

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

MONTHLY LEAK ADJUSTMENT REPORT

SUMMARY

Date: May 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	Aaron Shelton	Customer Address	902 Merion Way
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started	4/23	Date Leak Repaired	5/23
Amount of Bill:	\$363.88	Usage:	201
Average Bill:	New Customer	Three Month Average Usage:	
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	\$139.44	Adjusted Bill Amount:	\$224.44
2 months			
Customer Name	Brittany Westbrook	Customer Address	22 Tanglewood
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started	4/23	Date Leak Repaired	5/23
Amount of Bill:	\$253.52	Usage:	139
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:	\$103.05	Adjusted Bill Amount:	\$150.47
1 month			
Customer Name	Sidney Milton	Customer Address	1506 Katrina
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started	4/23	Date Leak Repaired	5/23
Amount of Bill:	\$1,170.59	Usage:	647
Average Bill:	\$84	Three Month Average Usage:	44
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	\$484.08	Adjusted Bill Amount:	\$686.51
2 months			
Customer Name	Destiny Collins	Customer Address	912 Par
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started	4/23	Date Leak Repaired	5/23
Amount of Bill:	\$372.89	Usage:	206
Average Bill:	New Customer	Three Month Average Usage:	206
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	\$143.77	Adjusted Bill Amount:	\$229.12
2 months			
Customer Name	Herbert Gill	Customer Address	2608 Lakewood
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started	3/23	Date Leak Repaired	5/23
Amount of Bill:	\$574.21	Usage:	317
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:	\$222.53	Adjusted Bill Amount:	\$351.68
3 months			

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

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SUMMARY

Date: May 2023

Total Number of Request for Adjustment	Total Number of Adjustments Approved
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Total Gallons Adjusted	Total Cost of Adjustments

DETAILS

Customer Name	Stacy Skelter	Customer Address	2811 Timbercreek
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started	3/23	Date Leak Repaired	5/23
<u>2 months</u> Amount of Bill:	*1,156.22	Usage:	639
Average Bill:	*119	Three Month Average Usage:	64
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*442.52	Adjusted Bill Amount:	*713.70
Customer Name	Corinne Klaus	Customer Address	3220 Henson
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started	3/23	Date Leak Repaired	5/23
<u>3 months</u> Amount of Bill:	*1,402.36	Usage:	776
Average Bill:	*62	Three Month Average Usage:	32
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*588.88	Adjusted Bill Amount:	*813.48
Customer Name	Colton Girdlinghouse	Customer Address	1310 Whirlwind
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started	3/23	Date Leak Repaired	5/23
<u>3 months</u> Amount of Bill:	*823.52	Usage:	452
Average Bill:	*46	Three Month Average Usage:	24
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*329.06	Adjusted Bill Amount:	*494.46
Customer Name	Bryant Family Medical	Customer Address	408 Office Park #3
Date Leak Detected by AMI		Date Customer Notified	
<u>2 months</u> Date Leak Started	3/23	Date Leak Repaired	5/23
Amount of Bill:	*1635.86	Usage:	910
Average Bill:	*42.21	Three Month Average Usage:	20
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*753.40	Adjusted Bill Amount:	*882.40
Customer Name	Todd Wright	Customer Address	502 Providence
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started	4/23	Date Leak Repaired	5/23
<u>1 month</u> Amount of Bill:	*471.11	Usage:	260
Average Bill:	*96.02	Three Month Average Usage:	52
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*180.12	Adjusted Bill Amount:	*290.99

CITY OF BRYANT WATER AND WASTEWATER UTILITIES MONTHLY LEAK ADJUSTMENT REPORT

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Date: May 2023

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

DETAILS

Customer Name	Richard Davinport	Customer Address	1208 Kensington
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started	3/23	Date Leak Repaired	5/23
3 months Amount of Bill:	*793.33	Usage:	422
Average Bill:	*69	Three Month Average Usage:	37
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*269.30	Adjusted Bill Amount:	*524.03
Customer Name	Terri Pruitt	Customer Address	3916 Hanover
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started	3/23	Date Leak Repaired	5/23
2 months Amount of Bill:	*613.15	Usage:	337
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:	*257.19	Adjusted Bill Amount:	*355.96
Customer Name	Kathleen Datson	Customer Address	418 Milk Park
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started	4/23	Date Leak Repaired	5/23
1 month Amount of Bill:	*336.03	Usage:	191
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:	*148.08	Adjusted Bill Amount:	187.95
Customer Name		Customer Address	
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	
Amount of Bill:		Usage:	
Average Bill:		Three Month Average Usage:	
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:		Adjusted Bill Amount:	
Customer Name		Customer Address	
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	
Amount of Bill:		Usage:	
Average Bill:		Three Month Average Usage:	
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:		Adjusted Bill Amount:	

