

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

MONTHLY LEAK ADJUSTMENT REPORT

SUMMARY

Date: _____

August 2023

| | |
|--|--------------------------------------|
| Total Number of Request for Adjustment | Total Number of Adjustments Approved |
| Highest Bill Adjusted | Lowest Bill Adjusted |
| Total Gallons Adjusted | Total Cost of Adjustments |

DETAILS

| | | | | | | |
|-------------------------------------|------------------------|--------------------------|----|------------------------|----------------------------|-----|
| Customer Name | Shenni Ewing | | | Customer Address | 2609 Mills Park | |
| Date Leak Detected by AMI | | | | Date Customer Notified | | |
| Date Leak Started | | | | Date Leak Repaired | 7/23 | |
| 2 mths | Amount of Bill: | *1,391.81 | | | Usage: | 770 |
| | Average Bill: | *65. ⁰⁰ | | | Three Month Average Usage: | 52 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | | |
| Amount of Adjustment to Sewer Bill: | *576.74 | | | Adjusted Bill Amount: | *815.07 | |
| Customer Name | Larry Wilkerson | | | Customer Address | 308 Prickett Rd | |
| Date Leak Detected by AMI | | | | Date Customer Notified | | |
| Date Leak Started | | | | Date Leak Repaired | 7/23 | |
| 2 mths | Amount of Bill: | *373.96 | | | Usage: | 204 |
| | Average Bill: | *39.83 | | | Three Month Average Usage: | 20 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | | |
| Amount of Adjustment to Sewer Bill: | *141.15 | | | Adjusted Bill Amount: | *232.81 | |
| Customer Name | Jazmike Burgess | | | Customer Address | 3008 Birdie Ln | |
| Date Leak Detected by AMI | | | | Date Customer Notified | | |
| Date Leak Started | | | | Date Leak Repaired | 7/23 | |
| 1 month | Amount of Bill: | *374.01 | | | Usage: | 206 |
| | Average Bill: | *39.53 | | | Three Month Average Usage: | 20 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | | |
| Amount of Adjustment to Sewer Bill: | *161.07 | | | Adjusted Bill Amount: | *212.94 | |
| Customer Name | First Southern Baptist | | | Customer Address | 604 S. Reynolds | |
| Date Leak Detected by AMI | | | | Date Customer Notified | | |
| Date Leak Started | | | | Date Leak Repaired | 6/23 | |
| 2 mths | Amount of Bill: | *1,600.69 | | | Usage: | 750 |
| | Average Bill: | *126.65 | | | Three Month Average Usage: | 69 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | | |
| Amount of Adjustment to Sewer Bill: | *529.97 | | | Adjusted Bill Amount: | *1,070.72 | |
| Customer Name | Herman Reid | | | Customer Address | 2008 Pleasant Point | |
| Date Leak Detected by AMI | | | | Date Customer Notified | | |
| Date Leak Started | | | | Date Leak Repaired | 7/23 | |
| 3 mths | Amount of Bill: | *1,105.83 | | | Usage: | 609 |
| | Average Bill: | *130. ¹⁰ | | | Three Month Average Usage: | 70 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | | |
| Amount of Adjustment to Sewer Bill: | *345.52 | | | Adjusted Bill Amount: | *760.31 | |

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

MONTHLY LEAK ADJUSTMENT REPORT

SUMMARY

Date: August 2023

| | |
|--|--------------------------------------|
| Total Number of Request for Adjustment | Total Number of Adjustments Approved |
| Highest Bill Adjusted | Lowest Bill Adjusted |
| Total Gallons Adjusted | Total Cost of Adjustments |

