

CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
**LEAK ADJUSTMENT REQUEST**

Date of Request: 8/23 Service Account No.: 102-02036-00  
 Customer Name: Rob Roedel Home Phone: \_\_\_\_\_  
 Service Address: 204 Richwoods Dr Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72022  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 7/23

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

Service Line leaking at meter

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

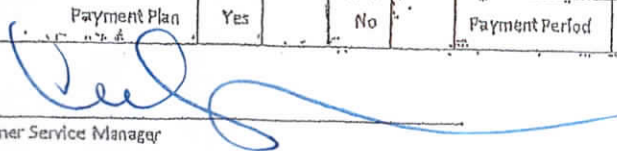
**Sworn Statement:**

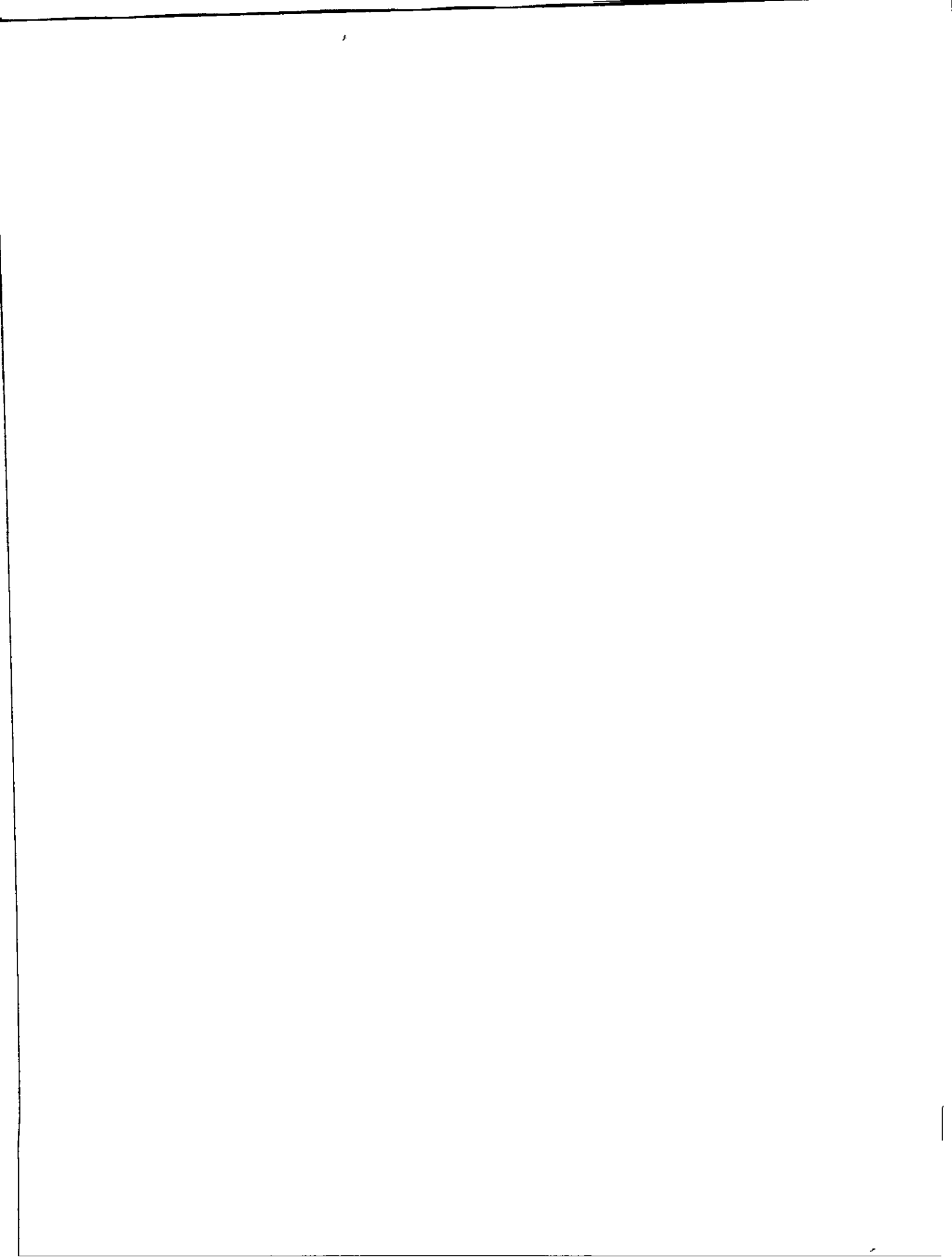
I, \_\_\_\_\_, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

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 mt</u>	Amount of Bill:	<u>*568.21</u>			Usage:	<u>314</u>			
	Average Bill:	<u>*82</u>			Three Month Average Usage:	<u>41</u>			
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Approved By:				
	Amount of Adjustment to Sewer Bill:	<u>*236.41</u>			Adjusted Bill Amount:	<u>*331.80</u>			
	Payment Plan	Yes	No	Payment Period	3 Months	6 Months	Payment Amt.		