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 5/22/23 Service Account No.: 001-04453-07
 Customer Name: Aaron Shelton Home Phone: _____
 Service Address: 902 Merion Way Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 5/19/23

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 OFFICIAL USE ONLY							
<u>2 months</u>	Amount of Bill:	<u>\$363.88</u>			Usage:	<u>201</u>	
	Average Bill:	<u>New Customer</u>			Three Month Average Usage:	<u>—</u>	
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:		
	Amount of Adjustment to Sewer Bill:	<u>\$139.44</u>			Adjusted Bill Amount:	<u>\$224.44</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

501-772-5114

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

Work Order No. 2075630
Date Call: 05/19/2023 12:42 PM

001-04453-07

Status Work Completed

Date Completed: 05/19/2023 01:53 PM
Brief Desc: My toilet is running water

Job Site: 0178/0902-MW
902 Marion Way
Bryant, AR 72022

902 Marion Way

Caller Name: Karrington Cuningkin

Caller Phone: (501) 722-3429x
Occupant: Cuningkin (t0255012)

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

Home (501) 722-3429x
Mobile (501) 722-3429x

SubCategory: Toilet

Problem Description: My toilet is running water

Parts & Labor

Quantity/ Hours	Item Type/ Employee Name	Description	Unit Price	Total
00	Huffman	Huffman	.00	.00
			Total	.00

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

Full Description My toilet is running water

Technician Notes: Replaced fill valve and flapper

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 5/23 Service Account No.: 102-04028-02
 Customer Name: Brittany Westbrook Home Phone: _____
 Service Address: 22 Tanglewood Dr Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: _____

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>1 month</u>	Amount of Bill:	<u>253.52</u>		Usage:	<u>139</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>103.05</u>		Adjusted Bill Amount:	<u>150.47</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



Angela Shepard <ashepard@cityofbryant.com>

Brittany Westbrook Receipt

1 message

Liquid Concepts <info@liquidconcepts.com>

Mon, May 22, 2023 at 1:34 PM

To: ashepard@cityofbryant.com

Hi Angela,

Thank you again for all of your help. See attached for the receipt for the repair kit. It is the one labeled "Korky 2-IN Complete Kit" that was used to fix the leaking toilet we have had.

Brittany Westbrook

p. 501.455.5500

w. www.liquidconcepts.com

a. 200 Cornerstone Rd. Alexander, AR 72002



From: Lowe's Home Improvement [mailto:do-not-reply@receipt.lowes.com]

Sent: Sunday, May 21, 2023 7:54 PM

To: info@liquidconcepts.com

Subject: Your Lowe's Purchase Receipt

Your Lowe's Receipt

Thanks for shopping at Lowe's. Use this just like you would a paper receipt for proof of purchase, record keeping, returns and more.

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

Transaction # : 9716823

Order Date : 05/21/23 19:53:43

Item	Price
CRAFTSMAN FGL GARDEN HOE	\$ 31.98
Item #: 1120719	
1 @ 31.98	
KORKY 2-IN COMPLETE KIT	\$ 27.98
Item #: 795256	
1 @ 27.98	
Invoice 9518 Subtotal	\$ 59.96
Invoice 9518 Subtotal	\$ 59.96
Subtotal	\$ 59.96
Total Tax	\$ 5.92
Total	\$ 65.88

Total # of Items purchased: 2

Excludes fees, services and special order items

Payment: M/C ending in	\$ 65.88
3776	
AuthTime	05/21/23 19:53:38
AuthCD	00708Q
REFID	247109185163
APL	CAPITAL ONE

TSI	E800
AID	A0000000041010
TVR	0000008000
Order Date	05/21/23 19:53:43
Store #	2471
Terminal #	9
Store Manager	MARK MEYER

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START
SURVEY

* 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 #095181 247171 412206
 *

* 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

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 [Lowe's App](#) | [Return & Refund Policy](#)



5/22/23, 2:22 PM

CityofBryant.com Mail - Brittany Westbrook Receipt

1000 Lowes Boulevard, Mooresville, NC 28117

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This email is sent from an unmonitored mailbox. If you need to speak to someone about your purchase, please call the store using the number at the top of the receipt.

