

CITY OF BRYANT WATER AND WASTEWATER UTILITIES MONTHLY LEAK ADJUSTMENT REPORT

SUMMARY

Date: October 2024

| | | | |
|--|--|--------------------------------------|--|
| 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 | Stephanie Hassinger | | | Customer Address | 1075E 4th St #9 |
| Date Leak Detected by AMI | | | | Date Customer Notified | |
| Date Leak Started | | | | Date Leak Repaired | 9/24 |
| Amount of Bill: | *360.29 | | | Usage: | 186 |
| Average Bill: | *108.95 | | | Three Month Average Usage: | 49 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *121.03 | | | Adjusted Bill Amount: | *239.26 |
| Customer Name | Michael Martin | | | Customer Address | 2608 Richland Ave |
| Date Leak Detected by AMI | | | | Date Customer Notified | |
| Date Leak Started | | | | Date Leak Repaired | 10/24 |
| Amount of Bill: | *292.41 | | | Usage: | 149 |
| Average Bill: | *81.42 | | | Three Month Average Usage: | 34 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *101.60 | | | Adjusted Bill Amount: | *190.81 |
| Customer Name | Taylor Thompson | | | Customer Address | 2704 Carywood |
| Date Leak Detected by AMI | | | | Date Customer Notified | |
| Date Leak Started | | | | Date Leak Repaired | 9/24 |
| Amount of Bill: | *1,273.94 | | | Usage: | 664 |
| Average Bill: | *55.74 | | | Three Month Average Usage: | 20 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *586.64 | | | Adjusted Bill Amount: | *687.30 |
| Customer Name | Monique Helms | | | Customer Address | 4 E. Citron |
| Date Leak Detected by AMI | | | | Date Customer Notified | |
| Date Leak Started | | | | Date Leak Repaired | 10/24 |
| Amount of Bill: | *396.98 | | | Usage: | 206 |
| Average Bill: | *92.43 | | | Three Month Average Usage: | 40 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *146.65 | | | Adjusted Bill Amount: | *250.33 |
| Customer Name | Brittany Griffin | | | Customer Address | 15 Eastwood Dr. |
| Date Leak Detected by AMI | | | | Date Customer Notified | |
| Date Leak Started | | | | Date Leak Repaired | 9/24 |
| Amount of Bill: | *1,176.71 | | | Usage: | 631 |
| Average Bill: | *99.77 | | | Three Month Average Usage: | 44 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *518.60 | | | Adjusted Bill Amount: | *658.11 |

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

MONTHLY LEAK ADJUSTMENT REPORT

SUMMARY

Date: October 2024

| | |
|--|--------------------------------------|
| 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 | Rolanda Owens | | | Customer Address | 1206 Hunter Wood |
| Date Leak Detected by AMI | | | | Date Customer Notified | |
| Date Leak Started | | | | Date Leak Repaired | 8/24 |
| Amount of Bill: | *905.19 | | | Usage: | 450 |
| Average Bill: | *79.60 | | | Three Month Average Usage: | 33 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *397.57 | | | Adjusted Bill Amount: | *507.62 |
| Customer Name | Casey Prewitt | | | Customer Address | 3210 Stone Pine |
| Date Leak Detected by AMI | | | | Date Customer Notified | |
| Date Leak Started | | | | Date Leak Repaired | 9/24 |
| Amount of Bill: | *650.16 | | | Usage: | 344 |
| Average Bill: | *112.61 | | | Three Month Average Usage: | 51 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *258.86 | | | Adjusted Bill Amount: | *391.30 |
| Customer Name | Rachel McDonald | | | Customer Address | 513 Creekside Ct |
| Date Leak Detected by AMI | | | | Date Customer Notified | |
| Date Leak Started | | | | Date Leak Repaired | 10/24 |
| Amount of Bill: | *385.97 | | | Usage: | 200 |
| Average Bill: | *136.46 | | | Three Month Average Usage: | 64 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *120.15 | | | Adjusted Bill Amount: | *265.82 |
| Customer Name | Kim Carmack | | | Customer Address | 317 Creekside Ct |
| Date Leak Detected by AMI | | | | Date Customer Notified | |
| Date Leak Started | | | | Date Leak Repaired | 10/24 |
| Amount of Bill: | *411.66 | | | Usage: | 214 |
| Average Bill: | *77.75 | | | Three Month Average Usage: | 32 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *160.79 | | | Adjusted Bill Amount: | 250.87 |
| Customer Name | RC Murphy | | | Customer Address | 7105 S. Reynolds |
| Date Leak Detected by AMI | | | | Date Customer Notified | |
| Date Leak Started | | | | Date Leak Repaired | 7/24 |
| Amount of Bill: | *525.41 | | | Usage: | 282 |
| Average Bill: | *97.95 | | | Three Month Average Usage: | 49 |
| Adjustment Approved: | Yes | <input type="checkbox"/> | No | Approved By: | |
| Amount of Adjustment to Sewer Bill: | *205.85 | | | Adjusted Bill Amount: | *319.56 |

