

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

MONTHLY LEAK ADJUSTMENT REPORT

SUMMARY September 2022
 Date: _____

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	Stephen Bergersen			Customer Address	2301 Greenleaf Dr.
Date Leak Detected by AMI				Date Customer Notified	
Date Leak Started				Date Leak Repaired	8/22
<u>3 months</u> Amount of Bill:	\$1,283.61			Usage:	722
Average Bill:	\$48. ⁰⁰			Three Month Average Usage:	25
Adjustment Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Approved By:	
Amount of Adjustment to Sewer Bill:	\$549.30			Adjusted Bill Amount:	\$734.31
Customer Name	Joye Taylor			Customer Address	603 Runk Dr.
Date Leak Detected by AMI				Date Customer Notified	
Date Leak Started				Date Leak Repaired	9/19/22
<u>1 month</u> Amount of Bill:	\$350.46			Usage:	203
Average Bill:	\$117.76			Three Month Average Usage:	71
Adjustment Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Approved By:	
Amount of Adjustment to Sewer Bill:	\$112.06			Adjusted Bill Amount:	\$238.40
Customer Name	Cathy Leon			Customer Address	3116 Timbercreek
Date Leak Detected by AMI				Date Customer Notified	
Date Leak Started				Date Leak Repaired	9-7-22
<u>2 months</u> Amount of Bill:	\$498.61			Usage:	285
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:	\$208.01			Adjusted Bill Amount:	\$290.60
Customer Name	10 Fitness			Customer Address	1905 N. Reynolds
Date Leak Detected by AMI				Date Customer Notified	
Date Leak Started				Date Leak Repaired	7/22
<u>1 month</u> Amount of Bill:	\$2,967.16			Usage:	4091
Average Bill:	\$23.92			Three Month Average Usage:	0
Adjustment Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Approved By:	
Amount of Adjustment to Sewer Bill:	\$1,339.35			Adjusted Bill Amount:	\$1,627.81
Customer Name	Melinda Bradbury			Customer Address	109 N. Reynolds Rd
Date Leak Detected by AMI				Date Customer Notified	
Date Leak Started				Date Leak Repaired	9/21/22
<u>1 month</u> Amount of Bill:	\$266.26			Usage:	149
Average Bill:	\$52. ⁰⁰			Three Month Average Usage:	37
Adjustment Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Approved By:	
Amount of Adjustment to Sewer Bill:	\$131.94			Adjusted Bill Amount:	\$134.32

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

MONTHLY LEAK ADJUSTMENT REPORT

SUMMARY

Date: September 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	Blakelly Dillard	Customer Address	3221 Henson Pl
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	9/19/22
3 month Amount of Bill:	\$927.50	Usage:	520
Average Bill:	\$92.00	Three Month Average Usage:	54
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	\$303.93	Adjusted Bill Amount:	623.57
Customer Name	Kelly Hay	Customer Address	2224 Defoe Cr
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	9/22
1 month Amount of Bill:	\$372.04	Usage:	209
Average Bill:	\$144.62	Three Month Average Usage:	80
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	\$109.52	Adjusted Bill Amount:	\$262.52
Customer Name	Richard Morgan	Customer Address	71 Bristol Dr
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	9/17/22
3 months Amount of Bill:	\$794.00	Usage:	463
Average Bill:	\$125.00	Three Month Average Usage:	74
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	\$204.60	Adjusted Bill Amount:	\$589.40
Customer Name	Robert Myles	Customer Address	700 Bryant Meadows
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	9/13/22
1 month Amount of Bill:	\$274.69	Usage:	721
Average Bill:	\$77.63	Three Month Average Usage:	42
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	\$576.47	Adjusted Bill Amount:	\$698.22
Customer Name	Mamie Seamon	Customer Address	3116 Greenfield
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	8/21/22
2 months Amount of Bill:	\$985.61	Usage:	555
Average Bill:	\$49.00	Three Month Average Usage:	36
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	\$410.05	Adjusted Bill Amount:	\$575.56

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9-19-22 Service Account No.: 003146-000
 Customer Name: Stephen Bergerson Home Phone: _____
 Service Address: 2301 Greenleaf Dr Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 8/22

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									
<u>3 months</u> Amount of Bill:		<u>7,283.61</u>			Usage:		<u>1722</u>		
Average Bill:		<u>48.00</u>			Three Month Average Usage:		<u>25</u>		
Adjustment Approved:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Approved By:		_____		
Amount of Adjustment to Sewer Bill:		<u>549.30</u>			Adjusted Bill Amount:		<u>734.31</u>		
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Period	3 Months	<input type="checkbox"/>	6 Months	Payment Amt.

