# 5492

	TOTAL MATERIALS	30	00
	TOTAL LABOR	1 00	00
	TAX		
DATE COMPLETED 1 1	TOTAL AMOUNT	\$ 130	00

Signature Susie Smart

I hereby acknowledge the satisfactory completion of the above described work

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 2/2023 Service Account No.: 026551-000
 Customer Name: Arkansas Early Learning Home Phone: _____
 Service Address: 1110 N. Reynolds Rd Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 1/2023

Description of Cause of Leak (faucet, toilet, underground, etc.):

Pipes Busted

Explanation of how leak was repaired: *Attach plumbing invoice or receipts for repair parts*

Sworn Statement:

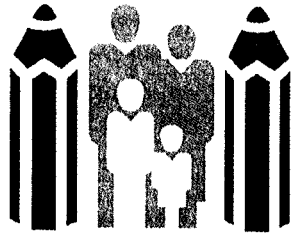
I _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY										
<u>2 mts</u>	Amount of Bill:	<u>\$13,360.47</u>			Usage:	<u>7353</u>				
<u>2 inch</u>	Average Bill:	<u>\$200</u>			Three Month Average Usage:	<u>66</u>				
Adjustment Approved:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:					
Amount of Adjustment to Sewer Bill:				<u>\$7,735.23</u>		Adjusted Bill Amount:				<u>\$5625.24</u>
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Period	3 Months	<input type="checkbox"/>	6 Months	Payment Amt.	<input type="checkbox"/>

[Signature]
Customer Service Manager



ARKANSAS EARLY LEARNING

February 16, 2023

City of Bryant Water/Sewer Department
210 SW 3rd Street
Bryant, AR 72022

Regarding: Account 026551-000

Ms. Angela Shepard,

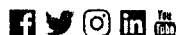
The AEL Bryant Center, located at 1110 N. Reynolds Road, received the billings from the City of Bryant Water/Sewer Department for the period 11/26/22-12/25/22 in the amount of \$2,397.49 and 12/26/22-01/25/23 in the amount of \$10,821.80. The AEL Bryant Center was closed for winter break from 12/19/2022 to 01/02/2023. During this period, the center experienced a frozen water line that burst resulting in the loss of 7,353 gallons of water. Due to the center closure, AEL was not made aware of the water leak until the center was reopened on 01/03/2023. The center remains closed for the repairs required due to the extensive damage.

As a non-profit organization, I am requesting that you make an adjustment to the above water bills to assist our agency in the large costs incurred from the excessive water loss and damage to our center during our closing. Per your request, please see the attached plumber's invoice and a detail of the repairs made. Please let me know if you have any questions or require additional information.

Respectfully,

A handwritten signature in black ink that reads "Myra Wood".

Myra Wood
Compliance/Quality Manager
Arkansas Early Learning, Inc.





Invoice #324

Jan 04, 2023

BILL TO

Arkansas Early Learning Center
1110 Reynolds Rd
Bryant, AR 72022
preed@arearlylearning.org

FROM

Smith Family Plumbing's Company
14617 Sweet Gum Dr
Alexander, AR 72002
Smithfamilyplumbingllc@gmail.com
+1 5015151876

INVOICE ITEMS	AMOUNT
Emergency Services 7 hrs x \$125.00/hr	\$875.00
Material	\$100.00

\$975.00

PAYMENT DUE JAN 05, 2023

MESSAGE

Thank you for your business. If you have any questions or concerns pertaining to your invoice please call Kandice at 501-303-9154.

Arkansas Early Learning

1110 N Reynolds Rd

Bryant, AR 72022

Date: 1/19/2023

Statement Letter

We, Smith Family Plumbing LLC, received a phone call from Patricia Reed on January 3, 2023. She stated that they had burst pipes and asked if we would be available for an emergency fix/estimate. I informed her that we were and that we were on the way.

When we arrived, Ms. Reed walked us through the building showing us the problem. We informed her that we would have to cut into three walls to locate the burst pipes.