DETAILS

| | | | |
|-------------------------------------|--|----------------------------|----------------|
| Customer Name | Richard Carney | Customer Address | 311 Mills Park |
| Date Leak Detected by AMI | | Date Customer Notified | |
| Date Leak Started | | Date Leak Repaired | 7/23 |
| 2 mts Amount of Bill: | *1,291.10 | Usage: | 714 |
| Average Bill: | *39.53 | Three Month Average Usage: | 20 |
| Adjustment Approved: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *583.67 | Adjusted Bill Amount: | *707.43 |
| Customer Name | John & Kim Jobe | Customer Address | 2404 Raintree |
| Date Leak Detected by AMI | | Date Customer Notified | |
| Date Leak Started | | Date Leak Repaired | 7/23 |
| 3 mts Amount of Bill: | *566.36 | Usage: | 309 |
| Average Bill: | *62.37 | Three Month Average Usage: | 33 |
| Adjustment Approved: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *181.86 | Adjusted Bill Amount: | *384.50 |
| Customer Name | | Customer Address | |
| Date Leak Detected by AMI | | Date Customer Notified | |
| Date Leak Started | | Date Leak Repaired | |
| Amount of Bill: | | Usage: | |
| Average Bill: | | Three Month Average Usage: | |
| Adjustment Approved: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved By: | |
| Amount of Adjustment to Sewer Bill: | | Adjusted Bill Amount: | |
| Customer Name | | Customer Address | |
| Date Leak Detected by AMI | | Date Customer Notified | |
| Date Leak Started | | Date Leak Repaired | |
| Amount of Bill: | | Usage: | |
| Average Bill: | | Three Month Average Usage: | |
| Adjustment Approved: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved By: | |
| Amount of Adjustment to Sewer Bill: | | Adjusted Bill Amount: | |

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 7/19/23 Service Account No.: 102-01132-03
 Customer Name: Sherri Ewing Home Phone: _____
 Service Address: 2609 Mills Park Rd Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: _____

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

Water Line 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 months</u> | Amount of Bill: | <u>\$1,391.81</u> | | | Usage: | <u>770</u> | |
| | Average Bill: | <u>*65.00</u> | | | Three Month Average Usage: | <u>52</u> | |
| | Adjustment Approved: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Approved By: _____ | | | |
| | Amount of Adjustment to Sewer Bill: | <u>*576.74</u> | | | Adjusted Bill Amount: | <u>\$815.07</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

102-01132-03

INVOICE #00122

CORY J. BATCHELOR

(J-11079)

21423 McPherson Rd

Mabelvale, AR 722103

501-631-1969

Bill To **Address of service** **Date**

Sherri Ewing
2609 Millspark Rd
Bryant AR 72022

same

06/20/23

| <u>Item</u> | <u>Quantity</u> | <u>Rate</u> | <u>Amount</u> |
|-------------|-----------------|-------------|-----------------|
| Labor | 4 hrs @ | 100.00 | \$400.00 |
| Supplies | 1 | 85.00 | <u>85.00</u> |
| | | | \$485.00 |
| | | Tax 8.63% | 41.86 |
| | | | <u>\$526.86</u> |

Inspected water main and pipe running into the house. Found the leak at the rear of the house under porch, Dug up busted /broken pipe, replaced it. Covered it.

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 11-19-23 Service Account No.: 101-04083-00
 Customer Name: Larry Wilkerson Home Phone: _____
 Service Address: 308 Prickett Rd Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: _____

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

Water leak under kitchen sink in floor.

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

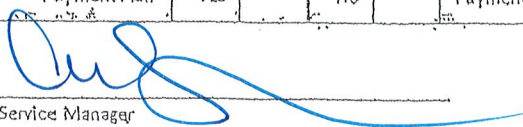
Sworn Statement:

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>373.96</u> | | | Usage: | <u>204</u> | |
| | Average Bill: | <u>39.83</u> | | | Three Month Average Usage: | <u>20</u> | |
| | Adjustment Approved: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | Approved By: | | |
| | Amount of Adjustment to Sewer Bill: | <u>\$141.15</u> | | | Adjusted Bill Amount: | <u>*232.81</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 