□

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 5/19/23 Service Account No.: 001-04105-05
 Customer Name: Sidney Milton Home Phone: _____
 Service Address: 1506 Katrina Dr Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 4/23

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

3/4 water service 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>2 months</u>	Amount of Bill:	<u>\$1,170.59</u>		Usage:	<u>647</u>		
	Average Bill:	<u>\$84</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>\$484.08</u>		Adjusted Bill Amount:	<u>\$686.51</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

001-04105-05

Sidney Milton

1506 Katrina Dr.

Bryant, AR 72022

501-213-9481

From: Nathan Sheffield <nathan_nate88@yahoo.com>

Date: May 19, 2023 at 7:44:33 PM CDT

To: sdmilton2010@me.com

Subject: Re: Potable Service Line Repairs

Reply-To: Nathan Sheffield <nathan_nate88@yahoo.com>

To whom it may concern,

On 4-11-2023 a leak was located and repaired at 1506 Katrina Dr in Bryant AR on the 3/4 water service. The leak was located at the meter and exposed. The proper repairs were made and the potable water system was tested to insure no other issues were present. The area was backfilled and the meter showed no movement.

Plumbing repairs \$240.00

Thank you!

Nathan Sheffield

MP#7056

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 5/12/23 Service Account No.: 001-06133-08
 Customer Name: Destiny Collins Home Phone: _____
 Service Address: 912 Par Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 5/12/23

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

Toilet Leaking

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

Sworn Statement:

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

Signature _____

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

FOR OFFICE USE ONLY										
<u>2 months</u>	Amount of Bill:	<u>\$372.89</u>	Usage:	<u>206</u>						
	Average Bill:	<u>New Customer</u>	Three Month Average Usage:							
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approved By:							
	Amount of Adjustment to Sewer Bill:	<u>\$143.77</u>	Adjusted Bill Amount:	<u>\$229.12</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

Acct# 001-06133-08

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

Work Order No. 2070260
Date Call: 05/12/2023 03:28 PM

Status Work Completed

Date Completed: 05/12/2023 04:04 PM
Brief Desc: My meters messed up apparently o

Job Site: 0148/0912
912 Par Drive
Bryant,AR 72022

Caller Name: Destiny Collins

Caller Phone: (501) 261-4511x
Occupant: Collins (t0270983)

Priority: 3-General

OK to enter? .YES

Category: Plumbing

Animal in Apt? Yes

Home (501) 261-4511x

SubCategory: Other

Problem Description: My meters messed up apparently or there's a leak. My bills like \$300.

Parts & Labor

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

Authorized by: _____

Signed by _____

Dated _____

Invoice No. _____

Full Description My meters messed up apparently or there's a leak. My bills like \$300.

Technician Notes: Replaced flapper and fill valve in back of toilet. Unstuck toilet handle,

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 5/23 Service Account No.: 102-01529-03
 Customer Name: Herbert Gill Home Phone: _____
 Service Address: 2608 Laverne St Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 3/23

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

Supply Line under home leaking
Broken pipe behind wall leaking

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

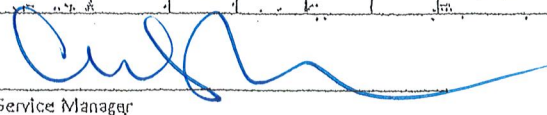
Sworn Statement:

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.

3 months		Amount of Bill:	574.21	Usage:	317
		Average Bill:	39.53	Three Month Average Usage:	20
Adjustment Approved:		Yes	No	Approved By:	
Amount of Adjustment to Sewer Bill:		222.53	Adjusted Bill Amount:		351.68
Payment Plan	Yes	No	Payment Period	3 Months	6 Months
			Payment Amt.		



Customer Service Manager

Herbert Hill

Acct # 102-01529-03

2608 Lauren St.

Print

PDF

Brandon Lee Tidwell
202 Lonsdale Cuttoff Road

INVOICE

Herb Gill
Bryant, Arkansas

Invoice # 0005877

Invoice Date 03/20/2023

Due Date 03/20/2023

Item	Description	Unit Price	Quantity	Amount
Hours	Plumbing repair	100.00	1.00	100.00

[Handwritten Signature]

NOTES: Repaired plumbing supply pipe under home and one broken pipe behind wall inside of home.

