

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

MONTHLY LEAK ADJUSTMENT REPORT

SUMMARY

Date: September 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	James Contratto	Customer Address	5501 Glenn Cr.
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	8/23
3 months Amount of Bill:	*618.49	Usage:	338
Average Bill:	*47	Three Month Average Usage:	23
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*232.94	Adjusted Bill Amount:	*385.55
Customer Name	Errett Meriedth	Customer Address	4111 Stillman Ln
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	8/23
3 months Amount of Bill:	*887.62	Usage:	506
Average Bill:	*130.00	Three Month Average Usage:	70
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*256.30	Adjusted Bill Amount:	*631.32
Customer Name	Regina Edmonson	Customer Address	2611 Henson Pl
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	8/23
1 month Amount of Bill:	*907.88	Usage:	509
Average Bill:	*28.53	Three Month Average Usage:	220
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*423.46	Adjusted Bill Amount:	*484.42
Customer Name	Charles Simmons	Customer Address	301 SW 4th St
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	8/23
3 months Amount of Bill:	*703.01	Usage:	385
Average Bill:	*143	Three Month Average Usage:	79
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*128.14	Adjusted Bill Amount:	*574.87
Customer Name	Greg Trotter	Customer Address	1220 Sadie Pl #1
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	8/23
1 month Amount of Bill:	*729.97	Usage:	409
Average Bill:	*39.53	Three Month Average Usage:	220
Adjustment Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved By:	
Amount of Adjustment to Sewer Bill:	*336.86	Adjusted Bill Amount:	*393.11

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

MONTHLY LEAK ADJUSTMENT REPORT

SUMMARY

Date: September 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	Paul Tierney			Customer Address	2903 Henson Pl		
Date Leak Detected by AMI				Date Customer Notified			
Date Leak Started				Date Leak Repaired	9/23		
<i>3 months</i> Amount of Bill:	*533.99			Usage:	291		
Average Bill:	*82			Three Month Average Usage:	44		
Adjustment Approved:	Yes	<input type="checkbox"/>	No	Approved By:			
Amount of Adjustment to Sewer Bill:	*137.66			Adjusted Bill Amount:	*396.33		
Customer Name	Fleming Electric			Customer Address	320 McClanahan Dr.		
Date Leak Detected by AMI				Date Customer Notified			
Date Leak Started				Date Leak Repaired	8/23		
<i>2 months</i> Amount of Bill:	*673.18			Usage:	367		
Average Bill:	*129			Three Month Average Usage:	68		
Adjustment Approved:	Yes	<input type="checkbox"/>	No	Approved By:			
Amount of Adjustment to Sewer Bill:	*200.03			Adjusted Bill Amount:	*473.07		
Customer Name	Paul Tarvin			Customer Address	1205 Prickett Rd		
Date Leak Detected by AMI				Date Customer Notified			
Date Leak Started				Date Leak Repaired	9/23		
<i>3 months</i> Amount of Bill:	*942.21			Usage:	518		
Average Bill:	*111.5			Three Month Average Usage:	61		
Adjustment Approved:	Yes	<input type="checkbox"/>	No	Approved By:			
Amount of Adjustment to Sewer Bill:	*290.09			Adjusted Bill Amount:	*652.12		
Customer Name	Bill Moseley			Customer Address	702 SW 2nd St		
Date Leak Detected by AMI				Date Customer Notified			
Date Leak Started				Date Leak Repaired	9/25/23		
<i>2 months</i> Amount of Bill:	*618.11			Usage:	352		
Average Bill:	*28.53			Three Month Average Usage:	20		
Adjustment Approved:	Yes	<input type="checkbox"/>	No	Approved By:			
Amount of Adjustment to Sewer Bill:	*270.20			Adjusted Bill Amount:	*347.91		
Customer Name	Adam Hogan			Customer Address	4236 Robinwood		
Date Leak Detected by AMI				Date Customer Notified			
Date Leak Started				Date Leak Repaired	9/23		
<i>3 months</i> Amount of Bill:	*782.94			Usage:	958		
Average Bill:	*28			Three Month Average Usage:	28		
Adjustment Approved:	Yes	<input type="checkbox"/>	No	Approved By:			
Amount of Adjustment to Sewer Bill:	*368.78			Adjusted Bill Amount:	*414.16		