101-04083-00

07-19-2023

Larry Wilkerson
308 Prickett Road
Bryant, AR
501-213-5828
wilkersonworks@sbcglobal.net
Account # 101-04083-00

Bryant Water Department
Leak Adjustment Panel

Hello. I am writing to request a review for a leak adjustment on my most recent water bill (bill date 7/10/2023). I experienced a water leak below the floor under the kitchen sink that was discovered sometime prior to receiving my bill dated 6/11/2023. My home is a double wide trailer plumbed with the 1/2 poly tubing it appeared a varmint had chewed into the tubing causing the leak. My wood deck backs up to the kitchen area and the run-off flowed out underneath the deck causing the leak to go undiscovered.

Not my first leak and I had the parts on hand to repair the water line I fixed the leak myself without the need to purchase additional materials. I didn't make note of the date I repaired the line and I have no receipts for professional services or materials. I do remember getting the 6/11/23 bill a short time after the repair as I checked to see the water billing amount.

I have now received the 7/10/23 billing in the

amount of \$293.08 based on consumption of 161 which is quite a lot compared to my normal usage ranging between 16 and 34. I am the only resident in my home no pool, no lawn irrigation or any other water consuming features.

Below I have included my water usage for the last 8 months. Please review and make any adjustments you can.

| Billing Date | Cons |
|--------------|------|
| 12/11/22 | 32 |
| 01/10/23 | 22 |
| 02/10/23 | 17 |
| 03/15/23 | 16 |
| 04/10/23 | 19 |
| 05/10/23 | 33 |
| 06/11/23 | 43 |
| 07/10/23 | 161 |

Thank you,
Larry

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 7/15/23 Service Account No.: 001-06935-09
 Customer Name: Jasmine Burgess Home Phone: _____
 Service Address: 3008 Birdie Ln Work Phone: _____
 City: Bryant State, Zip: AR 72072
 Date Leak Detected: _____ Date Repaired: _____

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>\$374.01</u> | | | Usage: | <u>206</u> | |
| | Average Bill: | <u>\$39.53</u> | | | Three Month Average Usage: | <u>20</u> | |
| | Adjustment Approved: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | Approved By: | | |
| | Amount of Adjustment to Sewer Bill: | <u>\$161.07</u> | | | Adjusted Bill Amount: | <u>\$212.94</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

Fairways at Hurricane Creek, ALP
P O Box 13000
Fayetteville,AR 72703

Work Order No. 2159992
Date Call: 07/15/2023 11:57 AM

001-069 35 09

Status Work Completed

Date Completed: 07/15/2023 02:44 PM
Brief Desc: Water leak , which has made my wate

Job Site: 0148/3008
3008 Birdle Lane
Bryant,AR 72022

Caller Name: Jazmine Burgess

Caller Phone: (870) 209-8643x
Occupant: Burgess (t0260665)

Home (870) 209-8643x

Priority: 3-General
Ok to enter? YES
Category: Other
Animal in Apt? No

SubCategory: Other

Problem Description: Water leak , which has made my water bill 374.01

Parts & Labor

| Quantity/ Hours | Item Type/ Employee Name | Description | Unit Price | Total |
|--------------------|-----------------------------|-------------|--------------|------------|
| .02 | Tanner | Tanner | .00 | .00 |
| | | | Total | .00 |

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

Full Description Water leak , which has made my water bill 374.01

Technician Notes: Replaced fill valve and flapper in toilet

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 7.12.3/23 Service Account No.: 102-04424-00
 Customer Name: First Southern Baptist Home Phone: _____
 Service Address: 604 S. Reynolds Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 6/83

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.

| | | | | |
|-----------------|-------------------------------------|---|----------------------------|---|
| <u>2 months</u> | Amount of Bill: | <u>1,600.69</u> | Usage: | <u>750</u> |
| | Average Bill: | <u>126.65</u> | Three Month Average Usage: | <u>6.9</u> |
| | Adjustment Approved: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Approved By: | |
| | Amount of Adjustment to Sewer Bill: | <u>529.97</u> | Adjusted Bill Amount: | <u>1070.72</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 _____