Subtotal 100.00
 Total 100.00
 Amount Paid 0.00
 Balance Due \$100.00

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 5.12.23 Service Account No.: 102-02914-01
 Customer Name: Stacy Shelter Home Phone: _____
 Service Address: 2811 Timbercreek Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 4.23

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.

FOR OFFICE USE ONLY							
<u>3 months</u>	Amount of Bill:	<u>\$1,156.22</u>			Usage:	<u>639</u>	
	Average Bill:	<u>\$119</u>			Three Month Average Usage:	<u>64</u>	
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Approved By: _____			
	Amount of Adjustment to Sewer Bill:	<u>\$442.52</u>			Adjusted Bill Amount:	<u>\$713.70</u>	
	Payment Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Payment Period	<input type="checkbox"/> 3 Months	<input type="checkbox"/> 6 Months	Payment Amt. _____


Customer Service Manager

4/30/2023

To Whom it may concern,

I am writing this correspondence to be considered for an adjustment to my most recent water bill. I recently bought my home. My guest bathroom, which does not get frequent use, had a running toilet that I was not aware of until I received this bill, that is more than five times the previous one. I have since made the necessary repairs to said toilet. I am attaching the receipt for those repairs.

Thank you,

Stacy Shetler
(425)-269-2983

2811 Timbercreek Drive,
Bryant, Arkansas 72022

Account # 102-02914-01



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

Acct #
102-02914-01

- SALE -

SALESH: FSTLANE2 13 TRANSH: 5147278 04-10-23

336602 10.1 OZ DAP KWIK SEAL PLU 7.98
795256 KORXY 2-IN COMPLETE KIT 27.98
3844101 PERF SEAL WAX RING W/BOLC 10.98

SUBTOTAL: 46.94
TAX: 4.64
INVOICE 05327 TOTAL: 51.58
DISC: 51.58

DISC: XXXXXXXXXXXX9/57 AMOUNT:51.58 AUTHCD: 01069R
CHIP REFID:247105135598 04/10/23 12:21:07
APL: Discover Credit TVR: 0000008000
AID: A0000001523010 TSI: E800
STORE: 2471 TERMINAL: 05 04/10/23 12:21:18
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

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 #053276 247141 009426 *
* *
* 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: 05 04/10/23 12:21:18

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 5/23 Service Account No.: 001-02342-06
 Customer Name: Cortnie Klaus Home Phone: _____
 Service Address: 3220 Henson Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: _____

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

Leak in Service Line

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

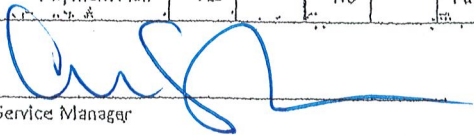
Sworn Statement:

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).
- 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.

3 months		Amount of Bill:	*1,402.36	Usage:	776
		Average Bill:	62	Three Month Average Usage:	32
		Adjustment Approved:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Approved By:	
		Amount of Adjustment to Sewer Bill:	*588.88	Adjusted Bill Amount:	*813.48
Payment Plan	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Payment Period	3 Months <input type="checkbox"/>	6 Months <input type="checkbox"/>
					Payment Attc.

Customer Service Manager 

American Leak Detection

37 Collins Industrial Place
 North Little Rock, AR 72113
 Phone : (501)228-0676 / (800)461-2962
 Fax : (501)225-9673

001-02342-06

501-554-9579

Invoice Date	Invoice #
4/14/2023	51509

PAID
 04/14/2023

Billing Address
Cortnie Klause 3220 Henson Pl Bryant, AR 72022

Site Address
Cortnie Klause 3220 Henson Pl Bryant, AR 72022

Claim #/P.O. #	Due Date	Completion	Rep	Phone #
	PAID	4/12/2023	Louis	501-554-9579