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 8/23 Service Account No.: 001-06530-05
 Customer Name: James Contratto Home Phone: _____
 Service Address: 5501 Glenn Cr Work Phone: _____
 City: Bryant State, Zip: AR 72039
 Date Leak Detected: _____ Date Repaired: 8/23

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

Leak on Customer Side of 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 OFFICIAL USE ONLY									
<u>3 months</u>		Amount of Bill:		<u>\$618.49</u>		Usage:		<u>338</u>	
		Average Bill:		<u>\$47</u>		Three Month Average Usage:		<u>23</u>	
		Adjustment Approved:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Approved By:			
		Amount of Adjustment to Sewer Bill:		<u>\$232.94</u>		Adjusted Bill Amount:		<u>\$385.55</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

Invoice DC82723 from Mitchell Plumbing

From: Mitchell Plumbing (quickbooks@notification.intuit.com)

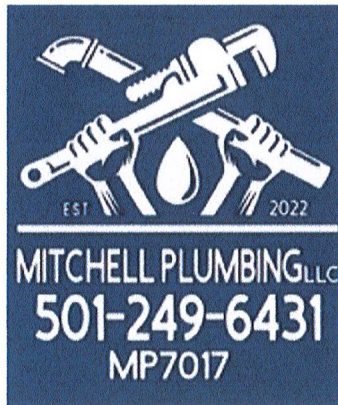
To: dot_l_99@yahoo.com

Date: Sunday, August 27, 2023 at 06:58 PM CDT

Acct # 001-06530-05

*James Contratto
5501 Glenn Cr
Bryant, Ar
72022*

INVOICE DC82723 DETAILS



*870 -
904 -
5650*

Mitchell Plumbing

DUE 08/27/2023

\$0.00

Review and pay

Powered by QuickBooks

We appreciate your business. Please find your invoice details here. Feel free to contact us if you have any questions.

Have a great day!
Mitchell Plumbing

Bill to

Dorothy Contratto
5501 Glenn Cove
Bryant, Ar 72022

Terms

Due on receipt

Labor

\$187.50

Installed yard repair at meter with telescopic coupling. Checked meter. There is no more visible water usage when water is not being used in building.

1.50 X \$125.00

Parts

\$16.74

Telescopic coupling. 1" coupling 1x3/4" reducer. 3/4" pvc male adapter. 6' of 3/4" pex

1 X \$16.74

Subtotal	\$204.24
Tax	\$0.00
Total	\$204.24
Payment	\$204.24
Balance due	\$0.00

Thank you for using Mitchell Plumbing LLC

Review and pay

Mitchell Plumbing

610 S 3rd St Apt 20 Benton, AR 72015 US

+1 5012496431 mitchelljarrod80@gmail.com <https://g.co/kgs/16rH7v>

If you receive an email that seems fraudulent, please check with the business owner before paying.



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Invoice_DC82723_from_Mitchell_Plumbing.pdf
76.3kB

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 8/23 Service Account No.: 102-02578-00
 Customer Name: Everett Meredith Home Phone: _____
 Service Address: 4111 Stillman 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.):

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										
3 months		Amount of Bill:		*887.62			Usage:		Sole	
		Average Bill:		*130 ⁰⁰			Three Month Average Usage:		70	
		Adjustment Approved:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Approved By:			
		Amount of Adjustment to Sewer Bill:		*256.30			Adjusted Bill Amount:		*631.32	
Payment Plan		Yes <input type="checkbox"/> No <input type="checkbox"/>		Payment Period		3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/>		Payment Amt.		