501-847-3014

Kristin



Mid-Town Mechanical Services
PO Box 2162
Benton, AR 72018
(501) 765-5380
payables.midtown@gmail.com

Invoice 11809

6-29-23

102-04424-00

| | | | | |
|--|--|---------------------------|--|-------------------------------|
| BILL TO First Southern Baptist Church 604 South Reynolds Road Bryant, AR | SHIP TO First Southern Baptist Church 604 South Reynolds Road Bryant, AR | DATE 06/22/2023 | PLEASE PAY \$2,450.00 | DUE DATE 07/22/2023 |
|--|--|---------------------------|--|-------------------------------|

| DATE | ACTIVITY | AMOUNT |
|------------|---|----------|
| 06/05/2023 | Repairs Relocated drains for new urinals to meet new urinals with build in ptraps Two walls will require repairs before hanging in new location | 0.00 |
| 06/09/2023 | Repairs Set three urinals Urinal of sanctuary required moving mounts and other two had no backing Used wall anchors to secure one side Sanctuary urinal will require pain to cover unpainted surface that old urinal covered | 0.00 |
| 06/09/2023 | Total Material & Labor + Tax | 2,450.00 |

TOTAL DUE **\$2,450.00**

THANK YOU.

You can pay by mailing a check to the address listed above.
(Please include invoice number with your payment.)

Thank you for your business!

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 07/25/23 Service Account No.: 101-04900-02
 Customer Name: Herman Reid Home Phone: _____
 Service Address: 2008 Pleasant Pointe Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 7/25/23

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.

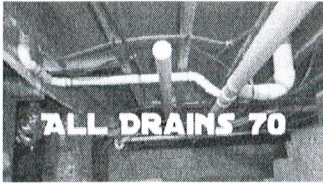
Signature _____

- 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>3 months</u> | Amount of Bill: | <u>*1105.83</u> | | | Usage: | <u>609</u> | |
| | Average Bill: | <u>130.00</u> | | | Three Month Average Usage: | <u>70</u> | |
| | Adjustment Approved: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | Approved By: | | |
| | Amount of Adjustment to Sewer Bill: | <u>\$345.52</u> | | | Adjusted Bill Amount: | <u>\$760.31</u> | |
| | Payment Plan | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Payment Period | <input type="checkbox"/> 3 Months | <input checked="" type="checkbox"/> 6 Months | Payment Amt: |

[Signature]
 Customer Service Manager

Acct # 101-04900-02



870-659-0417

Invoice #2558078

Jul 25, 2023

PAID

BILL TO

Herman Reid
Cathyreed45@yahoo.com

FROM

Greg Connor's Company
3207 Meadowlake Dr.
Bryant, Ar 72022
alldrains70@gmail.com
+1 5019099172

INVOICE ITEMS

AMOUNT

| | |
|---|---------|
| Service address: 2008 Pleasant Pointe Cir Bryant, AR 72022 | \$0.00 |
| Services: replaced partially disingrated Mansfield Oring in tank that allowed water to leak by. | \$0.00 |
| Warranty deductible | \$85.00 |

| | |
|------------------------|---------------|
| Total | \$85.00 |
| Payment | -\$85.00 |
| Invoice balance | \$0.00 |

MESSAGE

Thank you for your business.

