

CITY OF BRYANT WATER AND WASTEWATER UTILITIES MONTHLY LEAK ADJUSTMENT REPORT

SUMMARY

Date: November 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 | Tawuana Williams | Customer Address | 3503 Longmeadow |
| Date Leak Detected by AMI | | Date Customer Notified | |
| Date Leak Started | | Date Leak Repaired | 11/23 |
| Amount of Bill: | *1,415.21 | Usage: | 785 |
| Average Bill: | *70.11 | Three Month Average Usage: | 37 |
| Adjustment Approved: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *647.76 | Adjusted Bill Amount: | *767.45 |
| Customer Name | Christopher Rowland | Customer Address | 508 Grant |
| Date Leak Detected by AMI | | Date Customer Notified | |
| Date Leak Started | | Date Leak Repaired | 11/23 |
| Amount of Bill: | *489.09 | Usage: | 270 |
| Average Bill: | *154 | Three Month Average Usage: | 83 |
| Adjustment Approved: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *161.94 | Adjusted Bill Amount: | *327.15 |
| Customer Name | Kevin Hill | Customer Address | 1704 Whirlwind |
| Date Leak Detected by AMI | | Date Customer Notified | |
| Date Leak Started | | Date Leak Repaired | 11/23 |
| Amount of Bill: | *290.10 | Usage: | 151 |
| 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: | *113.45 | Adjusted Bill Amount: | *176.65 |
| Customer Name | Laura Shook | Customer Address | Ce Parkview |
| Date Leak Detected by AMI | | Date Customer Notified | |
| Date Leak Started | | Date Leak Repaired | 11/23 |
| Amount of Bill: | *1,434.41 | Usage: | 1932 |
| Average Bill: | *125 | Three Month Average Usage: | 153 |
| Adjustment Approved: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *596.85 | Adjusted Bill Amount: | *837.56 |
| Customer Name | Thomas Gibson | Customer Address | 503 Providence |
| Date Leak Detected by AMI | | Date Customer Notified | |
| Date Leak Started | | Date Leak Repaired | 11/23 |
| Amount of Bill: | *1,289.17 | Usage: | 1736 |
| Average Bill: | *173 | Three Month Average Usage: | 221 |
| Adjustment Approved: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *360.00 | Adjusted Bill Amount: | *929.17 |

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

MONTHLY LEAK ADJUSTMENT REPORT

SUMMARY

Date: November 2023

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| 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 | J Kay Holt | | | Customer Address | 2309 Leslie Dr. | | |
| Date Leak Detected by AMI | | | | Date Customer Notified | | | |
| Date Leak Started | | | | Date Leak Repaired | 10/23 | | |
| Amount of Bill: | \$873.39 | | | Usage: | 1178 | | |
| Average Bill: | \$66.82 | | | Three Month Average Usage: | 84 | | |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | | | |
| Amount of Adjustment to Sewer Bill: | \$367.03 | | | Adjusted Bill Amount: | \$506.36 | | |
| Customer Name | Sherman Anderson | | | Customer Address | 22660 I-30 Lot 25 | | |
| Date Leak Detected by AMI | | | | Date Customer Notified | | | |
| Date Leak Started | | | | Date Leak Repaired | 10/23 | | |
| Amount of Bill: | \$300.90 | | | Usage: | 157 | | |
| Average Bill: | \$39.53 | | | Three Month Average Usage: | 20 | | |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | | | |
| Amount of Adjustment to Sewer Bill: | \$118.64 | | | Adjusted Bill Amount: | \$182.26 | | |
| Customer Name | Rebecca Phillips | | | Customer Address | 3426 Dearborn Cr | | |
| Date Leak Detected by AMI | | | | Date Customer Notified | | | |
| Date Leak Started | | | | Date Leak Repaired | 11/23 | | |
| Amount of Bill: | \$1,459.48 | | | Usage: | 1966 | | |
| Average Bill: | \$24.77 | | | Three Month Average Usage: | 20 | | |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | | | |
| Amount of Adjustment to Sewer Bill: | \$619.33 | | | Adjusted Bill Amount: | \$840.15 | | |
| Customer Name | Alexandra Wilson | | | Customer Address | 8003 N. Haven Pt. | | |
| Date Leak Detected by AMI | | | | Date Customer Notified | | | |
| Date Leak Started | | | | Date Leak Repaired | 10/22/23 | | |
| Amount of Bill: | \$570.43 | | | Usage: | 506 | | |
| Average Bill: | \$39.78 | | | Three Month Average Usage: | 20 | | |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | | | |
| Amount of Adjustment to Sewer Bill: | \$257.82 | | | Adjusted Bill Amount: | \$312.61 | | |
| Customer Name | Friends of Christ | | | Customer Address | 4305 HWY 5 N. | | |
| Date Leak Detected by AMI | | | | Date Customer Notified | | | |
| Date Leak Started | | | | Date Leak Repaired | 7/23 | | |
| Amount of Bill: | \$1204.21 | | | Usage: | 666 | | |
| Average Bill: | \$75.51 | | | Three Month Average Usage: | 30 | | |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | | | |
| Amount of Adjustment to Sewer Bill: | \$550.78 | | | Adjusted Bill Amount: | \$653.43 | | |