We proceeded to cut out the wall from each exterior bathroom and remove the wall insulation. All three bathrooms had pipes that were not completely insulated. The middle bathroom has an outside access door, that is for the outdoor sinks shut off, that is broken allowing frigid air to leak into the walls. All bathrooms have pipes that lead to other parts of the building.

The first bathroom had a 90-degree copper elbow that did not have insulation on it whatsoever which had burst. We removed the broken elbow replacing it with a new one. We then wrapped it in pipe insulation to ensure it is protected.

The middle bathroom had a burst pipe and a burst 90-degree elbow. This bathroom is the one with the broken outside access door. About a foot above that outside access door a pipe had burst. While this pipe had insulation on it, it was not sealed properly around the pipe allowing the frigid air that came in through the door to hit

exposed copper piping which in turn burst. Like with the first bathroom the 90-degree elbow had no insulation and also burst. We repaired both issues and insulated them.

In the final bathroom, upon inspection, we found another burst 90-degree elbow, it was also not soldered correctly allowing it to leak out around the incomplete solder joints. We replaced the 90-degree elbow, resoldered the original repair joints, and insulated the pipes.

Some suggestions to help prevent this in the future.

- 1.) Fix the broken outside access door to prevent frigid air getting into the building.**
- 2.) Spray foam insulate the exterior walls to help better protect the copper piping used in the exterior walls.**

If you have any questions or concerns, please let me know. My phone number is 501-303-9154 and my email address is smithfamilyplumbingllc@gmail.com

Thank you,

Kandice Smith

Office Manager | 501-303-9154

Smith Family Plumbing LLC

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 2-6-23 Service Account No.: 016104-000
 Customer Name: Adelle Shermanwell Home Phone: _____
 Service Address: 204 Ethel Dr Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 2-6-23

Description of Cause of Leak (faucet, toilet, underground, etc.):

Fitting at meter leaking

Explanation of how leak was repaired: Attach plumbing invoice or receipts for repair parts

Sworn Statement:

I _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY									
<u>1 month</u>		Amount of Bill:		<u>\$874.64</u>		Usage:		<u>495</u>	
		Average Bill:		<u>\$27.84</u>		Three Month Average Usage:		<u>7</u>	
Adjustment Approved:		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		Approved By:			
Amount of Adjustment to Sewer Bill:		<u>\$403.27</u>		Adjusted Bill Amount:		<u>\$471.37</u>			
Payment Plan		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Payment Period		<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months	
						Payment Amt:			

Customer Service Manager _____

SERVICE WORK ORDER

SERVICE INVOICE

DENNY DYER PLUMBING CO.

No. 2528

All Phases of Home Remodels and Plumbing Repairs

PHONE 778-6453 Day or Night

1022 RIVER ROAD • BENTON, AR 72015

Date of Order 2-6-23

Customer's Order No. _____ Phone _____ Mechanic _____ Helper _____ Date _____

Bill To Fred Shemwell Order Taken By _____

Address 3707 Independence Blvd Day Work

City Benton 72022 Contract

Job Name and Location 204 Ethel Extra

Work Ordered By _____ Job Phone 501-213-8848

DESCRIPTION OF WORK

Painting 28
plumbing 120
pa 2/13-23 148

TOTAL MATERIALS		
TOTAL LABOR		
TAX		
TOTAL AMOUNTS		

No One Home Date Completed _____

Signature _____
I hereby acknowledge the satisfactory completion of the above described work.

Total amount due for above work: or Total billing to be mailed after completion of work

204 Ethel
016104-000
Adele Shemwell
501-213-8848

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 2-20-23 Service Account No.: 023922-000
 Customer Name: Tangela Cochran Home Phone: _____
 Service Address: 712 Medicine Blvd Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 2/20/23

Description of Cause of Leak (faucet, toilet, underground, etc.):

Toilet Leak

Explanation of how leak was repaired: Attach plumbing invoice or receipts for repair parts

Sworn Statement:

I _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY									
<u>3 months</u>		Amount of Bill:		<u>\$685.65</u>		Usage:		<u>381</u>	
		Average Bill:		<u>\$121.71</u>		Three Month Average Usage:		<u>67</u>	
		Adjustment Approved:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Approved By:			
		Amount of Adjustment to Sewer Bill:		<u>\$152.81</u>		Adjusted Bill Amount:		<u>\$532.84</u>	
Payment Plan		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Payment Period		<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months		Payment Amt:	