General plumbing labor	Visual inspection revealed a leak on the service line in the yard. Area was exposed to reveal leaking 3/4" service blue pipe. Leak had been caused by stress on the pipe. A repair was accomplished and the system was retested with no loss of pressure or leaks evident.		150.00
General plumbing parts 1	Parts used to make repair. Leak detection and location work is guaranteed for (30) days from the date of completion. ALD will re-test the system or refund the detection fee (at our sole option), if it is reported within the (30) day period that a leak is not where marked. ALD will not be liable for consequential losses. Detection and Guarantee is limited to the first leak found in the system.		50.00 0.00
4	Major repairs are guaranteed for (12) months from the date of completion. ALD will not be liable for consequential losses. Sales Tax		0.00 0.00
Thank you for your business.			\$200.00

- (1) - Leak detection and location work is guaranteed for (30) days from the date of completion. We Will re-test the system or refund the detection (at our sole option), if it is reported within the (30) day period that a leak still exists. We will not be liable for consequential losses. Detection and Guarantee is limited to the first leak found in the line. Guarantee does not apply to additional leaks found in the same line.
- (2) - Leak detection on a vinyl liner is guaranteed for (48) hours from the time of completion. We will re-test the system or refund the detection fee (at our sole option), if it is reported within (48) hours that a leak still exists. We will not be liable for consequential losses.
- (3) - Minor repairs are guaranteed for (30) days from the date of completion for defective workmanship only.
- (4) - Major repairs are guaranteed for (12) months from the date of completion and for defective workman ship only.
- (5) - No Guarantee Applies.

Payments/Credits	-\$200.00
Balance Due	\$0.00

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 4/23 Service Account No.: 001-01395-09
 Customer Name: Colton Girlinghouse Home Phone: _____
 Service Address: 1310 Whirlwind Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 4.23

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 OFFICIAL USE ONLY							
<u>3 months</u>	Amount of Bill:	<u>*823.52</u>			Usage:	<u>452</u>	
	Average Bill:	<u>*46</u>			Three Month Average Usage:	<u>24</u>	
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:		
	Amount of Adjustment to Sewer Bill:	<u>*329.06</u>			Adjusted Bill Amount:	<u>*494.46</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

ACCUH
001-01395-09

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

Work Order No. 2035509
Date Call: 04/18/2023 03:33 PM

Status Work Completed

Date Completed: 04/18/2023 04:31 PM
Brief Desc: Water company called me and told me

Job Site: 0114/1310
1310 Whirlwind Street
Bryant,AR 72022

Caller Name: Colton Girlinghouse

Caller Phone: (501) 442-6816x
Occupant: Girlinghouse (t0203123)

Home (501) 442-6816x

Priority: 3-General

Ok to enter? YES

Category: Plumbing

SubCategory: Toilet

Animal in Apt? No

Problem Description: Water company called me and told me of a leak in my toilet(when i flush the toilet it flushes but keeps on like it cant fill up basically the flap isnt closing all the way) but i need a workorder on it so i can get my waterbill dropped

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 Water company called me and told me of a leak in my toilet(when i flush the toilet it flushes but keeps on like it cant fill up basically the flap isnt closing all the way) but i need a workorder on it so i can get my waterbill dropped

Technician Notes: replaced red seal

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 5/23 Service Account No.: 001-09040-01
 Customer Name: Bryant Family Medical Home Phone: _____
 Service Address: 408 Office Park #3 Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 4/27/23

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

2 Toilets 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>2 months</u>	Amount of Bill:	<u>1635.80</u>	Usage:	<u>910</u>			
	Average Bill:	<u>42.21</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>753.40</u>	Adjusted Bill Amount:	<u>882.40</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

Water Bill acct # 001-09040-01
13.92

Statement		DATE	4-27-23	TERMS
TO		Bryant Family Care		
IN ACCOUNT WITH		5 to 10 plumbing 7333 W Shadow Pkwy Benton AR 72019		
		Repair 2 leaking toilets		

KAFS HOLDING LLC
WELLNESS ACCOUNT
PO BOX 582
BENTON AR 72018

81-330/829

1037

May 5, 2023
DATE

PAY TO THE ORDER OF 5 to 10 Plumbing \$ 125.00

One hundred twenty five and 00/100



Merchants & Farmers Bank
Dumas, AR 71639

DOLLARS



FOR Repair leaking toilet

Connelly A. Carter
2029685

⑆001037⑆ ⑆082903303⑆

CURRENT	OVER 30 DAYS	OVER 60 DAYS	TOTAL AMOUNT	125	00
---------	--------------	--------------	--------------	-----	----

adams DC5812

01-01

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 5/23 Service Account No.: 101-04647-01
 Customer Name: Todd Wright Home Phone: _____
 Service Address: 502 Providence Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: _____