Customer Service Manager 





**Barnard Plumbing LLC**  
 19522 Arch Street  
 Little Rock, AR 72206  
 Phone: 501-500-0301  
 870-484-4800

**PLUMBING**

0224

**WORK ORDER/INVOICE**

TO:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF SERVICE	HOME TELEPHONE
ORDER TAKEN BY	BUSINESS TELEPHONE
CUSTOMER ORDER NO.	<input type="checkbox"/> DAYWORK <input type="checkbox"/> CONTRACT <input type="checkbox"/> EXTRA
STARTING DATE	<input type="checkbox"/> OVERTIME <input type="checkbox"/> OTHER
JOB NAME/NO.	
JOB LOCATION	
QUOTED JOB	TIME & MATERIAL

CHECKMARKS NOTE: <input type="checkbox"/> RETURN VISIT NEEDED <input type="checkbox"/> WORK COMPLETED	TROUBLESHOOT	INSPECT/SLAB	UNCLOG/CLEAN	REPAIR	REPLACE	INSTALL	ROUGH - IN	FINISH	WORK/TRIM	TERMS: COLLECT OR ACCOUNT CUSTOMER				
										PAYMENT METHOD: CASH CARD CHECK#				
										DESCRIPTION OF WORK				
NO HEAT														
NO WATER														
BURST PIPE(S)														
THAW PIPE(S)														
INSULATE PIPE(S)														
BLOCKAGE - WASTE SYSTEM														
KITCHEN										LABOR	HRS.	RATE	AMOUNT	
FAUCET														
INSTANT HOT														
WATER FILTER														
DISPOSAL														
DISHWASHER/Disposal														
BATH (1) (2) (3)														
LAVATORY														
WATER CLOSET														
BATHTUB										TOTAL LABOR				
SHOWER STALL/HEAD										QTY.	MATERIAL	UNIT	AMOUNT	
WHIRLPOOL/SPA/HOT TUB														
LAUNDRY														
WASHING MACHINE														
FAUCET(S)														
SILL COCK														
SUPPLY LINE(S)														
TRAP(S)/DRAIN(S)										<i>[Handwritten scribble]</i>				
FILTER(S)										<i>[Handwritten scribble]</i>				
GATE/BALL VALVE(S)										<i>[Handwritten scribble]</i>				
WATER LINE(S)										<i>[Handwritten scribble]</i>				
WELL/WATER PUMP										<i>[Handwritten scribble]</i>				
PRESSURE TANK										<i>[Handwritten scribble]</i>				
WATER SOFTENER										<i>[Handwritten scribble]</i>				
AIR CONDITIONER/COND.										<i>[Handwritten scribble]</i>				
PUMP/EFFLUENT PUMP										<i>[Handwritten scribble]</i>				
BOILER-STEAM/HOT WATER										<i>[Handwritten scribble]</i>				
VENT PIPE(S)										<i>[Handwritten scribble]</i>				
WASTE/SEWER LINE(S)										<i>[Handwritten scribble]</i>				
WATER HEATER														
NG Electric														
Serial:														
Model:														
Gallon:														
Location:														
Age:														
Standard Short Tall														
Location in home:														
										WORK ORDERED BY		TOTAL MATERIALS		
										I hereby acknowledge the satisfactory completion of the above-described work.		TAX (MAT ONLY)		
										SIGNATURE		DATE		
										TOTAL LABOR		TRIP CHARGE		
										SUBTOTAL				
										THANK YOU		TOTAL		

Acct#  
101-04384-01



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

- MILITARY - PERSONAL USE SALE -  
- SALE -

SALES#: FSTLAN02 13 TRANS#: 969841640 08-09-23

1962973 KORKY QUIETFILL 2X MAX FT 14.38  
15.98 DISCOUNT EACH -1.60

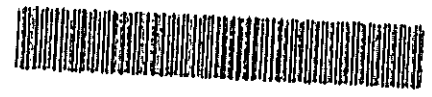
SUBTOTAL: 14.38  
TOTAL TAX: 1.42  
INVOICE 88190 TOTAL: 15.80  
DEBITHC: 15.80  
CHANGE: 0.00