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 11/23 Service Account No.: 001-02973-02
 Customer Name: Tawana Williams Home Phone: _____
 Service Address: 3503 Longmeadow Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 11/23

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

Pressure Regulator 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.

| | | | |
|-------------------------------------|---|----------------------------|---|
| Amount of Bill: | <u>1415.21</u> | Usage: | <u>785</u> |
| Average Bill: | <u>570.11</u> | Three Month Average Usage: | <u>37</u> |
| Adjustment Approved: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Approved By: | |
| Amount of Adjustment to Sewer Bill: | <u>647.76</u> | Adjusted Bill Amount: | <u>767.45</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 _____

INVOICE

001-02973-02

All Drains 70 Plumbing LLC
3207 Meadowlake Dr
Bryant, AR 72022-8122

alldrains70@gmail.com
501-909-9172



501-414-7034

Tawuana Williams

Bill to

Tawuana Williams
3503 Longmeadow Dr Bryant AR 72022

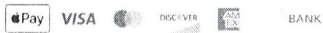
Invoice details

Invoice no.: 2558246
Invoice date: 11/01/2023
Due date: 11/01/2023

| # | Date | Product or service | SKU | Qty | Rate | Amount |
|----|------|--|-----|-----|----------|----------|
| 1. | | Service Replaced failed pressure regulator in the yard. | | 0 | \$550.00 | \$550.00 |

Total **\$550.00**

Ways to pay



Paid in Full

Note to customer

Thank you for your business.

CITY OF BRYANT WATER AND WASTEWATER UTILITIES LEAK ADJUSTMENT REQUEST

Date of Request: 11/23 Service Account No.: 101-06405-00
 Customer Name: Christopher Rowland Home Phone: _____
 Service Address: 508 Grant Dr Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 11/23

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 | | | | | | | | | |
|-------------------------------------|---|-----------------------------|-----------------------------|-----------------------------------|-----------------------------------|--------------|--|--|--|
| Amount of Bill: | *489.09 | | | | Usage: | 270 | | | |
| Average Bill: | *154 | | | | Three Month Average Usage: | 83 | | | |
| Adjustment Approved: | Yes <input checked="" type="checkbox"/> | | No <input type="checkbox"/> | | Approved By: | | | | |
| Amount of Adjustment to Sewer Bill: | *161.94 | | | | Adjusted Bill Amount: | 5329.15 | | | |
| Payment Plan | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Payment Period | 3 Months <input type="checkbox"/> | 6 Months <input type="checkbox"/> | Payment Amt. | | | |

Customer Service Manager _____



Samantha Hawkins <shawkins@cityofbryant.com>

FW: Bill inquiry - 508 Grant Dr

Mark Rowland <mark@xelectricsupply.com>
To: "shawkins@cityofbryant.com" <shawkins@cityofbryant.com>

Samantha,

101-06405-00
501-258-2533
501-955-3500

Mon, N

The only thing that was wrong apparently was a flapper on one toilet...it took 2 plumbers to fix that. Ray Lusk didn't fix it correctly, & Sims complete it. Ray Lusk also did fix the other toilet that was having flushing issues...no leak, just wasn't flushing properly. I had no idea a imprc flapper could cost so much money. I assure you it won't happen again, but if any adjustments can be made, it sure would be helpful. Thanks

You paid \$199.21 to RAY LUSK PLUMBING LITTLE ROCK AR

Details

Payment from

PayPal Cashback World Mastercard

Transaction type

Purchase

Amount

\$199.21

Need help with this transaction?