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>1 month</u>	Amount of Bill:	<u>\$471.11</u>	Usage:	<u>260</u>			
	Average Bill:	<u>\$96</u>	Three Month Average Usage:	<u>52</u>			
Adjustment Approved:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Approved By:			
Amount of Adjustment to Sewer Bill:		<u>\$180.12</u>	Adjusted Bill Amount:		<u>\$290.99</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

101-04647-01 501-9126131
Tom Wright



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

- SALE -

SALESH: FSTLANE4 13 TRANSH: 7182396 04-22-23

667868 GE 6-MO REFRIGERATOR WATE 54.99
456833 PIPE TAPE 1/2-IN X 43-FT 2.58
3625373 FM 2-IN EVERYTHING REPAIR 29.98

SUBTOTAL: 87.55
TAX: 8.65
INVOICE 07960 TOTAL: 96.20
DEBIT: 96.20

DEBIT: XXXXXXXXXXXX5940 AMOUNT: 96.20 AUTHCD: 803882
CHIP REFID: 247107063154 04/22/23 11:53:40

*PIN Verified
TRACE: 00118045
PURCHASE CASH BACK TOTAL DEBIT
96.20 0.00 96.20
APL: US DEBIT TVR: 8080048000
ATD: A000000980340 TSI: 6800

STORE: 2471 TERMINAL: 07 04/22/23 11:53:16
OF ITEMS PURCHASED: 3
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



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STORE MANAGER: MARK MEYER

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YOUR ID #079608 247191 127767
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VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER.
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STORE: 2471 TERMINAL: 07 04/22/23 11:53:16



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

- SALE -

SALESH: FSTLANE4 13 TRANSH: 7273166 04-23-23

359952 FM COMPLETE 3-IN FLUSH VA 18.98

SUBTOTAL: 18.98
TAX: 1.87
INVOICE 07088 TOTAL: 20.85
DEBIT: 20.85

DEBIT: XXXXXXXXXXXX5940 AMOUNT: 20.85 AUTHCD: 529772
CHIP REFID: 247107063303 04/23/23 13:05:41

*PIN Verified
TRACE: 00347446
PURCHASE CASH BACK TOTAL DEBIT
20.85 0.00 20.85
APL: US DEBIT TVR: 8080048000
ATD: A000000980340 TSI: 6800

STORE: 2471 TERMINAL: 07 04/23/23 13:06:06
OF ITEMS PURCHASED: 1
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



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WITHIN ONE WEEK AT: www.lowes.com/survey
YOUR ID #070885 247161 131610
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: 07 04/23/23 13:06:06

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 5/23 Service Account No.: 102-04440-01
 Customer Name: Richard Devenport Home Phone: _____
 Service Address: 1208 Kensington Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 5/23

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*

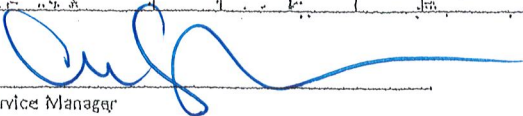
Sworn Statement:

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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.

<u>3 months</u>	Amount of Bill:	<u>1793.33</u>	Usage:	<u>422</u>
	Average Bill:	<u>69</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>5269.30</u>	Adjusted Bill Amount:	<u>524.03</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

Richard Dawenperd
1208 Kensington Dr
102-04440-01
506-317-1384



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

- SALE -

SALE#: FSTLANE3 13 TRANSH: 6300637 05-05-23

1031244 ORIGINAL GOURMET LOLLIPOP 2.16
2 @ 1.08
247876 RB MANSFIELD FLUSH VALVE 2.40

SUBTOTAL: 4.56
TAX: 0.45
INVOICE 06713 TOTAL: 5.01
DEBIT: 5.01

DEBIT: XXXXXXXXXXXX6175 AMOUNT:5.01 AUTHCD: 201850
CHIP REFID: 247106103641 05/05/23 10:30:31

*PIN Verified
TRACE: 00303069

PURCHASE	CASH BACK	TOTAL DEBIT
5.01	0.00	5.01

APL: US Debit TVR: 8000048000
AID: A0000000042203 TSI: 6800

STORE: 2471 TERMINAL: 06 05/05/23 10:30:37
OF ITEMS PURCHASED: 3
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