TOTAL DISCOUNT: 1.60

THANK YOU FOR YOUR  
MILITARY SERVICE

DEBITHC: XXXXXXXXXXXX2099 AMOUNT: 15.80 AUTHCD:  
CHIP REFID:247136190013 08/09/23 11:03:43  
\*PIN VERIFIED  
TRACE : 190013 RETRIEVAL: 247136190013  
PURCHASE CASH BACK TOTAL DEBIT  
15.80 0.00 15.80  
TUR : 8000048000  
TSI : 6800 AID : A0000000042203

STORE: 2471 TERMINAL: 36 08/09/23 11:03:59  
# 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

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

**CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST**

Date of Request: 8/23 Service Account No.: 101-04384-01  
 Customer Name: Stephanie Aggison Home Phone: \_\_\_\_\_  
 Service Address: 3014 Ozark Dr Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72022  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 8/23

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*

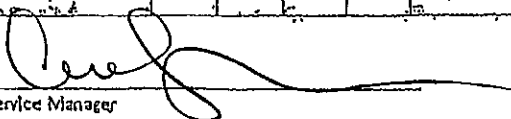
**Sworn Statement:**

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									
3mb		Amount of Bill: \$1,140.01			Usage: 628				
		Average Bill: \$53.92			Three Month Average Usage: 28				
		Adjustment Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Approved By: _____				
		Amount of Adjustment to Sewer Bill: \$471.07			Adjusted Bill Amount: \$668.94				
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 

001-06741-07  
Page: 1

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

**Work Order No.** 2035927  
**Date Call:** 04/19/2023 09:51 AM

**Status** Work Completed

**Date Completed:** 04/19/2023 10:47 AM  
**Brief Desc:** There is definitely a water leak. I

**Job Site:** 0114/0910  
910 Whirlwind Street  
Bryant, AR 72022

**Caller Name:** Kallilah Siddiq

**Caller Phone:** (501) 952-7413x  
**Occupant:** Siddiq (t0201712)

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

**Home** (501) 952-7413x

**SubCategory:** Toilet

**Problem Description:** There is definitely a water leak. I have a increase in water usage on my water bill and it's become unbelievably high.

**Parts & Labor**

Quantity/ Hours	Item Type/ Employee Name	Description	Unit Price	Total
.00	Griffin	Griffin	.00	.00
			<b>Total</b>	<b>.00</b>

**Authorized by:** \_\_\_\_\_  
**Signed by** \_\_\_\_\_  
**Dated** \_\_\_\_\_  
**Invoice No.** \_\_\_\_\_

**Full Description** There is definitely a water leak. I have a increase in water usage on my water bill and it's become unbelievably high.

**Technician Notes:** Adjusted flapper for toilet.

CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST

Date of Request: 8/23 Service Account No.: 001-00741-07  
 Customer Name: Kalilah Siddiq Home Phone: \_\_\_\_\_  
 Service Address: 910 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 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 \_\_\_\_\_

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FOR OFFICE USE ONLY											
3 mths		Amount of Bill:		\$1256.31			Usage:		664		
		Average Bill:		\$56			Three Month Average Usage:		3.0		
		Adjustment Approved:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Approved By:				
		Amount of Adjustment to Sewer Bill:		\$497.06			Adjusted Bill Amount:		\$759.25		
Payment Plan		Yes		No		Payment Period		3 Months		6 Months	
								Payment Amt.			

Customer Service Manager \_\_\_\_\_





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

**Work Order No.** 2214881  
**Date Call:** 08/21/2023 05:31 PM

**Status** Work Completed

**Date Completed:** 08/22/2023 10:17 AM  
**Brief Desc:** water department says have leak

**Job Site:** 0114/4910  
4910 Cyclone Street  
Bryant,AR 72022

**Caller Name:** Samantha Parsons-Dean

**Caller Phone:** (501) 361-7511x  
**Occupant:** Parsons-Dean (t0281964)

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

**Mobile** (501) 361-7511x  
**SubCategory:** Other

**Problem Description:** water department says have leak bill is 1000.00

**Parts & Labor**

Quantity/ Hours	Item Type/ Employee Name	Description	Unit Price	Total
.00	Bocksnick	Bocksnick	.00	.00
			<b>Total</b>	<b>.00</b>