CITY OF BRYANT WATER AND WASTEWATER UTILITIES LEAK ADJUSTMENT REQUEST

Date of Request: 10/24
 Customer Name: Stephanie Hassinger Service Account No.: 001-02115-10
 Service Address: 107 SE 4th St #9 Home Phone: _____
 City: Bryant Work Phone: _____
 Date Leak Detected: _____ State, Zip: AR 72022
 Date Repaired: _____ 9/24

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 | | <u>360.29</u> | | Usage | | <u>186</u> | |
| Average Bill | | <u>108.95</u> | | Three Month Average Usage | | <u>49</u> | |
| Adjustment Approved | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Approved By: | | _____ | |
| Amount of Adjustment to Sewer Bill | | <u>121.03</u> | | Adjusted Bill Amount | | <u>239.26</u> | |
| Payment Plan | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Payment Period | | <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months | |
| Customer Service Manager | | | | Payment Amt. | | _____ | |

Customer Service Manager

CITY OF BRYANT WATER AND WASTEWATER UTILITIES LEAK ADJUSTMENT REQUEST

Date of Request: 10/24
 Customer Name: Michael Martin Service Account No.: 001-09931-01
 Service Address: 2608 Richland Pk. Home Phone: _____
 City: Bryant Work Phone: _____
 Date Leak Detected: _____ State, Zip: AR 72022
 Date Repaired: 10/24

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

Exterior Water Service 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 _____

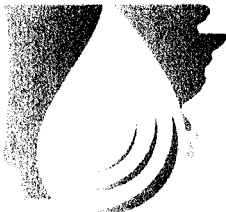
- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

| | | | | |
|------------------------------------|---|-----------------------------|---------------------------|---|
| Amount of Bill | <u>292.41</u> | | Usage | <u>149</u> |
| Average Bill | <u>81.42</u> | | Three Month Average Usage | <u>34</u> |
| Adjustment Approved | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Approved By: | |
| Amount of Adjustment to Sewer Bill | <u>101.60</u> | | Adjusted Bill Amount | <u>190.81</u> |
| Payment Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Payment Period | <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months |
| Customer Service Manager | | | Payment Amt. | |

Customer Service Manager

Received

10-10-24



ARKANSAS UNDERGROUND LEAK DETECTION

Arkansas Underground Leak Detection
501-850-6674
arkansasleaks@gmail.com
License #MP6868

001-07931-01

Utility Verification Letter

Homeowner Information

Name Michael Martin Date 10/8/24

Address 2608 Richard Park Dr

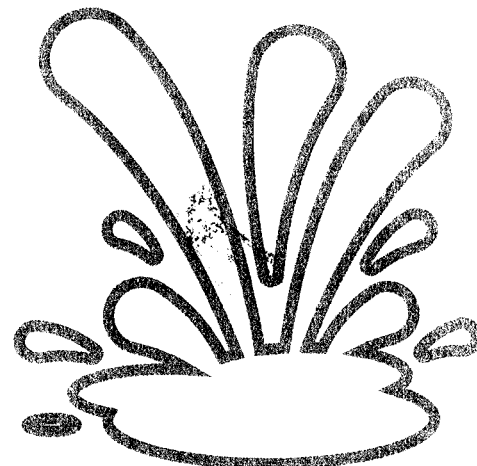
Bryant City AR State 72022 ZIP Code

Phone 501-615-4262 Email

Statement of Repair

Our technicians arrived onsite, performed a complete electronic leak detection, and found a leak on the exterior water service line. This leak has been repaired and all excess water usage has been eliminated.

Family or friend have a Leak?
Have them call AULD!
(\$50 savings on leak detection)



WE FIND & FIX LEAKS!