[Signature]
Customer Service Manager

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9/20/22 Service Account No.: 001067-000
 Customer Name: Joye Taylor Home Phone: 501-650-1675
 Service Address: 603 Ruth Dr. Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 9/19/22

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

Leak on 3/4 regulator connected to PVC Service

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

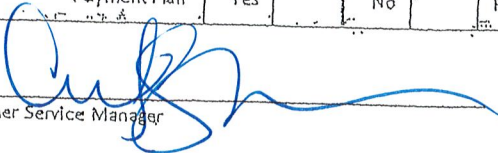
Sworn Statement:

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

Signature _____

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

FOR OFFICE USE ONLY									
<u>1 month</u>	Amount of Bill:	<u>\$350.46</u>			Usage:	<u>203</u>			
	Average Bill:	<u>\$117.76</u>			Three Month Average Usage:	<u>71</u>			
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:				
	Amount of Adjustment to Sewer Bill:	<u>\$112.06</u>			Adjusted Bill Amount:	<u>\$238.40</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



Angela Shepard <ashepard@cityofbryant.com>

[waterbilling] Plumbing repair receipt

1 message

Virginia Palmer <VPalmer@calark.com>

Tue, Sep 20, 2022 at 9:58 AM

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

For James or Joye Taylor


603 Ruth Dr

501-650-1675

Virginia Palmer

Thanks

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd.**

 **doc00456320220920095421.pdf**
95K



501-650-1675

Invoice

Ray Lusk Plumbing
921 Rushing Circle
Little Rock, AR 72204
(501)664-0940 Fax: (501)661-1264
NWA-(479)306-7775

09/19/22
Page 1

JAMES & WANDA TAYLOR
603 RUTH DR
BRYANT, AR 72022

JAMES & WANDA TAYLOR
603 RUTH DR
BRYANT, AR 72022

Call Slip Number	Invoice Date	Invoice Number	Due Date
117462	09/19/2022	S256491	09/29/2022

Tech	Date
JACOB	09/19/2022
JACOB	09/19/2022

Qty	Description	Unit Price	Amount
(1)	LEAK DETECTION GAS	299.00	299.00
(1)	3/4" PRESSURE REGULATOR	459.14	459.14

Description	Amount
Senior Citizen Disc	-25.00

ADDITIONAL DETAILS:

Leak detection revealed leak to be on service in front of home left of clean out.

We uncovered to find leak on 3/4" regulator connected to pvc service.

We replaced regulator and found no additional leaks at this time.

Note: regulator is located about a foot to the left of the clean out located at front of house left of entry.

I the undersigned, an owner/authorized representative/tenant of the premises at which the work mentioned is to be done. I hereby authorize you to perform Diagnosis/solution, and to use such labor and materials as you deem advisable at the price listed above. I agree to pay \$25 per month for each past due invoice in the event that collection efforts are initiated against me, I shall pay for all associated fees or cost by the addition of my signature below, I agree that I have received a copy of this contract, notice to the owner, and that I have read, understand, and agree to the terms listed herein. I acknowledge satisfactory completion of the described work, and that the premises have been left in a satisfactory condition.

Total Due: 758.14
Misc: -25.00

09/19/2022 01:25PM

Grand Total: 733.14
Received: 733.14

Authorized Signature

CC #5020 Auth:080307 \$733.14

Balance Due: 0.00

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9/29/22 Service Account No.: 003538-000
 Customer Name: Cathy Leon Home Phone: _____
 Service Address: 3116 Timbercreek Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 9-17-22

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

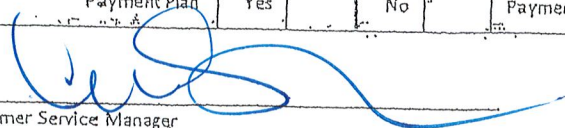
Sworn Statement:

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 OFFICIAL USE ONLY											
2 months		Amount of Bill:		\$498.61			Usage:		285		
		Average Bill:		\$38.84			Three Month Average Usage:		20		
		Adjustment Approved:		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		Approved By:			
		Amount of Adjustment to Sewer Bill:		\$208.01			Adjusted Bill Amount:		\$290.60		
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

Acct#
003538-000

E.M. Plumbing (by Israel Macul)

we did a walk through the house ^(Property) _{outside} for any water leak, and there was not any sign of a water leak, however we replaced a toilet in a half bathroom but that was it. There was not evidence of the water meter was moving at all.