Received on 7-25-23

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 7/23 Service Account No.: 102-00499-02
 Customer Name: Richard Carney Home Phone: _____
 Service Address: 311 Mills Park Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 7/23

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

outside Bibs Leaking

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

Sworn Statement:

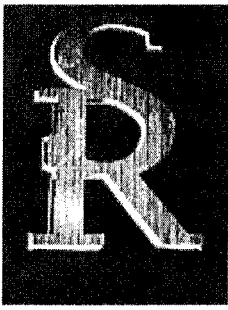
I, _____, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

Signature _____

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| FOR OFFICE USE ONLY | | | | | | | |
|---------------------|-------------------------------------|---|-----------------------------|----------------|-----------------------------------|-----------------------------------|--------------|
| <u>2 months</u> | Amount of Bill: | <u>\$1,291.10</u> | | | Usage: | <u>714</u> | |
| | Average Bill: | <u>\$39.53</u> | | | Three Month Average Usage: | <u>20</u> | |
| | Adjustment Approved: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Approved By: | | | |
| | Amount of Adjustment to Sewer Bill: | <u>\$583.67</u> | | | Adjusted Bill Amount: | <u>\$707.43</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



Reynolds Plumbing

14223 Cherylwood Rd
Alexander, AR
72002
5019144106
Shannon.reynolds@outlook.com

102-00499-02
501-615-4204

INVOICE
INV07042022003

DATE
07/04/2023

DUE
On Receipt

BALANCE DUE
USD \$0.00

BILL TO

Richard Carney

Richard Carney
311 Mills Park Rd
Bryant, AR
72202
☎ 5016154204
Richardcarney38@gmail.com

| DESCRIPTION | RATE | QTY | AMOUNT |
|--|--------------------|-----|-------------------|
| Replaced leaking frost proof hose bibs on front and rear of house that had frozen and split in the tube shaft of hose bib body. Leaks only occurred when hose bibs were on due to the location of split in conjunction to rubber washer shut off seal. If hose bib was on, but the hose itself was closed with a spray nozel the split would constantly leak unde the house. | \$425.00 | 1 | \$425.00 |
| Repaired 3' section of crushed sewer pipe section in front yard. Orangeberg pipe was originally used when house was built and became crushed at some point in the past. Replaced with 4" such 40 pvc. | | | |
| | TOTAL | | \$425.00 |
| | PAID | | -\$425.00 |
| | BALANCE DUE | | USD \$0.00 |

Customer paid through payment app.

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 7/23 Service Account No.: 101-00725-00
 Customer Name: John & Kim Jobe Home Phone: _____
 Service Address: 2404 Raintree Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 7.23

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

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).
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| FOR OFFICE USE ONLY | | | | | | | |
|---------------------|-------------------------------------|---|-----------------------------|----------------|-----------------------------------|-----------------------------------|--------------|
| <u>3 months</u> | Amount of Bill: | <u>\$566.36</u> | | | Usage: | <u>309</u> | |
| | Average Bill: | <u>\$62.37</u> | | | Three Month Average Usage: | <u>33</u> | |
| | Adjustment Approved: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | Approved By: | | |
| | Amount of Adjustment to Sewer Bill: | <u>\$181.86</u> | | | Adjusted Bill Amount: | <u>\$384.50</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 _____

Ms. Gobe 501-231-1581

101-00725-00

SERVICE WORK ORDER

SERVICE INVOICE

DENNY DYER PLUMBING CO.

No. 2424

All Phases of Home Remodels and Plumbing Repairs

PHONE 778-6453 Day or Night

1022 RIVER ROAD • BENTON, AR 72015

Date of Order 7-20-23

| | | | | |
|-----------------------|---------|----------|--------|-----------------------------------|
| Customer's Order No. | Phone | Mechanic | Helper | Date |
| Bill To | Address | | | Order Taken By |
| City | | | | <input type="checkbox"/> Day Work |
| Job Name and Location | | | | <input type="checkbox"/> Contract |
| | | | | <input type="checkbox"/> Extra |

Work Ordered By _____ Job Phone 501-231-1581

DESCRIPTION OF WORK

Fix water leak in yard

Full 2.00

Call @ Home 460.00

460.00

| | | | |
|--------------------------------------|-----------------|---------------|--|
| | TOTAL MATERIALS | | |
| | TOTAL LABOR | | |
| | TAX | | |
| <input type="checkbox"/> No One Home | Date Completed | TOTAL AMOUNTS | |

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