PROFESSIONAL LEAK DETECTORS

CITY OF BRYANT WATER AND WASTEWATER UTILITIES LEAK ADJUSTMENT REQUEST

Date of Request: 10/8/24 Service Account No.: 001-01572-03
 Customer Name: Taylor Thompson Home Phone: _____
 Service Address: 2904 Carywood Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Data Repaired: 9.124

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

3/4 pvc 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 RECORD ONLY | | | | | | | | | |
| Amount of Bill | | <u>7273.94</u> | | | Usage | | <u>664</u> | | |
| Average Bill | | <u>551.74</u> | | | Three Month Average Usage | | <u>420</u> | | |
| Adjustment Approved | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | Approved By: | | _____ | | |
| Amount of Adjustment to Sewer Bill | | <u>586.64</u> | | | Adjusted Bill Amount | | <u>687.30</u> | | |
| Payment Plan | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Payment Period | | 3 Months <input type="checkbox"/> 6 Months <input checked="" type="checkbox"/> | | Payment Amt. _____ | |

Customer Service Manager _____

Taylor Whittamore <taylor@salinedistrictcourt.com>
To: Lesa Warner <lwarner@cityofbryant.com>

Tue, Oct 8, 2024 at 2:51 PM

Sounds good, thank you very much!



Taylor Whittamore
Citation Clerk
Benton District Court
501-303-5670 ext. 3613

[Quoted text hidden]

Lesa Warner <lwarner@cityofbryant.com>
To: Taylor Whittamore <taylor@salinedistrictcourt.com>

Tue, Oct 8, 2024 at 2:52 PM

You are welcome.

Have a great afternoon,
[Quoted text hidden]

Taylor Whittamore <taylor@salinedistrictcourt.com>
To: Lesa Warner <lwarner@cityofbryant.com>

Thu, Oct 17, 2024 at 3:11 PM

Good afternoon, I just wanted to add to this to my message for the water leak committee and their meeting on 11/05/2024

I put in the above email that I had initially called on 9/4/2024, but I was mistaken. I called on 9/2/2024 (Labor Day) as soon as we arrived back home from being out of town and noticed the leak. Your office was closed due to the holiday, but spoke with a guy who said he would contact the off-duty person to come look at the leak, or he would give me a call back. I did not end up hearing anything back the rest of that day, and then the note was left on our door the following morning (Tuesday 9/3/24). Just wanted to add this to justify our case, we were not in town when this happened and called as soon as we got back and noticed it. Unfortunately money is extremely tight right now, and my husband spoke to someone who did say they could cover this bill, or at least most of it, as a one time courtesy as long as we showed proof of receipts. I appreciated yalls time and help with all of this! Thank you!



Taylor Whittamore
Benton District Court
501-303-5670 ext. 3613

[Quoted text hidden]

CITY OF BRYANT WATER AND WASTEWATER UTILITIES LEAK ADJUSTMENT REQUEST

Date of Request: 10/24
 Customer Name: Monique Helms
 Service Address: 4 E Citron
 City: Bryant
 Date Leak Detected: _____
 Service Account No.: 001-07147-03
 Home Phone: _____
 Work Phone: _____
 State, Zip: AR 72022
 Date Repaired: 10/24

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.

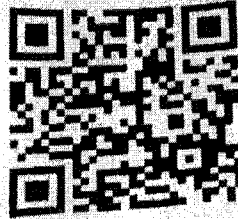
| | | | | | | | | | |
|------------------------------------|--|--------|--|----|---------------------------|----------------|--------|--------------|--|
| FOR OFFICIAL USE ONLY | | | | | | | | | |
| Amount of Bill | | 396.98 | | | Usage | | 206 | | |
| Average Bill | | 92.43 | | | Three Month Average Usage | | 40 | | |
| Adjustment Approved | | No | | | Approved By: | | | | |
| Amount of Adjustment to Sewer Bill | | 146.65 | | | Adjusted Bill Amount | | 250.33 | | |
| Payment Plan | | Yes | | No | | Payment Period | | 3 Months | |
| | | | | | | 6 Months | | Payment Amt: | |