Israel Macul (E.M Plumbing)
(501) 240-4594

Labor and installation of a
new toilet was \$ 110.⁰⁰
replaced of a toilet flange \$ 160.⁰⁰

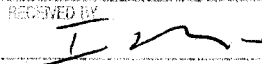
total \$ 270.⁰⁰

Job Work Order

ESTIMATE (VALID FOR 30 DAYS)

DATE 9-7-22	<input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> INITIAL	<input type="checkbox"/> WIRE CALL <input type="checkbox"/> DELIVER	PHONE
NAME LATHY LEON	ADDRESS		
2116 Timbercreek Dr Bryant, AR 72022			
ITEM TO BE REPAIRED toilet	NATURE OF THE WORK REQUESTED Replacement		

QTY	UNIT	DESCRIPTION OF WORK OR MATERIALS	PRICE	AMOUNT
1		toilet		
1		toilet flange	\$ 160.00	
		Labor and Material	\$ 110.00	
LABOR PERFORMED:			TOTAL MATERIAL	
Change the whole toilet flange and installed a toilet. was done in the half bathroom.			TAX	
			TOTAL LABOR	
			TOTAL AMOUNT	270.00

DATE WORKED 9-7-22	DEPOSIT check	RECEIVED BY 
<p>EST. RATES ARE FOR LABOR ONLY, MATERIAL ADDITIONAL. WE WILL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE CAUSED BY FIRE, THEFT, TESTING, OR ANY OTHER CAUSES BEYOND OUR CONTROL.</p>		
AUTHORIZED BY:		<p>Job Work Order TRIPLICATE</p>

Form T6850

TERMS - NET CASH
NO GOODS HELD OVER 30 DAYS

10-11

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9/22 Service Account No.: 010434-001
 Customer Name: 10 Fitness of Bryant Home Phone: _____
 Service Address: 1905 N. Reynolds Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 9/22

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

1 1/2 pvc Line Busted
irrigation 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.

FOR OFFICE USE ONLY									
<u>1 month</u>	Amount of Bill:	<u>\$2,967.16</u>			Usage:	<u>4091</u>			
	Average Bill:	<u>23.92</u>			Three Month Average Usage:	<u>0</u>			
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:				
	Amount of Adjustment to Sewer Bill:	<u>\$1,339.35</u>			Adjusted Bill Amount:	<u>\$1,627.81</u>			
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Period	3 Months	<input type="checkbox"/>	6 Months	Payment Amt.

[Signature]
Customer Service Manager



Remit To:
Roto-Rooter Plumbing &
Drain Service
PO Box 7226
Sherwood AR 72124

(501) 565-9427 Office
(501) 834-1751 Fax
1-800-GET-ROTO

License - MP6600

*Acct#
010434-001*

Billed to: 10 Fitness
P O Box 22917
Little Rock AR 72204
Attn: Jenny Bradford

Job Site: 10 Fitness
1905 N. Reynolds Rd.
Bryant AR 72022
(501)326-1390

Invoice Number: 129-362395 **Service Tech: Gary #626**
Date: 7/20/22

Labor - Excavation/Hand Dig - Water Lines

Guarantee - 90 Days

Dug up 1 1/2" pvc line that was busted. Repaired section. Tested well

Labor - Excavation/Hand Dig - Water Lines

Guarantee - 90 Days

After turning water on for previous leak, found water to be leaking near meter. Dug up line and found 1" pvc leaking where it connects to meter and rpz. Cut out section and repaired with Pex and packjoints. Tested well. Found another leak where a sprinkler head may have been. Customer needs a sprinkler company to repair and inspect lines. Marked spot on curb.