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STORE MANAGER: MARK MEYER

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* 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 #067137 247171 256672 *
* *
* 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: 06 05/05/23 10:30:37

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 5/23 Service Account No.: 102-05441-00
 Customer Name: Tenni Pruitt Home Phone: _____
 Service Address: 3916 Hanover Dr Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 5/23

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

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

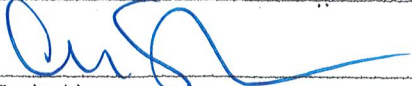
Sworn Statement:

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

Signature _____

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

FOR OFFICE USE ONLY							
<u>2 months</u>	Amount of Bill:	<u>613.15</u>	Usage:	<u>337</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>257.19</u>	Adjusted Bill Amount:	<u>355.96</u>			
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Period	3 Months	6 Months
						Payment Amt.	



 Customer Service Manager

Acct# 102-05441-06

501-602-0212

3916 Hanover

676514

Invoice

SOLD TO <i>Rusty Pratt</i>		SHIP TO GRANDON PLUMBING	
ADDRESS <i>3916 Hanover Dr</i>		ADDRESS 501 ... 1467	
CITY, STATE, ZIP <i>Boxport MA 72</i>		CITY, STATE, ZIP 3RD GENERATION MASTER#5455	
CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.
			DATE <i>4-25-2023</i>

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>Dug up and replaced water Reg. lock</i>			
		<i>Set to 75 p.s.i. - replace. Adjustable</i>			
		<i>up stairs and top valve on water heater</i>			
		<i>1 3/4" water Regln</i>			<i>149 00</i>
		<i>1 FM 400A Ballcock</i>			<i>24 50</i>
		<i>1 LONG 3/4" Top Valve</i>			<i>36 00</i>
		<i>2 Lock</i>	<i>145.00</i>		<i>290 00</i>
		<i>- PAID CH# 1536</i>			<i>499 50</i>

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 5/23 Service Account No.: 102-00554-00
 Customer Name: Kathleen Dotson Home Phone: _____
 Service Address: 418 Mills Park Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 5/23

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

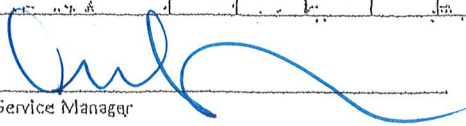
Sworn Statement:

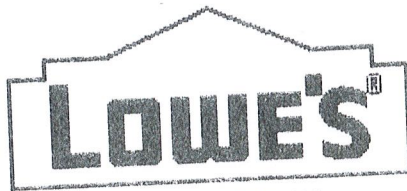
I _____ swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

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.

<u>1 month</u>	Amount of Bill:	<u>336.03</u>	Usage:	<u>191</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>148.08</u>	Adjusted Bill Amount:	<u>187.95</u>
Payment Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Period	3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/>	Payment Att. <input type="checkbox"/>


Customer Service Manager



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

- MILITARY - PERSONAL USE SALE -
 - SALE -

SALES#: S2471GQL 4172658 TRANS#: 23529489 04-26-23

1554681 HB WILD BIRD FOOD 40-LB	23.38
25.98 DISCOUNT EACH	-2.60
1324296 PERMAX UNIVE HIG PERF FI	13.48
14.98 DISCOUNT EACH	-1.50
919395 CAPT JACK 1-LB GRDN DUST	5.38
5.98 DISCOUNT EACH	-0.60

SUBTOTAL:	42.24
TAX:	4.17
INVOICE 23843 TOTAL:	46.41
VISA:	46.41

TOTAL DISCOUNT: 4.70

THANK YOU FOR YOUR
 MILITARY SERVICE

VISA: XXXXXXXXXXXX2636 AMOUNT:46.41 AUTHCD: 04644D

CHIP REFID:247123068916 04/26/23 12:17:50

APL: CHASE VISA TVR: 0080008000

AID: A0000000031010 TSI: E800

STORE: 2471 TERMINAL: 23 04/26/23 12:18:09

OF ITEMS PURCHASED: 3

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
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STORE MANAGER: MARK MEYER

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 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 #238435 247131 165126 *
 *
 NO PURCHASE NECESSARY TO ENTER OR WIN. *

418 E Mills Park
 501-772-4332
 Paul or Kathleen
 Dotson

Acct
 102-00554-00