[Signature]
Customer Service Manager

001-0714703

4 E Citron Bryant

mylowe's Rewards



LEARN MORE AT LOWES.COM/MYLOWESREWARDS

LOVE'S HOME CENTERS, LLC
2930 NORTH REYNOLDS ROAD
BRYANT, AR 72022 (501) 213-2000

- SALE -

SALES#: FSTLAN01 2362227 TRANS#: 448118146 10-05-24

| | |
|-----------------------------------|-------|
| 1324296 PERFMAX UNIVE HIG PERF FT | 15.98 |
| 44862 1.5-OZ CALI SC ASRT SOLID | 3.48 |

| | |
|----------------------|-------|
| SUBTOTAL: | 19.46 |
| TOTAL TAX: | 1.92 |
| INVOICE 91576 TOTAL: | 21.38 |
| DEBITVISA: | 21.38 |
| CHANGE: | 0.00 |

DEBITVISA: XXXXXXXXXXXX9169 AMOUNT: 21.38 AUTHCD: 423146
CHIP REFID:247141576145 10/05/24 11:13:51
*PIN VERIFIED

TRACE : 576145 RETRIEVAL: 247141576145
PURCHASE CASH BACK TOTAL DEBIT
21.38 0.00 21.38

TVR : 8080048000

TSI : 6800 AID : A0000000980840

STORE: 2471 TERMINAL: 41 10/05/24 11:14:02

CITY OF BRYANT WATER AND WASTEWATER UTILITIES LEAK ADJUSTMENT REQUEST

Date of Request: 10/24 Service Account No.: 001-05334-05
 Customer Name: Brittany Griffin Home Phone: _____
 Service Address: 15 Eastwood Pr Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 9/24

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

Main Water Service Line leaking

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

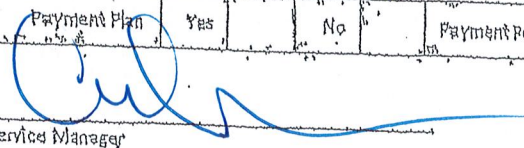
Sworn Statement:

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>\$1,176.71</u> | Usage | <u>631</u> |
| Average Bill | <u>\$99.77</u> | Three Month Average Usage | <u>44</u> |
| Adjustment Approved | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Approved By: | |
| Amount of Adjustment to Sewer Bill | <u>\$518.60</u> | Adjusted Bill Amount | <u>\$658.11</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 

Acct# 001-05334-05



Mid-Town Mechanical Services

PO Box 2162, Benton, AR 72018

Office: (501) 765-5380

To whom it may concern,

MidTown Plumbing was out on 7/31/2024 at the following address

15 Eastwood Dr
Bryant AR 72022

Leak detection was performed to verify residents had a multiple leak on main water service in. Returned on 9/26 to make multiple repairs to the service line.

Thank you

A handwritten signature in black ink that reads "DeNell Tarvin".

DeNell Tarvin

CITY OF BRYANT WATER AND WASTEWATER UTILITIES LEAK ADJUSTMENT REQUEST

Date of Request: 10/24
 Customer Name: Rolanda Owens
 Service Address: 1206 Hunterwood
 City: Bryant
 Date Leak Detected: _____
 Service Account No.: 001-08123-02
 Home Phone: _____
 Work Phone: _____
 State, Zip: AR 72022
 Date Repaired: 8/24

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

Sink 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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| | | | | |
|------------------------------------|---|--|---------------------------|--|
| Amount of Bill | *905.19 | | Usage | 450 |
| Average Bill | *79.60 | | Three Month Average Usage | 33 |
| Adjustment Approved | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Approved By: | |
| Amount of Adjustment to Sewer Bill | *397.57 | | Adjusted Bill Amount | *507.62 |
| Payment Plan | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Payment Period | <input checked="" type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months |
| | | | Payment Amt. | |

Customer Service Manager _____

001-08123-02

9/27/24, 1:19 PM

Record Payment :: Skynova.com

Calbert Clary
PO Box 476
Mayflower, AR 72106

INVOICE



Justin Clary
1206 Hunterwood Dr.,
Bryant, AR 72022

Invoice # 290948293

Invoice Date 08/19/2024

Due Date 09/19/2024

| Item | Description | Unit Price | Quantity | Amount |
|-------------------------------------|-------------------------------------|------------|----------|--------|
| Hours | | 50.00 | 2.00 | 100.00 |
| Service | Tenant Maintenance - Service Repair | 100.00 | 1.00 | 100.00 |
| <u>NOTES:</u> Repaired leaking sink | | | | |
| Subtotal | | | | 200.00 |
| Total | | | | 200.00 |
| Amount Paid | | | | 200.00 |
| Balance Due | | | | \$0.00 |