Total **\$1,460.56**

Invoice Terms: Net 30 Days
Due On 8/19/2022

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 9-21-22 Service Account No.: 030088-000
 Customer Name: Melinda Bradbury Home Phone: 501-326-2542
 Service Address: 109 N. Reynolds Rd Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 9/21/22

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

Water Heater Leaking

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

Sworn Statement:

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

Signature _____

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

FOR OFFICE USE ONLY										
1 month	Amount of Bill:	\$ 266.26				Usage:	149			
	Average Bill:	\$ 52				Three Month Average Usage:	37			
	Adjustment Approved:	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		Approved By:				
	Amount of Adjustment to Sewer Bill:	\$ 131.94				Adjusted Bill Amount:				\$ 134.32
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

LOVE

PLUMBING, LLC



INVOICE

1194

ORDER NO.

INVOICE DATE

9-21-22

DATE SHIPPED

SHIPPED VIA

NO. PCS.

WT.

FOB

TERMS

SOLD TO

Melinda Bradbury

SHIPPED TO

501-326-2542
0300~~88~~-000

QUANTITY

UNIT

DESCRIPTION

UNIT PRICE

TOTAL PRICE

Repaired water
leak in water heater
closet. Checked water
heater

Meter is Not
Spinning

total 125.00

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9-20-22 Service Account No.: 025028-000
 Customer Name: Blake Kelly Willard Home Phone: 501-298-9041
 Service Address: 3221 Henson Pl. Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 9-19-22

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

Toilet Leak

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

Sworn Statement:

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

 Signature

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

FOR OFFICE USE ONLY									
<u>3 Month</u>		Amount of Bill:		<u>*927.50</u>		Usage:		<u>520</u>	
		Average Bill:		<u>*92.00</u>		Three Month Average Usage:		<u>54</u>	
Adjustment Approved:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Approved By:					
Amount of Adjustment to Sewer Bill:		<u>*303.93</u>		Adjusted Bill Amount:		<u>*623.57</u>			
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Period	3 Months	<input type="checkbox"/>	6 Months	Payment Amt.

Orlando Shepard
 Customer Service Manager

Blakelly Dillard
3221-Henson Pl.
501-298-9041

Acct # 025028-000

Toilet wasn't
working.



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

- SALE -

SALESH: FSTLANE1 13 TRANSH: 4614785 09-19-22

795256 KORXY 2-IN COMPLETE KIT 24.98
SUBTOTAL: 24.98
TAX: 2.47
INVOICE 04295 TOTAL: 27.45
DEBIT: 27.45

DEBIT: XXXXXXXXXXXX8423 AMOUNT:27.45 AUTHCD: 918884
CHIP REFID:247104076109 09/19/22 14:13:01
*PIN Verified
TRACE: 00020555
PURCHASE CASH BACK TOTAL DEBIT
27.45 0.00 27.45
APL: US DEBIT TVR: 8080048000
AID: A0000000980840 TSI: 6800
STORE: 2471 TERMINAL: 04 09/19/22 14:13:05
OF ITEMS PURCHASED: 1
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

STORE MANAGER: MARK MEYER

LOWE'S PRICE PROMISE
FOR MORE DETAILS, VISIT LOWES.COM/PRICEPROMISE

* 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 #042954 247122 622074 *
*
* 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: 04 09/19/22 14:13:05

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 9/22/22 Service Account No.: 001320-000
 Customer Name: Kelly Hay Home Phone: _____
 Service Address: 2224 DeLoe Cr Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 9/22

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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FOR OFFICE USE ONLY										
<u>1 month</u>	Amount of Bill:	<u>\$372.04</u>				Usage:	<u>209</u>			
	Average Bill:	<u>\$144.62</u>				Three Month Average Usage:	<u>80</u>			
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			Approved By:				
	Amount of Adjustment to Sewer Bill:	<u>\$109.52</u>				Adjusted Bill Amount:	<u>\$262.52</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



Lajena Holt <lholt@cityofbryant.com>

[waterbilling] Water Leak (Billing Period 7/19/2022-8/25/2022) Adjustment Request

1 message

Kelly Hay <khay@bryantschools.org>
To: waterbilling@cityofbryant.com

Thu, Sep 22, 2022 at 11:20 AM

We became aware that our guest toilet was constantly running but unable to get it repaired until September. I have attached a receipt for the toilet kit that was purchased at Lowes. Please consider adjusting our bill for the period of 7/19/2022-8/25/2022 (bill total 372.04).