Customer Service Manager _____

CITY OF BRYANT WATER AND WASTEWATER UTILITIES LEAK ADJUSTMENT REQUEST

Date of Request: 9/23 Service Account No.: 102-04428-00
 Customer Name: Regina Edmonson Home Phone: _____
 Service Address: 2611 Henson Pl 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 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>1 month</u>	Amount of Bill:	<u>907.88</u>			Usage:	<u>509</u>			
	Average Bill:	<u>28.53</u>			Three Month Average Usage:	<u>220</u>			
	Adjustment Approved:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Approved By:				
	Amount of Adjustment to Sewer Bill:	<u>423.46</u>			Adjusted Bill Amount:	<u>5484.42</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

8/28/23 Acct# 102-04428-00



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

- SALE -

SALES#: FSTLAN02 4775735 TRANS#: 504254860 08-28-23

1030995 KORKY FILL VALVE AND FLAP	16.48
SUBTOTAL:	16.48
TOTAL TAX:	1.63
INVOICE 99065 TOTAL:	18.11
DEBITVISA:	18.11
CHANGE:	0.00

DEBITVISA: XXXXXXXXXXXX6225 AMOUNT: 18.11 AUTHCD: 814789

CHIP REFID:247138065029 08/28/23 14:21:13

*PIN VERIFIED

TRACE : 065029 RETRIEVAL: 247138065029

PURCHASE CASH BACK TOTAL DEBIT

18.11 0.00 18.11

TUR : 8080048000

TSI : 6800 AID : A0000000980840

STORE: 2471 TERMINAL: 38 08/28/23 14:21:31

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

Repair of toilet @
2611 Henson Place,
Bryant.

This is my Dad's
home + he passed
away Feb. 12, 2023.
My brother was there
on + off until
approx 7/30/23.

I went over shortly
after 8/1, when I
noticed the bill jumped
about \$20.00 in one
month. I was
cleaning + flushed
the toilet and
noticed that it
kept running +
stayed until it
went off then
put note up not
to use this toilet

Thanks so much -
for your time
Re: Regina Edmonson
501-912-0754
My husband turned
both toilets on 8/11/23
Thanks so much
for your consideration of
reducing his bill -
Regina Edmonson

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9/23 Service Account No.: 101-06713-04
 Customer Name: Charles Simmons Home Phone: _____
 Service Address: 301 SW 4th St Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 8.12.23

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

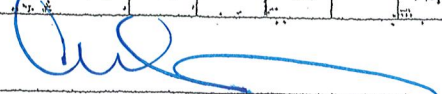
Sworn Statement:

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>3 months</u>		Amount of Bill:		<u>703.01</u>			Usage:		<u>385</u>		
		Average Bill:		<u>143</u>			Three Month Average Usage:		<u>79</u>		
		Adjustment Approved:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Approved By:				
		Amount of Adjustment to Sewer Bill:		<u>128.14</u>			Adjusted Bill Amount:		<u>574.87</u>		
Payment Plan		Yes		No		Payment Period		3 Months		6 Months	
								Payment Amt.			


Customer Service Manager

Charles Semmons

MATERIAL \$138.22 + LABOR \$650.00 = TOTAL \$788.22

501-413-1602
847968

101-06713-04

Invoice

SOLD TO MS. JANE	SHIP TO			
ADDRESS	ADDRESS WEST 4TH STREET			
CITY, STATE, ZIP	CITY, STATE, ZIP BRYANT, AR			
CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
	2	1 GAL Chlorox P20	17.72	2	17.72
	1	Roll of MASTER FLOW R-8 INSULATION Duct wrap	96.75	1	96.75
	1	Roll of 3M PROFESSIONAL GRADE TOIL TAPE	11.47	1	11.47
		SUB-TOTAL MATERIAL			125.94
		TAX			12.28
		MATERIAL TOTAL			138.22
		CLEANING FOR MUD UNDER HOUSE SPRAYED WITH BLEACH		LABOR	6.50
		TEMPORARY REPAIR FOR HVAC INSULATED WITH MASTER FLOW + TAPED			
		PICK UP / DELIVERY / INSTALLATION			
		TOTAL			\$788.22