Give us a call

Operation hours: 24/7

(855) 938-3684

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 1.1.23 Service Account No.: 001-01007-07
 Customer Name: Kevin Hill Home Phone: _____
 Service Address: 1704 Whirlwind Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Data Repaired: 1.1.23

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

Water Regulator 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 | | | | | | | | | |
|-------------------------------------|---|----|----------------|----------|----------------------------|---------------|-------|--|--|
| Amount of Bill: | <u>290.10</u> | | | | Usage: | <u>1.51</u> | | | |
| Average Bill: | <u>39.53</u> | | | | Three Month Average Usage: | <u>2.0</u> | | | |
| Adjustment Approved: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | Approved By: | _____ | | | |
| Amount of Adjustment to Sewer Bill: | <u>113.45</u> | | | | Adjusted Bill Amount: | <u>176.65</u> | | | |
| Payment Plan | Yes | No | Payment Period | 3 Months | 6 Months | Payment Amt. | _____ | | |

Customer Service Manager [Signature]

001-01007-07

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

Work Order No. 2293332
Date Call: 10/16/2023 02:30 PM

Next Month

Status Work Completed

Date Completed: 10/16/2023 06:09 PM
Brief Desc: Earlier this month we had the tree

Job Site: 0114/1704
1704 Whirlwind Street
Bryant,AR 72022

Caller Name: Kevin Hill

Caller Phone: (501) 520-9414x
Occupant: Hill (t0216790)

Home (501) 520-9414x

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

SubCategory: Other

Problem Description: Earlier this month we had the tree outside of our apartment building removed from what I'm guessing is the roots growing into water pipes. Once removed we were told that our apartment had a leak and someone from maintenance checked around and couldn't find anything. He told us to look at our water bill this month. My water bill is currently way above where it should be and you can see water leaking from the ground where the tree was removed.

Parts & Labor

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

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

Full Description Earlier this month we had the tree outside of our apartment building removed from what I'm guessing is the roots growing into water pipes. Once removed we were told that our apartment had a leak and someone from maintenance checked around and couldn't find anything. He told us to look at our water bill this month. My water bill is currently way above where it should be and you can see water leaking from the ground where the tree was removed.

Technician Notes: replaced water regulator

CITY OF BRYANT WATER AND WASTEWATER UTILITIES LEAK ADJUSTMENT REQUEST

Date of Request: 11/23 Service Account No.: 101-09607-00
 Customer Name: Laura Shook Home Phone: _____
 Service Address: 6 Parkview Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 11/23

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

Leak in sprinkler line

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 | | | | | | | | | |
| Amount of Bill: | <u>\$1,434.41</u> | | | | Usage: | <u>1932</u> | | | |
| Average Bill: | <u>125</u> | | | | Three Month Average Usage: | <u>153</u> | | | |
| Adjustment Approved: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Approved By: | | | | | | |
| Amount of Adjustment to Sewer Bill: | <u>\$596.85</u> | | | | Adjusted Bill Amount: | <u>\$837.56</u> | | | |
| Payment Plan | <input checked="" 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



101-09607-00

Lesa Warner <lwarner@cityofbryant.com>

[waterbilling] Shook

1 message

Laura Shook <lshook@frostpllc.com>

Tue, Nov 14, 2023 at 10:26 AM

To: "waterbilling@cityofbryant.com" <waterbilling@cityofbryant.com>

To whom it may concern,

I have attached my October and November water bills for my sprinkler meter. We apparently had a leak in our sprinkler line that we have since had repaired. I have attached the invoice for the repair. Please review and see if we can qualify to have our current water bill reduced as a result of our repair of the leak.

My account number is 101-09607-00 and address is 6 Parkview Drive, Bryant, AR 72022.

Should you need to contact me, my information is below.