We have lived in this home for over 20 years and this is the highest water bill we have ever received and we don't own a pool or even watered the yard during this time period. Any help that can be extended is greatly appreciated. Please let me know if I need to provide any additional information.



Kelly Hay, MS, OTR/L
Occupational Therapist, Bryant Public Schools

(501) 653-5051 | khay@bryantschools.org

Create your own email signature



Lowes Receipt.pdf
138K

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9/21/22 Service Account No.: 000809-000
 Customer Name: Richard Morgan Home Phone: _____
 Service Address: 71 Bristol Dr Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 9/17/22

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 _____

- 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>\$794.00</u>			Usage:	<u>463</u>			
	Average Bill:	<u>\$125.00</u>			Three Month Average Usage:	<u>74</u>			
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:				
	Amount of Adjustment to Sewer Bill:	<u>\$204.60</u>			Adjusted Bill Amount:	<u>\$589.40</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



Angela Shepard <ashepard@cityofbryant.com>

Water Usage Report

Melanie Morgan <melanie_morgan00@yahoo.com>
To: Angela Shepard <ashepard@cityofbryant.com>

Wed, Sep 21, 2022 at 6:31 PM

Hi Angela,

Attached is the receipt for the part we purchased to repair the toilet this past weekend. Thanks for your help!

Sent from my iPhone

On Sep 21, 2022, at 2:50 PM, Angela Shepard <ashepard@cityofbryant.com> wrote:

Please see the attached document of your Water Usage Report. If you have any questions please let me know.

Thank you

--

Angela Shepard

Customer Service Manager/Billing Manager

City of Bryant

501-943-0304 | 501-943-0441

ashepard@cityofbryant.com

www.cityofbryant.com

210 SW 3rd St, Bryant, AR 72022



2 attachments

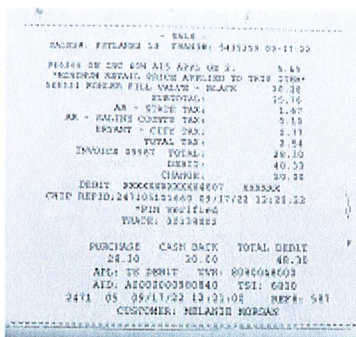


image0.jpeg
1550K

71 Bristol Dr.pdf
750K

- SALE -

SALES#: FSTLANE2 13 TRANS#: 5435259 09-17-22

946366 GE INC 40W A15 APPL GE 2. 5.48
 MINIMUM RETAIL PRICE APPLIED TO THIS ITEM
 546531 KOHLER FILL VALVE - BLACK 20.28
 SUBTOTAL: 25.76
 AR - STATE TAX: 1.67
 AR - SALINE COUNTY TAX: 0.10
 BRYANT - CITY TAX: 0.77
 TOTAL TAX: 2.54
 INVOICE 05587 TOTAL: 28.30
 DEBIT: 48.30
 CHANGE: 20.00

DEBIT XXXXXXXXXXXXX4887 XXXXXX
 CHIP REFID:247105101660 09/17/22 12:20:22
 *PIN Verified
 TRACE: 00138002

PURCHASE	CASH BACK	TOTAL DEBIT
28.30	20.00	48.30
APL: US DEBIT	TVR: 8080048000	
AID: A0000000980840	TSI: 6800	
2471 05 09/17/22 12:21:00	REF#: 587	
CUSTOMER: MELANIE MORGAN		

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9/22/22 Service Account No.: 021328-000
 Customer Name: Robert Myles Home Phone: _____
 Service Address: 700 Bryant Meadows Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 9/13/22

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

Leak on 3/4 PVC female adapter sch40 after the regulators.