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9/23 Service Account No.: 001-07841-10
 Customer Name: Greg Trotter Home Phone: _____
 Service Address: 1220 Sadie Dr #1 Work Phone: _____
 City: Bryant State, Zip: AR 72077
 Date Leak Detected: _____ Date Repaired: 8/23

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

Leak in Slab

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										
/month		Amount of Bill:		<u>729.97</u>			Usage:		<u>409</u>	
		Average Bill:		<u>39.53</u>			Three Month Average Usage:		<u>20</u>	
		Adjustment Approved:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Approved By:			
		Amount of Adjustment to Sewer Bill:		<u>336.86</u>			Adjusted Bill Amount:		<u>393.11</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.		

Chris [Signature]
Customer Service Manager

Invoice

Customer
Name River Rock Realty Co
Address 1220 Sadie #1
City Bryant State AR ZIP 72022
Phone

Date 8/1/2023
Invoice No. 4126-2

Dates	Description of Services	AMOUNT
	Repair leak is slab	\$425.00
<p>Acct # 001-07841-10</p> <p>501-772-8012</p> <p>PAID 8/3 ce</p> <p><u>Greg Trotter</u></p>		
TOTAL		\$425.00

Thank you for your business

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9/23 Service Account No.: 001-04276-03
 Customer Name: Paul Tierney Home Phone: _____
 Service Address: 2903 Henson Pl Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 9/23

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.

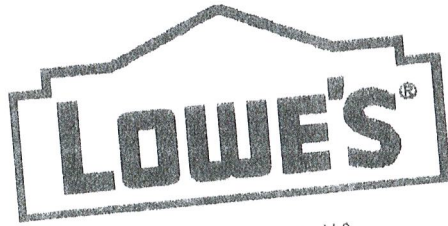
Forecasted Usage									
3 months		Amount of Bill:		533.99		Usage:		291	
		Average Bill:		82		Three Month Average Usage:		44	
		Adjustment Approved:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Approved By:			
		Amount of Adjustment to Sewer Bill:		137.66		Adjusted Bill Amount:		396.33	
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 _____

501-517-1425

2903 Henson

001-04274-03



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

- SALE -

SALES#: FSTLAN01 828286 TRANS#: 402230710 09-20-23

1030995 KORXY FILL VALVE AND FLAP 16.48

SUBTOTAL:	16.48
TOTAL TAX:	1.63
INVOICE 89218 TOTAL:	18.11
DEBITVISA:	18.11
CHANGE:	0.00

DEBITVISA: XXXXXXXXXXXX5701 AMOUNT: 18.11 AUTHCD: 104207
CHIP REFID:247142218840 09/20/23 15:04:04

*PIN VERIFIED

TRACE : 218840 RETRIEVAL: 247142218840
PURCHASE CASH BACK TOTAL DEBIT

18.11 0.00 18.11

TUR : 8080048000

TSI : 6800 AID : A0000000980840

STORE: 2471 TERMINAL: 42 09/20/23 15:04:12

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

LOWEST PRICE GUARANTEE
FOR MORE DETAILS, VISIT LOWES.COM/LOWESTPRICEGUARANTEE

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

* YOUR ID #892182 247142 633830
*

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9/23 Service Account No.: 101-09616-00
 Customer Name: Fleming Electric Home Phone: _____
 Service Address: 320 McClanahan 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 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>\$673.10</u>			Usage: <u>367</u>				
		Average Bill: <u>\$129.00</u>			Three Month Average Usage: <u>68</u>				
		Adjustment Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Approved By: _____				
		Amount of Adjustment to Sewer Bill: <u>\$200.03</u>			Adjusted Bill Amount: <u>\$473.07</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 _____