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 10/24 Service Account No.: 101-03179-00
 Customer Name: Casey Prewitt Home Phone: _____
 Service Address: 3210 Stone Pine Work Phone: _____
 City: Bryant State, Zip: AR 72072
 Date Leak Detected: _____ Date Repaired: 9.24

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

Leak on exterior water Service 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).
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| | | | |
|------------------------------------|---|---------------------------|---|
| Amount of Bill | <u>650.16</u> | Usage | <u>344</u> |
| Average Bill | <u>112.61</u> | Three Month Average Usage | <u>51</u> |
| Adjustment Approved | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Approved By: | |
| Amount of Adjustment to Sewer Bill | <u>258.86</u> | Adjusted Bill Amount | <u>391.30</u> |
| Payment Plan | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Payment Period | <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months |
| | | Paymer's Amt. | |

Customer Service Manager [Signature]

Acct# 101-03129-00



ARKANSAS UNDERGROUND LEAK DETECTION

Arkansas Underground Leak Detection
501-850-6674
arkansasleaks@gmail.com
License #MP6868

Utility Verification Letter Homeowner Information

Name CASEY P McJunkin Date 9-26-24

Address 3210 STONEPINE Dr

Bryant City AR State 72022 ZIP Code

Phone 501-529-3959 Email CASEYAMcJunkin@att.net

Statement of Repair

Our technicians arrived onsite, performed a complete electronic leak detection, and found a leak on the exterior water service line. This leak has been repaired and all excess water usage has been eliminated.

Family or friend have a Leak?
Have them call AULD!
(\$50 savings on leak detection)



WE FIND & FIX LEAKS!

PROFESSIONAL LEAK DETECTORS

CITY OF BRYANT WATER AND WASTEWATER UTILITIES LEAK ADJUSTMENT REQUEST

Date of Request: 10/24
 Customer Name: Rachel McDonald Service Account No.: 102-09370-02
 Service Address: 513 Creekside Cir Home Phone: _____
 City: Bryant Work Phone: _____
 Date Leak Detected: _____ State, Zip: AR 72022
 Date Repaired: _____ 10/24

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

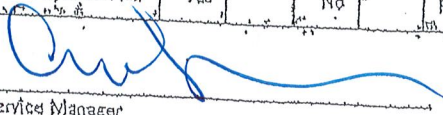
Sworn Statement:

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.

| | | | | |
|------------------------------------|---|--|---------------------------|---|
| Amount of Bill | *385.97 | | Usage | 200 |
| Average Bill | *136.46 | | Three Month Average Usage | 64 |
| Adjustment Approved | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Approved by: | |
| Amount of Adjustment to Sewer Bill | *120.15 | | Adjusted Bill Amount | *265.82 |
| Payment Plan | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Payment Period | 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> |
| | | | Payment Amt. | |



Customer Service Manager

102-09370-02

501-766-6670

mylowe's Rewards



LEARN MORE AT LOWES.COM/MYLOWESREWARDS

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

SALE

SALES#: FSTLAN01 2225969 TRANS#: 167029544 09-15-24

| | |
|-----------------------------------|-------|
| 576090 IRWIN 2-PACK 12-IN MINI C | 34.98 |
| 1030995 KORKY FILL VALVE AND FLAP | 16.48 |
| 247876 RB MANSFIELD FLUSH VALVE | 2.40 |
| SUBTOTAL: 53.86 | |
| TOTAL TAX: 5.32 | |
| INVOICE 72054 TOTAL: | 59.18 |
| M/C: | 59.18 |

MC: XXXXXXXXXXXX6493 AMOUNT: 59.18 AUTHCD: 94854P
CHIP REFID:247138054484 09/15/24 11:11:55
APL : 4D617374657263617264 TUR : 0000008000
TSI : E800 AID : A0000000041010

STORE: 2471 TERMINAL: 30 09/15/24 11:12:01
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
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MY LOWE'S REWARDS CREDIT CARDHOLDERS GET MORE.
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* 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! *
*



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

MRU RETURN 77387

SALES#:R S2471RNZ 4776108 TRANS#: 33196182 09-17-24

| | |
|---|--------|
| 1030995 KORKY FILL VALVE AND FLAP | 16.48- |
| ORIG. STORE: 2471 DATE:09/15/24 INV:72054 | |
| INVOICE 77387 SUBTOTAL: | 16.48- |
| SUBTOTAL: 16.48- | |
| TAX: | 1.63- |
| TOTAL RETURN: | 18.11- |
| M/C: | 18.11- |