**Authorized by:** \_\_\_\_\_  
**Signed by** \_\_\_\_\_  
**Dated** \_\_\_\_\_  
**Invoice No.** \_\_\_\_\_

**Full Description** water department says have leak bill is 1000.00

**Technician Notes:** Replaced cracked pressure regulator

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

**Work Order No.** 2157326  
**Date Call:** 07/12/2023 01:12 PM

**Status** Work Completed

**Date Completed:** 07/12/2023 01:26 PM  
**Brief Desc:** water bill 300.00 and water depa

**Job Site:** 0114/4910  
4910 Cyclone Street  
Bryant,AR 72022

**Caller Name:** Samantha Parsons-Dean

**Caller Phone:** (501) 361-7511x  
**Occupant:** Parsons-Dean (t0281964)

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

**Mobile** (501) 361-7511x  
**SubCategory:** Other

**Problem Description:** water bill 300.00 and water department says theres a leak somewhere

**Parts & Labor**

Quantity/ Hours	Item Type/ Employee Name	Description	Unit Price	Total
.00	Griffin	Griffin	.00	.00
			<b>Total</b>	<b>.00</b>

**Authorized by:** \_\_\_\_\_  
**Signed by** \_\_\_\_\_  
**Dated** \_\_\_\_\_  
**Invoice No.** \_\_\_\_\_

**Full Description** water bill 300.00 and water department says theres a leak somewhere

**Technician Notes:** Replaced red seal in left bathroom.

101-01653-10

CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
**LEAK ADJUSTMENT REQUEST**

Date of Request: 8/23 Service Account No.: 101-01653-10  
 Customer Name: David Dean Home Phone: \_\_\_\_\_  
 Service Address: 4910 Cyclone St. Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72022  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 8/23

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

Regulator Cracked and Leaking  
 Toilet Leaking

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

\_\_\_\_\_

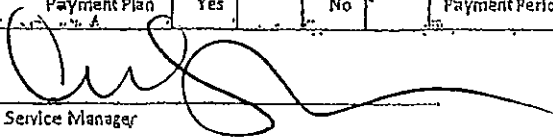
**Sworn Statement:**

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

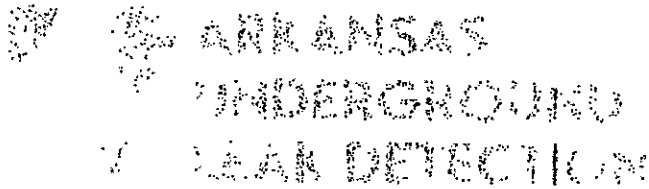
\_\_\_\_\_  
 Signature

- 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>2mts</u>	Amount of Bill:	<u>\$661.68</u>			Usage:	<u>369</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>\$280.57</u>			Adjusted Bill Amount:	<u>\$381.11</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

063-08718-01



Arkansas Underground Leak Detection  
601-855-0874  
arkansasleaks@gmail.com  
License #WPE662

## Utility Verification Letter

### Homeowner Information

Name Karen Tilley Date 17 August 2023

Address 11126 Stonedhill Dr

Alexander AR  
City State ZIP Code

Phone \_\_\_\_\_ Email cumbled918@gmail.com

### Statement of Repair

The techs arrived onsite performed leak detection locating a few leaks on the line. The tech replaced a section of the water service line. There are no further leaks.

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

CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
**LEAK ADJUSTMENT REQUEST**

Date of Request: 8/23 Service Account No.: 003-08218-01  
 Customer Name: Karen Tilley Home Phone: \_\_\_\_\_  
 Service Address: 1126 Stonehill Dr Work Phone: \_\_\_\_\_  
 City: Alexander State, Zip: AR 72002  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 8/23

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

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 \_\_\_\_\_

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FOR OFFICE USE ONLY							
3mt	Amount of Bill:	592.82			Usage:	667	
	Average Bill:	85			Three Month Average Usage:	8.2	
	Adjustment Approved:	Yes	No	Approved By:			
	Amount of Adjustment to Sewer Bill:	223.33			Adjusted Bill Amount:	369.49	
Payment Plan	Yes	No	Payment Period	3 Months	6 Months	Payment Amt:	

Customer Service Manager \_\_\_\_\_

10:19

5G+ 4B



# 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 #: 845259859  
Order Date: 07/21/23 19:09:14



Item	Price
KORKY 2-IN COMPLETE KIT	
Item #: 795256	
1 @ 27.98	\$ 27.98
Invoice 78459 Subtotal	\$ 27.98
Invoice 78459 Subtotal	\$ 27.98
Subtotal	\$ 27.98
Total Tax	\$ 2.76
Total	\$ 30.74
Change	\$ 0.00

Total # of Items purchased: 1  
Excludes fees, services and special order items

Payment: DEBITVISA ending In 5494 \$ 30.74  
AuthTime 07/21/23 19:09:04

Reply



Mail



Calendar



Feed



Apps

8/21/23, 1:47 PM

CityofBryant.com Mail - [waterbilling] Lifesaver Associates (5407 Highway 5 North, Suite 16)