Thanks,

Laura Shook, CPA | Tax Staff II

Little Rock | www.frostpllc.com

O. 501.975.0294 | W. 501.376-9241 | C. 501.352.9233



An Independent Member of the BDO Alliance USA

3 attachments

Shook 29663.pdf
63K

101-09607-00-231112.pdf
221K



Invoice

Date: November 3, 2013
Invoice #: 29663
Customer ID: ID

To: Laura Shook
6 Parkview Dr
Bryant, AR 72022
501-352-9233

| Salesperson | Job | Payment Terms | Due Date |
|-------------|-----|------------------|----------|
| Wes Shook | | Due upon receipt | |

| Qty | Description | Unit Price | Line Total |
|-----|---------------------------------------|------------|------------|
| | Repaired leak in main sprinkler line. | | \$ 545.00 |

Subtotal \$ 545.00
Sales Tax
Total \$ 545.00

Make all checks payable to Sprinklerman Irrigation

Thank you for your business!

P.O. Box 1067, Bryant, AR 72089 501-416-5879

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 11/23 Service Account No.: 001-03709-00
 Customer Name: Thomas Gibson Home Phone: _____
 Service Address: 503 Providence Dr. Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 11/23

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

Leak in Sprinkler Meter

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.

| | | | |
|-------------------------------------|---|----------------------------|---|
| Amount of Bill: | <u>\$1289.17</u> | Usage: | <u>1736</u> |
| Average Bill: | <u>\$173.00</u> | Three Month Average Usage: | <u>221</u> |
| Adjustment Approved: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Approved By: | _____ |
| Amount of Adjustment to Sewer Bill: | <u>\$360.00</u> | Adjusted Bill Amount: | <u>\$929.17</u> |
| Payment Plan | Yes <input type="checkbox"/> No <input type="checkbox"/> | Payment Period | 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> |
| Customer Service Manager | | Paymer Amt: | _____ |

Customer Service Manager

693314

Statement

DATE 11-21-2023

TO Tommy
503 Providence Dr
Bryant AR

TERMS

Repair
Leak

IN ACCOUNT WITH

Robert Jackson
22614 Crystalwood Drive
Little Rock, AR 72210
RJJackson501@yahoo.com
(501)580-2958

| | | |
|---|---|-------|
| - | Service Call | \$125 |
| - | Locate & Repair Leak in Sprinkler System Zone 5 | \$125 |
| - | Test System | - |

CURRENT OVER 30 DAYS OVER 60 DAYS TOTAL AMOUNT \$250

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 11/23 Service Account No.: 102-03871-00
 Customer Name: J Kay Holt Home Phone: _____
 Service Address: 2309 Leslie Dr Work Phone: _____
 City: Alexander State, Zip: AR 72002
 Date Leak Detected: _____ Date Repaired: 10/23

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

3/4 Pvc Water Line Leaking & Hydrant 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.

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|-------------------------------------|------------------------------|------------------------------|----------------|-----------------------------------|-----------------------------------|----------------------------|--|----------|--|
| Amount of Bill: | | * 873.39 | | | | Usage: | | 1178 | |
| Average Bill: | | * 666.82 | | | | Three Month Average Usage: | | 84 | |
| Adjustment Approved: | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | Approved By: | | | |
| Amount of Adjustment to Sewer Bill: | | * 367.03 | | | | Adjusted Bill Amount: | | * 506.36 | |
| 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 _____

044000

Brandon E. Mercer Cell: (501) 563-7257

ORDER NO: (501) 516-1602 DEPARTMENT: Plumbing DATE: 10/23/2023

NAME: Robert Holt

ADDRESS: 5309 Leslie Lane

102-03871-00

CITY STATE ZIP: Alexander AR, 72002

11-20-23

| | | | | | | |
|---------|------|--------|--------|---------|-----------|----------|
| SOLD BY | CASH | C.O.D. | CHARGE | ON ACCT | MOSE RETD | PAID OUT |
|---------|------|--------|--------|---------|-----------|----------|

| QUANTITY | DESCRIPTION | PRICE | AMOUNT |
|----------|-------------------------|----------|--------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | I had to repair a 3/4" | | |
| 6 | PVC water line that was | | |
| 7 | split, causing water to | | |
| 8 | leak down the street. | | |
| 9 | I also had to replace a | | |
| 10 | water hydrant that was | | |
| 11 | broken as well. | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | Labor : | \$170.00 | |
| 16 | Material : | \$90.00 | |
| 17 | Total : | \$260.00 | |
| 18 | | | |