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

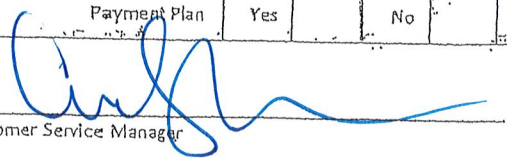
Sworn Statement:

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

Signature _____

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

FOR OFFICE USE ONLY									
1 month	Amount of Bill:	*1,274.69			Usage:	721			
	Average Bill:	*77.63			Three Month Average Usage:	42			
	Adjustment Approved:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Approved By:			
	Amount of Adjustment to Sewer Bill:	*576.47			Adjusted Bill Amount:	*698.22			
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Period	3 Months	<input type="checkbox"/>	6 Months	Paymer* Amt.


Customer Service Manager

021328-000
Sol- 838 2286



Invoice

Ray Lusk Plumbing
921 Rushing Circle
Little Rock, AR 72204
(501)664-0940 Fax: (501)661-1264
NWA-(479)306-7775

09/13/22
Page 1

MESHUNDA MYLES
700 BRYANT MEADOWS DR
BRYANT, AR 72022

MESHUNDA MYLES
700 BRYANT MEADOWS DR
BRYANT, AR 72022

Call Slip Number	Invoice Date	Invoice Number	Due Date
117265	09/13/2022	S256153	09/23/2022

Tech Date
JACOB 09/13/2022

Qty	Description	Unit Price	Amount
(1)	REPAIR LEAK IN 3/4" PLASTIC SERVICE	367.44	367.44
(1)	DIAGNOSIS FEE 1	148.50	148.50
(1)	ADDITIONAL 1/2 HOUR OF TIME	74.25	74.25

ADDITIONAL DETAILS:

Arrived on site to find water coming out of ground in front of meter box. I uncovered in front of meter to find a valve box, it was full of roots and dirt. I removed all the dirt and roots I could to find leak on 3/4" pvc female adapter sch40 after the regulator.

I removed section of 3/4" pipe and replaced sch40 female adapter with sch80 female adapter.

No other leaks detected at this time.

Ray Lusk provides a one year warranty on all work performed.
Ray Lusk provides no warranty on any existing plumbing.
Ray Lusk is not responsible for landscaping.

Note: the flip cover to the valve box was missing upon arrival.

I the undersigned, an owner/authorized representative/tenant of the premises at which the work mentioned is to be done. I hereby authorize you to perform Diagnosis/solution, and to use such labor and materials as you deem advisable at the price listed above. I agree to pay \$25 per month for each past due invoice in the event that collection efforts are initiated against me. I shall pay for all associated fees or cost by the addition of my signature below. I agree that I have received a copy of this contract, notice to the owner, and that I have read, understand, and agree to the terms listed herein. . I acknowledge satisfactory completion of the described work, and that the premises have been left in a satisfactory condition.

09/13/2022 03:58PM

Authorized Signature

CC #3478 Auth:621449 \$590.19

Total Due: 590.19
Received: 590.19

Balance Due: 0.00

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9/22 Service Account No.: 028475-000
 Customer Name: Mamie Seamans Home Phone: 870-265-1644
 Service Address: 3116 Greenfield Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 8/21/22

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>2 months</u>	Amount of Bill:	<u>\$985.61</u>					Usage:	<u>555</u>		
	Average Bill:	<u>\$49.00</u>					Three Month Average Usage:	<u>36</u>		
Adjustment Approved:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No				Approved By:			
Amount of Adjustment to Sewer Bill:		<u>\$410.05</u>					Adjusted Bill Amount:	<u>\$575.56</u>		
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Period	<input type="checkbox"/> 3 Months	<input type="checkbox"/> 6 Months	Payment Amt.		

Cuyler
Customer Service Manager

Acc't # 028495-000

Chris Sullivan
 Star City, AR
 870-370-9112

119722

CUSTOMER'S ORDER NO. 08/21/2022
 NAME Marie Seamans
 ADDRESS 3116 Greenfield Dr.
 CITY, STATE, ZIP Bryant, AR 870-265-1644

QTY	CASH	CHARGE	UN. ACCT	HOUSE	SETR	PRD	UNIT	PRICE	AMOUNT
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

Read meter upon arrival using .8 gal minute.

Replaced flush valve in toilet

Read meter after repairs using .8 gal minute

P. H. J. S. H.

RECEIVED BY Marie Seamans TAX PR3 TOTAL 71

KEEP THIS SLIP FOR REFERENCE