Samantha Hawkins <shawkins@cityofbryant.com>

**[waterbilling] Lifesaver Associates (5407 Highway 5 North, Suite 16)**

1 message

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

Mon, Aug 21, 2023 at 12:38 PM

10:19

5G+

Your Lowe's Receipt

001-05673-01  
501-779-4842



Receipt information

Receipt details



This is a copy of the receipt where I purchased and replaced parts for my toilet. As I mentioned, there were no indications of a leak and historically our water bill has been less than \$50 a month. Lifesaver Associations, 5407. Highway 5 North suite 16. Thank you for your consideration, we don't make \$700 a month teaching CPR.

**CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST**

Date of Request: 8/23 Service Account No.: 001-05673-01  
 Customer Name: Lifesaver Associates Home Phone: \_\_\_\_\_  
 Service Address: 5407 HWY 5 N #16 Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: Bryant, AR  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 7/23

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 \_\_\_\_\_

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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											
1 month	Amount of Bill:	\$ 599.99	Usage:	330							
	Average Bill:	\$ 42.53	Three Month Average Usage:	220							
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approved By:								
	Amount of Adjustment to Sewer Bill:	\$ 268.45	Adjusted Bill Amount:	\$ 331.54							
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





**CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST**

Date of Request: 8/23 Service Account No.: 001-07443-02  
 Customer Name: Dahlia Walsh Home Phone: \_\_\_\_\_  
 Service Address: 40 Tomahawk Dr Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72022  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 7/23

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

Hose Bib Leaking

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

\_\_\_\_\_

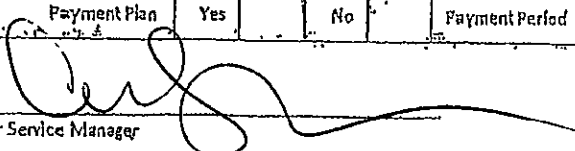
**Sworn Statement:**

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Signature \_\_\_\_\_

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FOR OFFICE USE ONLY							
<u>1 month</u>	Amount of Bill:	<u>519.45</u>			Usages:	<u>293</u>	
	Average Bill:	<u>28.53</u>			Three Month Average Usages:	<u>220</u>	
	Adjustment Approved:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No	Approved By:		
	Amount of Adjustment to Sewer Bill:	<u>236.41</u>			Adjusted Bill Amount:	<u>283.04</u>	
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Amt.		
	Payment Period	3 Months	<input type="checkbox"/>	6 Months	<input type="checkbox"/>		

  
Customer Service Manager



CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST

Date of Request: 8/23 Service Account No.: 001-06514-05  
 Customer Name: Patrick Quinn Home Phone: \_\_\_\_\_  
 Service Address: 215 Dogwood Pl Dr. Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72011  
 Date Leak Detected: \_\_\_\_\_ Data Repaired: 8/23

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

2 Lines leaking underneath home

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							
1 mth	Amount of Bill:	<u>789.41</u>		Usage:	<u>437</u>		
	Average Bill:	<u>151.00</u>		Three Month Average Usage:	<u>81</u>		
	Adjustment Approved:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Approved By:	_____		
	Amount of Adjustment to Sewer Bill:	<u>308.28</u>		Adjusted Bill Amount:	<u>481.13</u>		
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.	_____

[Signature]  
Customer Service Manager



001-05.127-03

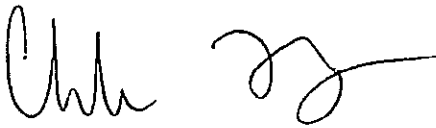
Bryant Water Department

On July 14, 2023 Bart Ferguson Enterprises maintenance manager went to Mr Robinsons home at **3302 N. Crescent Dr.** and made the repairs to the plumbing that were causing the water usage to be abnormally high.

Please see attached parts receipt.

Thank you,

Clark Ferguson  
Property Manager

A handwritten signature in black ink, appearing to read 'Clark Ferguson', with a long horizontal flourish extending to the right.

CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST

Date of Request: 7/23 Service Account No.: 001-05127-03  
 Customer Name: Dwayne Robinson Home Phone: \_\_\_\_\_  
 Service Address: 3302 N. Crescent Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72022  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 7/23

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 OFFICIAL USE ONLY							
<u>3m5</u>	Amount of Bill:	<u>\$ 836.10</u>			Usage:	<u>459</u>	
	Average Bill:	<u>\$ 150</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>\$ 189.51</u>			Adjusted Bill Amount:	<u>\$ 646.59</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 [Signature]

# ARMSTRONG

MECHANICAL CONTRACTOR  
24520 Ingersoll 30, North  
P.O. Box 483  
Bryant, AR 72022-0483  
501-847-6800

## Statement of Account

831603 MICHAEL WHITWORTH  
3016 WHISPERING OAK  
BRYANT, AR 72022

Statement of Account as of 7/24/2023

Invoice	Description	Date	Charges	Credits	Retainage	Finance Charge
SM00125	Service Billing	07/05/2023	229.00			
Statement Totals:			229.00	0.00	0.00	0.00

Contract	Over 30	Over 60	Over 90	Over 120	Outstanding Amount	Retainage Balance
229.00	0.00	0.00	0.00	0.00	229.00	0.00

ARMSTRONG Mechanical Contractors

772-52023

Page 1 of 1



001-03294-05

Michael n Tricia

Whitworth

501-283-1603

3016 whispering Oak St

JOB NUMBER: 001-03294-05  
 DATE: 8/14/23  
 CITY: Brent  
 JOB NAME AND LOCATION: 3016 Whispering Oak St  
 JOB PHONE:

DAY WORK  
 CONTRACT  
 EXTRA

I, Michael n Tricia, certify that the above information is true and correct.  
 I am the owner of the above mentioned work.  
 I agree to have use recover the  
 digger pipe only leaving a  
 furrow without water.

DATE COMPLETED	WORK ORDERED BY	TOTAL MATERIALS
8/14/23	Michael n Tricia	
		TOTAL LABOR
		TAX
		TOTAL AMOUNT
		\$277

I hereby acknowledge the satisfactory completion of the above mentioned work.

Signature: Michael n Tricia

PRODUCT 259

**CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST**

Date of Request: 8.12.23 Service Account No.: 001-03294-05  
 Customer Name: Michael Whitworth Home Phone: \_\_\_\_\_  
 Service Address: 3016 Whispering Oak Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72019  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 7-6-23

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									
3WD		Amount of Bill:		863.06		Usage:		474	
		Average Bill:		52		Three Month Average Usage:		25	
		Adjustment Approved:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Approved By:			
		Amount of Adjustment to Sewer Bill:		345.50		Adjusted Bill Amount:		517.56	
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

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

Work Order No. 2180874  
 Date Call: 08/01/2023 03:02 PM

101-03344-06

Status Work Completed

Date Completed: 08/01/2023 03:20 PM  
 Brief Desc: Our water bill was extremely high a

Job Site: 0178/1012-H  
 1012 Hogan Lane  
 Bryant, AR 72022

Caller Name: Kinley Reed

Caller Phone: (870) 484-1990x  
 Occupant: Reed (t0217779)

Home (870) 484-1990x

Priority: 3-General  
 Ok to enter? YFS  
 Category: Plumbing  
 Animal in Apt? Yes

SubCategory: Faucet

Problem Description: Our water bill was extremely high and they told us there was a leak somewhere

Parts & Labor

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

Authorized by: \_\_\_\_\_  
 Signed by \_\_\_\_\_  
 Dated \_\_\_\_\_  
 Invoice No. \_\_\_\_\_

Full Description Our water bill was extremely high and they told us there was a leak somewhere

Technician Notes: There was a leak in the water line connecting to the pressure valve. Repaired and everything is working properly now.

Kinley Reed  
 870-484-1990

**CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST**

Date of Request: 8/23 Service Account No.: 101-03346-06  
 Customer Name: Kinley Reed Home Phone: \_\_\_\_\_  
 Service Address: 1012 Hogan Ln. Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72022  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 8/23

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

Leak in water line connecting to pressure valve.

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

**Sworn Statement:**

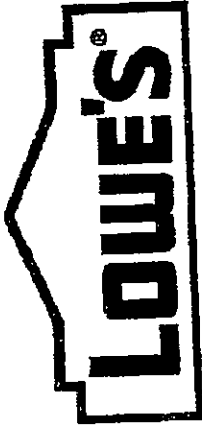
I, \_\_\_\_\_, swear or affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

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							
3 mths.	Amount of Bill:	\$1,808.95			Usage:	1000	
	Average Bill:	\$40			Three Month Average Usage:	21	
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Approved By: _____			
	Amount of Adjustment to Sewer Bill:	\$811.41			Adjusted Bill Amount:	\$997.54	
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