101-09,6114-00
847-3090
Sherrri

INVOICE

DATE: 8-4-23

TO: Fleming Electric

INVOICE #
01035

		JOB	PAYMENT TERMS	DUE DATE
QTY	DESCRIPTION		UNIT PRICE	LINE TOTAL
2	Mansfield Flapper (630 volt)		414.50 ^{US}	828.10
	Materials (Adrian)			75.00
				SUBTOTAL
				SALES TAX
				TOTAL

8/4/23
[Signature]

FA 3000 30 -

MAKE ALL CHECKS PAYABLE TO ADRIAN BENGTSO
Thank you for your business!

5/3

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9/23 Service Account No.: 001-01571-09
 Customer Name: Paul Tarvin Home Phone: _____
 Service Address: 1205 Prickett Rd Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 9/23

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 _____

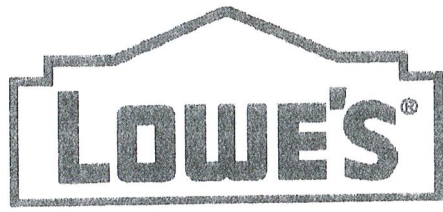
- You have the right to appeal the Customer Service Manager's decision to the Water and Sewer Advisory Committee (WSAC).
- If you are dissatisfied with the decision of the WSAC you have the right to appear before the Bryant City Council for a final decision.

FOR OFFICE USE ONLY											
<u>3 months</u>		Amount of Bill:		<u>942.21</u>			Usage:		<u>518</u>		
		Average Bill:		<u>111</u>			Three Month Average Usage:		<u>61</u>		
		Adjustment Approved:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Approved By:				
		Amount of Adjustment to Sewer Bill:		<u>290.09</u>			Adjusted Bill Amount:		<u>652.12</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 _____

Paul Tarvin

1205 Prickett Rd.



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

- MILITARY - PERSONAL USE SALE -
- SALE -

SALES#: FSTLAN03 2362227 TRANS#: 250772434 09-22-23

255830 51-FL OZ DOWNY APRIL FRSH	6.28
6.98 DISCOUNT EACH	-0.70
4848172 100-OZ ARMHAN OXI FRESH(-	9.61
10.68 DISCOUNT EACH	-1.07
1553893 DRANO HAIR CLOG REMOVER 1	5.83
6.48 DISCOUNT EACH	-0.65
1971059 3 IN DUAL FLUSH VALVE	26.98
29.98 DISCOUNT EACH	-3.00

SUBTOTAL:	48.70
TOTAL TAX:	4.81
INVOICE 93690 TOTAL:	53.51
CASH:	100.52
CHANGE:	47.01

TOTAL DISCOUNT: 5.42

THANK YOU FOR YOUR
MILITARY SERVICE

MYLOWE'S CARD NUMBER: 489001413333590

STORE: 2471 TERMINAL: 38 09/22/23 18:25:53

OF ITEMS PURCHASED: 4
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

LOWEST PRICE GUARANTEE
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* SHARE YOUR FEEDBACK! *

* ENTER FOR A CHANCE TO BE *

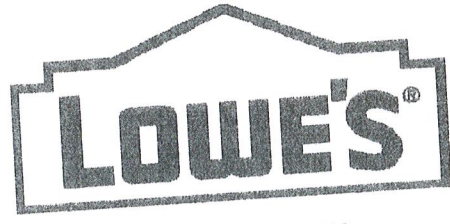
* ONE OF FIVE \$500 WINNERS DRAWN MONTHLY! *

* ¡ENTRE EN EL SORTEO MENSUAL *

* PARA SER UNO DE LOS CINCO GANADORES DE \$500! *

* ENTER BY COMPLETING A SHORT SURVEY *

* WITHIN ONE WEEK AT: www.Lowes.com/survey *



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- MILITARY - PERSONAL USE SALE -
- SALE -