[Signature]
Customer Service Manager

Lakes at Hurricane Creek, a Limited Partnership
P O Box 13000
Fayetteville,AR 72703

Work Order No. 1961943
Date Call: 02/20/2023 10:16 AM

Acct# 02392200

Status Work Completed

Date Completed: 02/20/2023 10:57 AM
Brief Desc: Was given blue capsule from water c

Job Site: 0178/0712-MB
712 Medinah Blvd.
Bryant,AR 72022

Caller Name: Tangela Cochran

Caller Phone: (501) 414-3445x
Occupant: Cochran (t0061911)

Home (501) 414-3445x

Priority: 3-General
Ok to enter? YES
Category: Plumbing
Animal in Apt? Yes

SubCategory: Toilet

Problem Description: Was given blue capsule from water company to check for running toilet/leak and the blue has leaked in toilet.

Parts & Labor

Quantity/ Hours	Item Type/ Employee Name	Description	Unit Price	Total
.00	Huffman	Huffman	.00	.00
			Total	.00

Authorized by: _____
Signed by _____
Dated _____
Invoice No. _____

Full Description Was given blue capsule from water company to check for running toilet/leak and the blue has leaked in toilet.

Technician Notes: Had to replace fill valve and flapper in the toilet, working properly now

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 2-24-23 Service Account No.: 032067-000
 Customer Name: Eric Lee Home Phone: _____
 Service Address: 6209 Doreen Dr Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 12/21/2022

Description of Cause of Leak (faucet, toilet, underground, etc.):

Toilet Leaking

(Sewer only Cust.)

Explanation of how leak was repaired: Attach plumbing invoice or receipts for repair parts

Sworn Statement:

I _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY									
3 months		Amount of Bill:		\$840.09		Usage:		801	
		Average Bill:		\$58.38		Three Month Average Usage:		67	
Adjustment Approved:		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		Approved By:			
Amount of Adjustment to Sewer Bill:				\$312.00		Adjusted Bill Amount:		\$528.09	
Payment Plan		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Payment Period		3 Months <input type="checkbox"/>	
								6 Months <input type="checkbox"/>	
								Payment Amt: _____	

Cynthia Shepard

Customer Service Manager



Lajena Holt <lholt@cityofbryant.com>

[waterbilling] Bill adjustment

1 message

Eric Lee <ericjlee0278@gmail.com>

Fri, Feb 24, 2023 at 11:37 AM

To: Waterbilling@cityofbryant.com

Good morning, our water bill with Salem water association in Benton was adjusted in December for a toilet issue we had corrected. The lady in Benton told me they would forward this attached letter to Bryant water/sewer dept. She did not do so and I continue to receive large sewer bills for the past 3 month. I have attached the maintenance invoice verifying the issue has been fixed and I would like my sewer bill to be adjusted back dating until December.

My account info is:

Eric Lee
6209 Doreen Dr
Bryant, AR 72022
Acct number 032067-000

acct # 032067-000

Our next bill is due on March 1st, I plan to wait to hear an adjusted amount before paying. Please contact me with the correct amount and I will pay promptly.

Eric J Lee, MD

Work Confirmation Letter- E. Lee.pdf
128K

Intertech Maintenance Group

714 Calhoun Street
Little Rock, AR 72202

P. 501.246.0400 F.501.313.2797

www.intertechmaint.com



acct # 032067-000

Wednesday, December 21, 2022

To:

Eric Lee

6209 Doreen Dr

Alexander, AR 72002

Date of Repair:

Tuesday, December 20, 2022

Diagnosis Findings

During time of diagnosis (December 20th, 2022) our technician found the master Bathroom toilet and the Hall bathroom toilet flush valves were adjusted too high causing the toilets to run intermittently.

Work Performed

In the same visit, the technician adjusted both fill valves to the proper level. He tested both and they are working as they should.

