

# CITY OF BRYANT WATER AND WASTEWATER UTILITIES

## MONTHLY LEAK ADJUSTMENT REPORT

**SUMMARY**

Date: May 2022

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	Johnny Scott	Customer Address	2203 Amber Cr.
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	3-1-22
<u>3 months</u> Amount of Bill:	*754.73	Usage:	422
Average Bill:	*158. <sup>00</sup>	Three Month Average Usage:	91
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*126.48	Adjusted Bill Amount:	*628.25
Customer Name	Myles Jones	Customer Address	102 S. Fir St.
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	3-2-22
<u>3 months</u> Amount of Bill:	*575.19	Usage:	329
Average Bill:	*74. <sup>10</sup>	Three Month Average Usage:	40
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*177.42	Adjusted Bill Amount:	*397.77
Customer Name	Tangy Stevens	Customer Address	103 S. Walnut St.
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	4-7-22
<u>1 month</u> Amount of Bill:	*347.36	Usage:	195
Average Bill:	*38.84	Three Month Average Usage:	20
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*148.57	Adjusted Bill Amount:	*198.79
Customer Name	Daniel Yates	Customer Address	1808 Shoal Rd
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	4-13-22
<u>3 months</u> Amount of Bill:	*1,234.26	Usage:	694
Average Bill:	*90	Three Month Average Usage:	50
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*461.85	Adjusted Bill Amount:	*772.41
Customer Name	Johnie Varnedare	Customer Address	2515 Ridgcrest
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	4-17-22
<u>1 month</u> Amount of Bill:	*602.57	Usage:	346
Average Bill:	*27.84	Three Month Average Usage:	20
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*276.77	Adjusted Bill Amount:	*325.80

CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST

Date of Request: 4-1-22 Service Account No.: 017216-000  
 Customer Name: Johnny Scott Home Phone: 501-722-3744  
 Service Address: 2203 Amber Cr. Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72022  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 3-1-22

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

pipe leaking by meter on customer side

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>\$754.73</u>			Usage:	<u>422</u>					
	Average Bill:	<u>\$158.94</u>			Three Month Average Usage:	<u>91</u>					
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:						
	Amount of Adjustment to Sewer Bill:	<u>\$126.48</u>			Adjusted Bill Amount:	<u>\$628.25</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.	

Debra Spad  
Customer Service Manager

017216-000

501-722-3744

SERVICE WORK ORDER

SERVICE INVOICE

DENNY DYER PLUMBING CO.

No. 2017

All Phases of Home Remodels and Plumbing Repairs

PHONE 778-8453 Day or Night

1022 RIVER ROAD - BENTON, AR 72015

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

DESCRIPTION OF WORK

Repair water leak 1/10  
 pipe leaking

5113 0890 4723 3917  
 8-23  
 055

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

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

CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST

Date of Request: 4-1-22 Service Account No.: 028144-000  
 Customer Name: Myles Jones Home Phone: 501-626-9266  
 Service Address: 102 S. Fir St Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72002  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 3-2-22

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*

\_\_\_\_\_

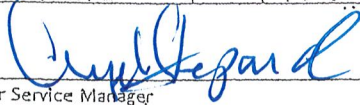
Sworn Statement:

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

Signature

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- 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>\$575.19</u>			Usage:	<u>329</u>			
	Average Bill:	<u>\$74.10</u>			Three Month Average Usage:	<u>40</u>			
	Adjustment Approved:	Yes	<input type="checkbox"/>	No	Approved By:				
	Amount of Adjustment to Sewer Bill:	<u>\$177.42</u>			Adjusted Bill Amount:	<u>\$397.77</u>			
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Period	3 Months	<input type="checkbox"/>	6 Months	Payment Amt.

  
Customer Service Manager

MP 6426



# PRIDE PUMPING INC

"The Plumber Protects the Health of the Nation"

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

Acct # 828144-886

## INVOICE

4874

Tenant's

SHIP TO ADDRESS  
LaTerra Myers

SOLD TO ADDRESS  
Rainey Property Management  
102 S. Fir St.

CITY, STATE, ZIP  
Bryant, AR 72022

CITY, STATE, ZIP

CUST. ORDER NO.  
72022

TERMS  
billed

F.O.B.

DATE  
3/2/22

ORDER SHIPPED DESCRIPTION PRICE UNIT AMOUNT

toilet "running" constantly.

Installed new comfort height elongated toilet with new supply line. ALL WORK TESTED WELL.