SALES#: FSTLAN03 2362227 TRANS#: 287323614 09-22-23

2146963 KUBALT 6IN STRAP WRENCH	8.98
9.98 DISCOUNT EACH	-1.00
247822 RB 3-IN TANK-TO-BOWL GASK	6.35
7.05 DISCOUNT EACH	-0.70

SUBTOTAL:	15.33
TOTAL TAX:	1.51
INVOICE 93812 TOTAL:	16.84
CASH:	17.00
CHANGE:	0.16

TOTAL DISCOUNT: 1.70

THANK YOU FOR YOUR
MILITARY SERVICE

MYLOWE'S CARD NUMBER: 489001413333590

STORE: 2471 TERMINAL: 38 09/22/23 19:26:24

OF ITEMS PURCHASED: 2
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



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* Y O U R I D #938123 247122 651557 *

* 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 *

Arch # 001-01571-09

CITY OF BRYANT WATER AND WASTEWATER UTILITIES
LEAK ADJUSTMENT REQUEST

Date of Request: 9/23 Service Account No.: 102-01692-00
 Customer Name: Bill Moseley Home Phone: _____
 Service Address: 702 SW 2nd St Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 9-25-23

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

Water leak under house on hot water side

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

Sworn Statement:

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

Signature _____

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

FOR OFFICE USE ONLY									
<u>2 months</u> Amount of Bill:		<u>\$618.11</u>			Usage:		<u>352</u>		
Average Bill:		<u>\$28.53</u>			Three Month Average Usage:		<u>220</u>		
Adjustment Approved:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Approved By:		_____		
Amount of Adjustment to Sewer Bill:		<u>\$270.20</u>			Adjusted Bill Amount:		<u>\$347.91</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: 9/23 Service Account No.: 001-03448-01
 Customer Name: Adam Hogan Home Phone: _____
 Service Address: 4236 Robinwood CR Work Phone: _____
 City: Bryant State, Zip: AR 72022
 Date Leak Detected: _____ Date Repaired: 9/20

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

Sprinkler Head Leaking

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

Sworn Statement:

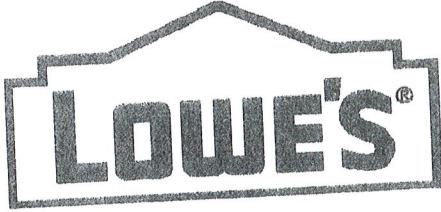
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FOR OFFICE USE ONLY									
3 months		Amount of Bill:	782.94			Usage:	958		
		Average Bill:	28			Three Month Average Usage:	28		
		Adjustment Approved:	Yes			Approved By:			
		Amount of Adjustment to Sewer Bill:	368.78			Adjusted Bill Amount:	414.16		
Payment Plan	Yes	No	Payment Period	3 Months	6 Months	Payment	Att.		

Customer Service Manager



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- SALE -

SALES#: FSTLAN04 4775735 TRANS#: 470683054 09-20-23

1646182 4INCH SPRAY HEAD W/4FT AD 0.87
126000 3/4INSIMPLE ADJ GEAR RTR 12.98

SUBTOTAL: 13.85
TOTAL TAX: 1.37
INVOICE 89501 TOTAL: 15.22
VISA: 15.22

VISA: XXXXXXXXXXXX6132 AMOUNT: 15.22 AUTHCD: 04097B
CHIP REFID:247138501624 09/20/23 16:58:00
TUR : 8080008000
TSI : 6800 AID : A0000000031010

STORE: 2471 TERMINAL: 38 09/20/23 16:58:08
OF ITEMS PURCHASED: 2
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



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STORE: 2471 TERMINAL: 38 09/20/23 16:58:08

001-03448-01

SPRINKLER

501-258-4452

4236 Robinwood