RECEIVED BY

Total: \$260.00

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 11/23 Service Account No.: 001-03149-12
 Customer Name: Sherman Anderson Home Phone: _____
 Service Address: 22660 I-30 Lot 25 Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 10/23

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

Broken Water Line

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.

| | | | |
|-------------------------------------|---|----------------------------|---|
| Amount of Bill: | <u>\$300.90</u> | Usage: | <u>157</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>\$118.64</u> | Adjusted Bill Amount: | <u>\$182.26</u> |
| Payment Plan: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Payment Period: | <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months |
| | | Payment Amt.: | |

Customer Service Manager _____

To: Countrywood Village Mobile Home Park

FROM: Rick Johnson

Date: October 28, 2023

This is an invoice for repairs to a broken water line that leads to the water meter for lot 25. This is for labor only and per agreement it will be in trade for November's lot rent of \$200 for Lot 29.

This was approved by Georgia Best and Felice Romero for the work to be performed in trade for lot rent.

Respectfully submitted

Rick Johnson
Lot 29

Sherman Anderson

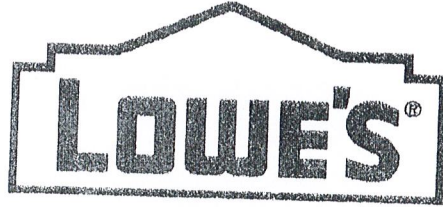
Acct #

001-03149-12

22660 I-30

Lot 25

501-672-140.4



LOWE'S HOME CENTERS, LLC
2330 NORTH REYNOLDS ROAD
BRYANT, AR 72022 (501) 213-2000

- SALE -

SALES#: FSTLAN02 4835446 TRANS#: 852698832 10-29-23

| | |
|---------------------------------|------|
| 23056 3/4-IN SCH40 ADAPTER 4360 | 0.72 |
| 23972 3/4-IN X 5-FT SCH40 PUC P | 5.35 |
| 23868 3/4-IN SCH40 ELBOW 406007 | 0.79 |

| | |
|----------------------|-------|
| SUBTOTAL: | 6.86 |
| TOTAL TAX: | 0.68 |
| INVOICE 78189 TOTAL: | 7.54 |
| CASH: | 20.00 |
| CHANGE: | 12.46 |

STORE: 2471 TERMINAL: 38 10/29/23 08:15:04
OF ITEMS PURCHASED: 3
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
FOR DETAILS ON OUR RETURN POLICY, VISIT
LOWES.COM/RETURNS
A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE
AT OUR CUSTOMER SERVICE DESK

LOWEST PRICE GUARANTEE
FOR MORE DETAILS, VISIT LOWES.COM/LOWESTPRICEGUARANTEE

* SHARE YOUR FEEDBACK! *
* ENTER FOR A CHANCE TO BE *
* ONE OF FIVE \$500 WINNERS DRAWN MONTHLY! *
* ENTRE EN EL SORTEO MENSUAL *
* PARA SER UNO DE LOS CINCO GANADORES DE \$500! *
* *
* ENTER BY COMPLETING A SHORT SURVEY *
* WITHIN ONE WEEK AT: www.lowes.com/survey *
* YOUR ID #781898 247143 029889 *
* *
* NO PURCHASE NECESSARY TO ENTER OR WIN. *
* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *
* OFFICIAL RULES & WINNERS AT: www.lowes.com/survey *

STORE: 2471 TERMINAL: 38 10/29/23 08:15:04

CITY OF BRYANT WATER AND WASTEWATER UTILITIES LEAK ADJUSTMENT REQUEST

Date of Request: 11/23 Service Account No.: 001-04773-03
 Customer Name: Rebecca Phillips Home Phone: _____
 Service Address: 3426 Dearborn Cir Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 11/23

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

Irrigation 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.