Notes: TOTAL 325.00

Myles Jones  
102 S Fir Street  
PH # 501-626-9266

CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST

Date of Request: 4-11-22 Service Account No.: 024777-001  
 Customer Name: Tangy Stevens Home Phone: 501-762-3156  
 Service Address: 103 S. Walnut St. Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72022  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 4-7-22

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

Water leaking at hose bib

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>\$347.36</u>			Usage:	<u>195</u>			
	Average Bill:	<u>\$38.84</u>			Three Month Average Usage:	<u>20</u>			
	Adjustment Approved:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Approved By:			
	Amount of Adjustment to Sewer Bill:	<u>\$148.57</u>			Adjusted Bill Amount:	<u>\$198.79</u>			
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Period	3 Months	<input type="checkbox"/>	6 Months	Payment Amt.

Cynthia Jordan  
Customer Service Manager

acc#  
024777-001  
Tangy Stevens  
501-762-3156

O.J. Scott Plumbing  
MP#5236 501-9842150 515365

CUSTOMER'S ORDER NO.		DEPARTMENT	DATE
NAME		4-07-22	
ADDRESS		PH 501-762-3156	
CITY, STATE, ZIP		103 S Walnut Bryant AR 72022	
SOLD BY	CASH	C.O.D.	CHARGE
	/		
ON. ACCT.	MOSE. RETD.	PAID OUT	

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1			
2	Fix water line		
3			
4	water leaking @		
5	Hose Bib		125 <sup>00</sup>
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
RECEIVED BY			125 <sup>00</sup>

A-5905  
T-46320/46350

KEEP THIS SLIP FOR REFERENCE

01-11

CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST

Date of Request: 4-13-22 Service Account No.: 011646-001  
 Customer Name: Daniel Yates Home Phone: 501-317-0474  
 Service Address: 1808 Shoal Rd Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72022  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 4-13-22

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

on/off valve 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>\$1,234.26</u>			Usage:	<u>694</u>			
	Average Bill:	<u>\$90</u>			Three Month Average Usage:	<u>50</u>			
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:				
	Amount of Adjustment to Sewer Bill:	<u>\$461.85</u>			Adjusted Bill Amount:	<u>\$772.41</u>			
	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.		

*[Signature]*  
Customer Service Manager



SALES# : FSTLANE4 13 TRANS# : 7863656 04-13-22

- SALE -

452387 8-OZ ALL PURPOSE/PRIMR HA 12.68  
23882 1-IN SCH40 COUPLING 42901 0.87  
21486 1IN PVC BALL VALVE SOCKET 4.98  
351124 1-IN X 2-FT SCH40 PIPE 5.56

AR - STATE TAX: 24.09  
AR - SALINE COUNTY TAX: 1.57  
BRYANT - CITY TAX: 0.09

TOTAL TAX: 0.72  
INVOICE 07732 TOTAL: 2.38  
DEBIT: 26.47

DEBIT XXXXXXXXXXXXXXX0534 XXXXXX  
CHIP REFID:247107030498 04/13/22 10:27:05

\*PIN Verified  
TRACE: 00440111

PURCHASE CASH BACK TOTAL DEBIT  
26.47 0.00 26.47

APL: US DEBIT TVR: 8080048000  
AID: A0000000980840 IST: 6800  
2471 07 04/13/22 10:27:36 REF#: 732

CUSTOMER: DANIEL YATES

END OF REPORT

lowes

Daniel Yates

501-317-0474

1808 Shoal Road

acct # 011646-001

CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST

Date of Request: 4-25-22 Service Account No.: 005792-000  
 Customer Name: Johnnie Varmedare Home Phone: 501-231-6739  
 Service Address: 2515 Ridgecrest Rd Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72022  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 4-17-22

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

Leak in line in yard & under house

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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- 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>\$602.57</u>		Usage:		<u>346</u>	
		Average Bill:		<u>\$27.84</u>		Three Month Average Usage:		<u>20</u>	
		Adjustment Approved:		Yes <input type="checkbox"/> No <input type="checkbox"/>		Approved By:			
		Amount of Adjustment to Sewer Bill:		<u>\$276.77</u>		Adjusted Bill Amount:		<u>\$325.80</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.	

[Signature]  
Customer Service Manager

005792-000  
 501-231 6739

CUSTOMER'S ORDER NO.		DEPARTMENT		DATE			
NAME		ADDRESS		CITY, STATE, ZIP			
SOLD BY		CASH	C.O.D.	CHEQUE	ON ACCT.	MRSE. RETO.	PAID OUT
QUANTITY	DESCRIPTION	PRICE	PRICE	PRICE	PRICE	PRICE	AMOUNT
1	Supplies						
2	Supplies						
3	Supplies						
4	Supplies						
5	Supplies						
6	Supplies						
7	Supplies						
8	Supplies						
9	Supplies						
10	Supplies						
11	Supplies						
12	Supplies						
13	Supplies						
14	Supplies						
15	Supplies						
16	Supplies						
17	Supplies						
18	Supplies						

100-100-100-100