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

SALES# : FSTLAN02 13 TRANS# : 90504097 07-25-23

1324296 PERFMX UNIVE RTG PERF FI 14.98

SUBTOTAL: 14.98  
 TOTAL TAX: 1.48  
 INVOICE 07152 TOTAL: 16.46  
 DEBIT#C: 16.46  
 CHANGE: 0.00

DEBIT#C: XXXXXXXXXXXX4684 AMOUNT: 16.46 AUTHCD: KDSUHL  
 CHIP REFID: 247136152908 07/25/23 13:18:14

TRACE : 152908 RETRIEVAL: 247136152908  
 PURCHASE CASH BACK TOTAL DEBIT  
 16.46 0.00 16.46

TUR : 6000048000  
 TSI : 6800 AID : A0000000042203

STORE: 2471 TERMINAL: 36 07/25/23 13:18:25  
 # OF ITEMS PURCHASED: 1  
 EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

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

SALES# : FSTLAN02 13 TRANS# : 816884148 07-20-23

1030945 FILL VALVE AND FLAP 16.48

SUBTOTAL: 16.48  
 TOTAL TAX: 1.63  
 INVOICE 75788 TOTAL: 18.11  
 DEBIT#C: 18.11  
 CHANGE: 0.00

DEBIT#C: XXXXXXXXXXXX4684 AMOUNT: 18.11 AUTHCD: JZTBM4  
 CHIP REFID: 247138788881 07/20/23 14:35:48

TRACE : 788881 RETRIEVAL: 247138788881  
 PURCHASE CASH BACK TOTAL DEBIT  
 18.11 0.00 18.11

TUR : 8000048000

and disabled. I would greatly appreciate any help that I could get to help reduce my water bill. I've attached the two receipts to the back of this letter.

Thank you once again for your help and support.

Donald Huffman  
7-27-23

001-00355-01

~~001-00355-00~~  
(501) 847-2346

Bryant Water Department

City of Bryant  
210 SW 3<sup>rd</sup> St.  
Bryant, Ar. 72022

9 Arcadia  
Cr.

To Whom it may concern,

I Donald Huffman at #9 Arcadia Drive, Bryant Ar. 72022. would like to thank you for your hard work and service you provide for me and my family and for having the technology and capability on where they maybe leaks in my plumbing system. My last month bill was \$693.40 I was in shock. I went to the water department and they explained what it could be and what I needed to do. I have two bathrooms and because I had problems with the master bath before I assumed it was the problem I replaced and repair what I thought was the problem. I went back to the water department and nothing had changed. So then I checked the guest bathroom toilet and found and fixed the problem. So now both bathrooms are running properly. Thank you.

I am on a fixed income

**CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST**

Date of Request: 7-27-23 Service Account No.: 001-00355-01  
 Customer Name: Don Huffman Home Phone: \_\_\_\_\_  
 Service Address: 9 Arcadia Cir. Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72072  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 7-23

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

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).
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FOR OFFICIAL USE ONLY									
Amount of Bill:		\$832.53			Usage:		459		
Average Bill:		\$90 <sup>00</sup>			Three Month Average Usage:		45		
Adjustment Approved:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Approved By:		K		
Amount of Adjustment to Sewer Bill:		\$319.54			Adjusted Bill Amount:		\$512.99		
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 \_\_\_\_\_



001-08052-02

Arkanies Inc.  
1302 Goodman Ave.  
White Hall, AR 71602  
501-366-3377

Imran Ahmed  
3209 Robbins Drive  
Benton AR, 72022

8/2/2023  
Invoice 1155

Work Completed	Price
Remove and replace upstairs commode tank valve	\$175.00
<b>Total (Including Labor and Material):</b>	<b>\$175.00</b>

*Thank You!*

**CITY OF BRYANT WATER AND WASTEWATER UTILITIES  
LEAK ADJUSTMENT REQUEST**

Date of Request: 8/23 Service Account No.: 001-08052-02  
 Customer Name: Mian Ahmed Home Phone: \_\_\_\_\_  
 Service Address: 3209 Robbins Dr Work Phone: \_\_\_\_\_  
 City: Bryant State, Zip: AR 72072  
 Date Leak Detected: \_\_\_\_\_ Date Repaired: 8/2/23

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							
2 mts	Amount of Bill:	\$1,517.67			Usage:	840	
	Average Bill:	\$158.00			Three Month Average Usage:	87	
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:		
	Amount of Adjustment to Sewer Bill:	\$576.74			Adjusted Bill Amount:	\$940.93	
Payment Plan	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Payment Period	3 Months	6 Months
						Payment Amt:	