| | | | |
|-------------------------------------|---|----------------------------|---|
| Amount of Bill: | <u>\$7,459.48</u> | Usage: | <u>1966</u> |
| Average Bill: | <u>\$24.77</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>\$619.33</u> | Adjusted Bill Amount: | <u>\$6840.15</u> |
| Payment Plan | Yes <input type="checkbox"/> No <input type="checkbox"/> | Payment Period | 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> |
| Customer Service Manager | | Payment Amt. | |

Customer Service Manager



Angela Shepard <ashepard@cityofbryant.com>

[waterbilling] 3426 DEARBORN CIR - Repair confirmation and adjustment request

'Becky Phillips' via Water Billing <waterbilling@cityofbryant.com>

Mon, Nov 20, 2023 at 8:29 PM

Reply-To: Becky Phillips <becky.phillips4@yahoo.com>

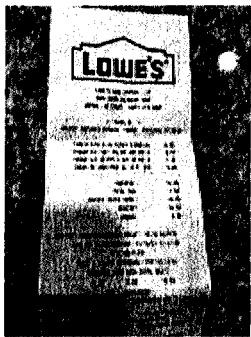
To: waterbilling@cityofbryant.com

After investigating the irrigation meter charge, we found a small leak in the irrigation line. We were able to fix the problem ourselves with online instruction and a little help from the associate at Lowes. We were able to cut out the damaged section of the pipe and repair with a 6" riser, clamp, and heat to secure the connection. We also replaced an adjacent broken sprinkler head. This should definitely take care of the leak.

Attached is the receipt for the products used.

Thank you

Becky Phillips



IMG_5601.jpeg
46K

001-04773-03

436-795-3334



LOWE'S HOME CENTERS, LLC
2700 NORTH WYOMING ROAD
BRYANT, AR 72022 (501) 215-2000

- SALE -

SALESM. FILLMORE STORES. ORDER# 18012445 11-18-23

| | |
|---------------------------------|------|
| 19455 2PK 4-IN GUTHT WOODS | 6.50 |
| 24820 1PK FMT 2X6 ONE JAW TOP 4 | 8.97 |
| 19506 1/2 IN IPT 4 3/4 IN FMT 3 | 1.47 |
| 20241 80 1804 PROF N/ 15-FT VIB | 5.45 |

SUBTOTAL: 22.39

TOTAL TAX: 1.15

INVOICE NET TOTAL: 23.54

DEBIT#: 18.52

CASH#: 5.02

DEBIT#: ***** AMOUNT: 18.52 METHOD:

CASH REFID: 247141214301 11/18/23 17:27:05

*IN VERIFIED

TRACE : 214301 RETRIEVAL: 247141214301

PURCHASE CASH BACK TOTAL DEBIT

| | | |
|-------|------|-------|
| 18.52 | 5.00 | 18.52 |
|-------|------|-------|

EXP : 050048000

PRE : 4000 400 : 400000000000

SPEND: 2471 11/18/23 17:27:05
IN CASH 23.54 PURCHASE DEBIT
EXCLUDES FEES, RESTRICTIONS AND SPECIAL ORDER ITEMS

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 11/23 Service Account No.: 003-08607-00
 Customer Name: Alexandra Wilson Home Phone: _____
 Service Address: 8003 N. Haven Dr Work Phone: _____
 City: Alexander State, Zip: AR 72002
 Date Leak Detected: _____ Date Repaired: 10/22/23

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

Shut off valve was bad caused leak

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

On October 26th I gave Ms. Wilson a leak adj. of \$63.13 for her Bill 10/10/23. Ms Wilson received next bill 11/10 of \$570.43 way more. Can we reverse the \$63.13 and adjust her highest Bill?

