CITY OF BRYANT WATER AND WASTEWATER UTILITIES
MONTHLY LEAK ADJUSTMENT REPORT

SUMMARY
Date: January 2022

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

DETAILS

Customer Name	Eliacim Garcia	Customer Address	4524 Lexington Pk
Date Leak Detected by AMI		Date Customer Notified	
Date Leak Started		Date Leak Repaired	1-31-22
2 months Amount of Bill:	$580.06	Usage:	341
Average Bill:	$104.39	Three Month Average Usage:	60
Adjustment Approved:	Yes [ ] No [ ]	Approved By:	
Amount of Adjustment to Sewer Bill:	$219.01	Adjusted Bill Amount:	$361.05
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 [ ] No [ ]	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 [ ] No [ ]	Approved By:	
Amount of Adjustment to Sewer Bill:		Adjusted Bill Amount:	
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Amount of Bill:		Usage:	
Average Bill:		Three Month Average Usage:	
Adjustment Approved:	Yes [ ] No [ ]	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 [ ] No [ ]	Approved By:	
Amount of Adjustment to Sewer Bill:		Adjusted Bill Amount:	

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request:	1-24-22	Service Account No.:	030319-000
Customer Name:	Eliacim Garcia	Home Phone:	529-5398
Service Address:	4524 Lexington Park	Work Phone:	
City:	Bryant	State, Zip:	AR 72022
Date Leak Detected:		Date Repaired:	1-31-22

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

Pressure Regulator Leaking

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

Sworn Statement:

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

_____

Signature

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

FOR OFFICE USE ONLY

2 months Amount of Bill:	$580.06	Usage:	341
Average Bill:	$104.39	Three Month Average Usage:	60
Adjustment Approved: Yes	No	Approved By:	
Amount of Adjustment to Sewer Bill:	$219.01	Adjusted Bill Amount:	$361.05
Payment Plan: Yes	No	Payment Period: 3 Months	6 Months
Payment Amt.			

Customer Service Manager

501-529-5398

Invoice

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

01/21/22

ELIACIM (GENE) GARCIA
4524 LEXINGTON PARK CIR
BRYANT, AR 72022

ELIACIM (GENE) GARCIA
4524 LEXINGTON PARK CIR
BRYANT, AR 72022

Call Slip Number	Invoice Date	Invoice Number	Due Date
99921	01/21/2022	S239930	01/31/2022

Tech	Date
JEFF	01/21/2022
TYLERN	01/21/2022

Qty	Description	Unit Price	Amount
(1)	3/4" PRESSURE REGULATOR	439.14	439.14

ADDITIONAL DETAILS:

Pressure regulator box was full of water and meter was spinning. Dug up regulator box and found 3/4 pressure regulator leaking. Replaced 3/4 pressure regulator. Set pressure to home at 70 psi. No warranty on any existing plumbing or piping. RLP not responsible for any landscaping.

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

01/21/2022 03:20PM

Authorized Signature

CC #2945 Auth:314353 $439.14

Total Due:	439.14
Received:	439.14
Balance Due:	0.00