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 2/2023 Service Account No.: 032090-000
 Customer Name: Deryn Marshall Home Phone: _____
 Service Address: 406 SE 1st St Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 1-27-23

Description of Cause of Leak (faucet, toilet, underground, etc.):

Leaking galvanized Water Service

Explanation of how leak was repaired: *Attach plumbing invoice or receipts for repair parts*

Sworn Statement:

I _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY										
3 months		Amount of Bill:		\$656.30			Usage:		365	
		Average Bill:		N/A			Three Month Average Usage:			
		Adjustment Approved:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Approved By:			
		Amount of Adjustment to Sewer Bill:		\$258.94			Adjusted Bill Amount:		\$397.36	
Payment Plan		Yes		No		Payment Period		<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months		Payment Amt.

Cory [Signature]

Customer Service Manager

Dewyn Marshall
Ashley Cummings,
032090-000

01/27/2023

Sims Plumbing LLC.

501-326-2290

Po.Box 1717 Benton Ar, 72018

simsplumbingar@gmail.com

Invoice due in 30 days

Szabad Properties

406 SE first st Bryant ar.

Replace leaking galvanized water service, new regulator and shutoff valve.

Total \$1200.00

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 1/2023 Service Account No.: 026669-000
 Customer Name: Angela Adams Home Phone: _____
 Service Address: 2309 Coraltree Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 1/16/23

Description of Cause of Leak (faucet, toilet, underground, etc.):

Busted water line in Bathroom wall

Explanation of how leak was repaired: *Attach plumbing invoice or receipts for repair parts*

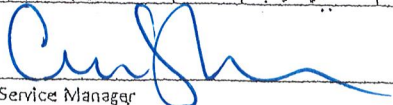
Sworn Statement:

I _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY							
<u>1 month</u>	Amount of Bill:	<u>\$985.44</u>		Usage:	<u>551</u>		
	Average Bill:	<u>\$98.98</u>		Three Month Average Usage:	<u>55</u>		
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Approved By:			
	Amount of Adjustment to Sewer Bill:	<u>\$421.10</u>		Adjusted Bill Amount:	<u>\$564.34</u>		
	Payment Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Payment Period	<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months	Payment Amt.		


 Customer Service Manager



Take off Draft

Allstate claim # 0697863314

026669-000

We appreciate your business.

Additional Recipients: claims@claims.allstate.com

Leak adjustment

Customer

Angela Adams
idgie1964@yahoo.com
406-253-5142
2309 Coral Tree Dr
Bryant, AR

Invoice Details

PDF created January 17, 2023
\$199.95

Payment

Due January 16, 2023
\$199.95

Items	Quantity	Price	Amount
Located & Repaired 1/2" Copper Water Line <i>Located busted water line in exterior bathroom wall on back of house. Cut out sheetrock on interior side of bathroom wall to gain access to busted pipe. Cut out busted section and replaced with new copper. No warranty to freezing & not responsible for wall repair of any kind.</i>	1	\$199.95	\$199.95
Subtotal			\$199.95
Total Due			\$199.95



Pay online

To pay your invoice go to <https://gosq.me/u/pm6dSgNm>

Or open the camera on your mobile device and place the QR code in the camera's view.

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 2-27-23 Service Account No.: 031370-000
 Customer Name: Nancy Morris Home Phone: _____
 Service Address: 41 Neal Cv. Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 2-19-23

Description of Cause of Leak (faucet, toilet, underground, etc.):

Toilet Leak

Explanation of how leak was repaired: *Attach plumbing invoice or receipts for repair parts*

Sworn Statement:

I, _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY							
<u>2 months</u>	Amount of Bill:	<u>\$945.68</u>			Usage:	<u>531</u>	
	Average Bill:	<u>\$35.84</u>			Three Month Average Usage:	<u>26</u>	
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:		
	Amount of Adjustment to Sewer Bill:	<u>\$416.86</u>			Adjusted Bill Amount:	<u>\$528.82</u>	
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Period	3 Months	<input type="checkbox"/>
						6 Months	<input type="checkbox"/>
					Payment Amt.		

Customer Service Manager