[Signature]  
Customer Service Manager

# CITY OF BRYANT WATER AND WASTEWATER UTILITIES MONTHLY LEAK ADJUSTMENT REPORT

**SUMMARY**

Date: August 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	Kalilah Siddiq	Customer Address	910 Whirlwind
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	4/23
Amount of Bill:	*1,256.31	Usage:	664
Average Bill:	*56	Three Month Average Usage:	30
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*497.06	Adjusted Bill Amount:	*759.25
Customer Name	Stephanie Aggison	Customer Address	3014 Ozark Pk
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	
Amount of Bill:	*1,140.01	Usage:	628
Average Bill:	*53.93	Three Month Average Usage:	28
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*471.07	Adjusted Bill Amount:	*668.94
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

## MONTHLY LEAK ADJUSTMENT REPORT

**SUMMARY**

Date: August 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	Patrick Quinn		Customer Address	215 Dogwood Dr.	
Date Leak Detected by AMI			Date Customer Notified		
Date Leak Started			Date Leak Repaired	8/23	
1 mth Amount of Bill:	* 789.41		Usage:	437	
Average Bill:	151.00		Three Month Average Usage:	81	
Adjustment Approved:	Yes	No	Approved By:		
Amount of Adjustment to Sewer Bill:	* 308.28		Adjusted Bill Amount:	* 481.13	
Customer Name	Dahlia Walsh		Customer Address	40 Tomahawk	
Date Leak Detected by AMI			Date Customer Notified		
Date Leak Started			Date Leak Repaired	7/23	
1 month Amount of Bill:	* 519.43		Usage:	293	
Average Bill:	28.53		Three Month Average Usage:	220	
Adjustment Approved:	Yes	No	Approved By:		
Amount of Adjustment to Sewer Bill:	* 236.41		Adjusted Bill Amount:	* 283.04	
Customer Name	Life saver Assoc.		Customer Address	5407 HWY 5N. #16	
Date Leak Detected by AMI			Date Customer Notified		
Date Leak Started			Date Leak Repaired	7/23	
1 month Amount of Bill:	* 599.99		Usage:	330	
Average Bill:	42.53		Three Month Average Usage:	220	
Adjustment Approved:	Yes	No	Approved By:		
Amount of Adjustment to Sewer Bill:	* 268.45		Adjusted Bill Amount:	* 331.54	
Customer Name	Karen Tilley		Customer Address	11126 Stonehill	
Date Leak Detected by AMI			Date Customer Notified		
Date Leak Started			Date Leak Repaired	8/23	
3 mth Amount of Bill:	* 592.82		Usage:	667	
Average Bill:	85		Three Month Average Usage:	82	
Adjustment Approved:	Yes	No	Approved By:		
Amount of Adjustment to Sewer Bill:	* 223.33		Adjusted Bill Amount:	* 369.49	
Customer Name	David Dean		Customer Address	4910 Cyclone St	
Date Leak Detected by AMI			Date Customer Notified		
Date Leak Started			Date Leak Repaired	8/23	
2 mth Amount of Bill:	* 661.68		Usage:	364	
Average Bill:	39.53		Three Month Average Usage:	20	
Adjustment Approved:	Yes	No	Approved By:		
Amount of Adjustment to Sewer Bill:	* 280.57		Adjusted Bill Amount:	* 381.11	

# CITY OF BRYANT WATER AND WASTEWATER UTILITIES

## MONTHLY LEAK ADJUSTMENT REPORT

SUMMARY  
Date: \_\_\_\_\_

August 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	Mian Ahmed	Customer Address	3209 Robbin's
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	8/23
Amount of Bill:	1517.67	Usage:	840
Average Bill:	158.2	Three Month Average Usage:	87
Adjustment Approved:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	576.74	Adjusted Bill Amount:	940.93
Customer Name	Don Huffman	Customer Address	9 Arcadia
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	7/23
Amount of Bill:	832.53	Usage:	459
Average Bill:	90.00	Three Month Average Usage:	45
Adjustment Approved:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	319.54	Adjusted Bill Amount:	512.99
Customer Name	Kinley Reed	Customer Address	1012 Hogar Ln
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	8/23
Amount of Bill:	1,808.95	Usage:	1000
Average Bill:	40.00	Three Month Average Usage:	21
Adjustment Approved:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	811.41	Adjusted Bill Amount:	997.54
Customer Name	Michael Whitworth	Customer Address	3016 Whispering oak
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	7/23
Amount of Bill:	863.06	Usage:	474
Average Bill:	52.2	Three Month Average Usage:	25
Adjustment Approved:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	345.50	Adjusted Bill Amount:	517.56
Customer Name	Dwayne Robinson	Customer Address	3302 N. Crescent
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	7/23
Amount of Bill:	836.10	Usage:	459
Average Bill:	150.00	Three Month Average Usage:	80
Adjustment Approved:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	189.51	Adjusted Bill Amount:	646.59