MC: XXXXXXXXXXXX6493 AMOUNT: 18.11 AUTHCD: 273288
KEYED REFID:247116387965 09/17/24 15:02:00

* 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 *
* Y O U R I D #773877 247182 614122 *
* 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: 16 09/17/24 15:02:01

CITY OF BRYANT WATER AND WASTEWATER UTILITIES LEAK ADJUSTMENT REQUEST

Date of Request: 10/24
 Customer Name: Kim Carmack Service Account No.: 101-05067-00
 Service Address: 317 Creekside Cr. Home Phone: _____
 City: Bryant Work Phone: _____
 Date Leak Detected: _____ State, Zip: AR 72022
 Date Repaired: _____ 10/24

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.

| | | | | |
|------------------------------------|---|-----------------------------|---------------------------|---|
| Amount of Bill | *411.66 | | Usage | 214 |
| Average Bill | *77.75 | | Three Month Average Usage | 32 |
| Adjustment Approved | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Approved By: | |
| Amount of Adjustment to Sewer Bill | *160.79 | | Adjusted Bill Amount | *250.87 |
| Payment Plan | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Payment Period | 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> |
| | | | Payment Amt. | |

Customer Service Manager _____

J. Dodson Plumbing LLC

7415 Mars Hill Road

Bauxite, AR 72011

Owner: Jeremy Dodson

501-909-2540

INVOICE

4754

Date: 9.16.24

Customer Name: Kim Carmack

101-05067-00

Address: 317 Creekside Cv

Bryant, Ar 72022

10-15-24

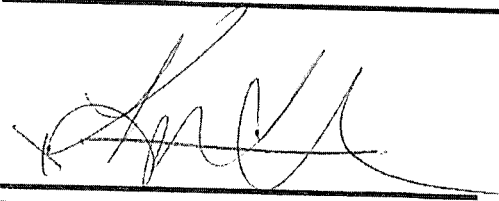
| Description | Price |
|---|-------|
| replaced flapper fixing running toilet | |
| looked at other toilet, did not see any leaks from seal | |
| | |
| | |
| | |
| | |
| | |
| | |

Sub Total:

Tax:

Total Due:

158.00



Signature

Checks: Payable to J. Dodson Plumbing LLC

Cashapp: \$jdodsonplumbing

Please note the invoice number on payment.

Thank You for Your Business!

CITY OF BRYANT WATER AND WASTEWATER UTILITIES LEAK ADJUSTMENT REQUEST

Date of Request: 9/24
 Customer Name: RC Murphy Service Account No.: 102-03481-00
 Service Address: 1105 S Reynolds Home Phone: _____
 City: Bryant Work Phone: _____
 Date Leak Detected: _____ State, Zip: AR 72027
 Date Repaired: _____ 9/24

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.

| | | | |
|------------------------------------|---|---------------------------|--|
| Amount of Bill | <u>\$525.41</u> | Usage | <u>282</u> |
| Average Bill | <u>\$97.95</u> | Three Month Average Usage | <u>49</u> |
| Adjustment Approved | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Approved By: | |
| Amount of Adjustment to Sewer Bill | <u>\$205.85</u> | Adjusted Bill Amount | <u>\$319.56</u> |
| Payment Plan | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Payment Period | <input checked="" type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months |
| | | Payment Amt. | |

[Signature]
 Customer Service Manager

Called Re 9/23

| | | | |
|--|-------------------------|---------------------------------------|-------------------------|
| RECEIPT | | No. 851590 | |
| DATE | 7-27-24 | | |
| FROM | Billy Scott | \$ 147. ⁰⁰ | |
| One hundred and forty seven ⁰⁰ / ₁₀₀ DOLLARS | | | |
| <input type="radio"/> FOR RENT | Water Repairs to Toilet | | |
| <input type="radio"/> FOR | | | |
| ACCT. | | <input checked="" type="radio"/> CASH | |
| PAID | | <input type="radio"/> CHECK | |
| DUE | None | <input type="radio"/> MONEY ORDER | |
| | | <input type="radio"/> CREDIT CARD | |
| | | FROM | TO Charles <i>Mundy</i> |
| | | 710 S Reynolds rd | |
| | | A-1152 T-4161 | |

501-258-0749

102-03481-00

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