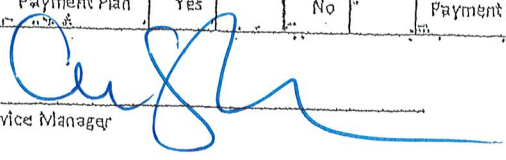
Sworn Statement:

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.

| | | | |
|-------------------------------------|---|----------------------------|---|
| Amount of Bill: | <u>\$570.43</u> | Usage: | <u>506</u> |
| Average Bill: | <u>\$39.78</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>\$257.82</u> | Adjusted Bill Amount: | <u>\$312.61</u> |
| Payment Plan | Yes <input type="checkbox"/> No <input type="checkbox"/> | Payment Period | 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> |
| Customer Service Manager | | Payment Amt: | |



Acct # 003-08607-00
501-909-9054

988659

| CUSTOMER'S ORDER NO. | | DEPARTMENT | | DATE | | |
|----------------------|--------------------|---------------------|-------------------|---------------------|-------------|----------|
| NAME | | ADDRESS | | CITY, STATE, ZIP | | |
| ALEXANDRA WILSON | | 8003 NORTH HAVEN DR | | ALEXANDER ALA 36002 | | |
| SOLD BY | CASH | C.O.D. | CHARGE | ON ACCT | MOSE. RETD. | PAID OUT |
| | | | | | | |
| QUANTITY | DESCRIPTION | PRICE | AMOUNT | | | |
| 1 | labor & parts | | 390 ⁰⁰ | | | |
| 2 | | | | | | |
| 3 | shot off valve was | | | | | |
| 4 | bad and there was | | | | | |
| 5 | a leak | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | Lynn Marshall | | 390 ⁰⁰ | | | |
| 16 | Master plumber | | | | | |
| 17 | 501 563 8902 | | | | | |
| 18 | | | | | | |
| RECEIVED BY | | | | | | |

A-5805
T-16320/48310

KEEP THIS SLIP FOR REFERENCE

01-11

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 11/23 Service Account No.: 101-01813-00
 Customer Name: Friends of Christ Home Phone: _____
 Service Address: 4305 Hwy 5 N. Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 11/23

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.

| | | | | | | | | | | | |
|--|--|-----|--|----|--|----------------|--|----------|--|---------------------------------------|--|
| Amount of Bill: *1,204.21 | | | | | | | | | | Usage: <u>6666</u> | |
| Average Bill: <u>75.51</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>550.78</u> | | | | | | | | | | Adjusted Bill Amount: * <u>653.43</u> | |
| Payment Plan | | Yes | | No | | Payment Period | | 3 Months | | 6 Months | |
| Customer Service Manager: <u>[Signature]</u> | | | | | | | | | | Paymer Amt: _____ | |

Customer Service Manager

La Rue Plumbing, Inc
Po Box 1587
Benton, AR 72018
501-315-6300

ANDY
- 501-529-1582
ACCT#
101-01813.00

Invoice # 16225

Invoice Date: 7/6/2023
Thursday

Bill-To: 100441
Location: 100441

Friends In Christ Lutheran Church
Jeff Hamn
4305 Highway 5 N
Bryant, AR 72022-9027

Friends In Christ Lutheran Church
Jeff Hamn
4305 Highway 5 N
Bryant, AR 72022-9027

| Service Description | Quantity | Price |
|--|----------|----------|
| Labor and material to repair toilets and urinals mens restroom, | 1.00 | \$0.00 |
| New flush valve assembly on urinal, repair other with kit, repair 2 toilets , repair sink faucet | 1.00 | \$0.00 |
| Total for Services: | 1.00 | \$686.00 |

| | |
|-----------------|----------|
| SUBTOTAL | \$686.00 |
| TAX | \$0.00 |
| AMT PAID | \$0.00 |
| TOTAL | \$686.00 |

AMOUNT DUE \$686.00

WAITING ON AN
EXPLANATION OF CHGS.
7/22/23
Jeffery W. Hamn

Called - Left msg 10:29 AM

Payment Receipt. Please Return with Payment Remittance.

Bill-To: Friends In Christ Lutheran Church
Jeff Hamn
4305 Highway 5 N
Bryant, AR 72022-9027

Account #: 100441 Date: 5/10/2023

PO Number: Invoice #: 16225

Amount Paid: _____

Check No. _____

Remit To:

La Rue Plumbing, Inc
Po Box 1587
Benton, AR 72018
501-315-6300

DUE UPON RECEIPT

For your convenience we do accept Visa/MC , subject to a 4% fee. Invoices are considered past due if not paid within 30 days and are subject to re-billing fees as well as all other costs to collect. We very much appreciate your business and understand emergencies do arise, but in an effort to not raise service costs to all, these fees are a necessary cost of doing business.