CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request:	2/2023	Service Account No.:	017948-000
Customer Name:	Kids Academy	Home Phone:	
Service Address:	2028 Evans Cp	Work Phone:	
City:	Bryant	State, Zip:	AR 72022
Date Leak Detected:		Date Repaired:	10/22

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

Valves Leaking

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

Sworn Statement:

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

_____

Signature

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

FOR OFFICE USE ONLY

1 month Amount of Bill:	$1,686.20	Usage:	910
Average Bill:	$357.25	Three Month Average Usage:	175
Adjustment Approved:	Yes	No	Approved By:
Amount of Adjustment to Sewer Bill:	$624.02	Adjusted Bill Amount:	$1,062.18
Payment Plan	Yes	No	Payment Period: 3 Months / 6 Months; Payment Amt.

_____

Customer Service Manager

https://mail.google.com/mail/u/0/#inbox/FMfcgzGrcXtkxcZkqqwLCPZmvrMbhCQX?projector=1&messagePartId=0.1

2/15/23, 1:04 PM

Acct #
017948-000

MP 5425

PRIDE PLUMBING INC
The Plumber Protects the Health of the Nation

P.O. Box 5237
Jacksonville AR 72078
501-941-8781

INVOICE
5058

SOLD TO: Kids Academy
ADDRESS: 2028 Evans Loop
CITY STATE ZIP: Bryant, AR 72022

SHIP TO:
ADDRESS:
CITY STATE, ZIP:

CUST ORDER NO:
SALESMAN: Mark
TERMS: billed
P.O.'S:
DATE: 10-20-22

ORDER	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		Installed three (3) new Sloan style valves. Old valves were leaking.			

Notes

TOTAL 870.12

695771293.jpg

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 2/2023
Customer Name: Lisa Pemberton
Service Address: 1510 Woodland Dr
City: Bryant
Date Leak Detected:

Service Account No.: 022427-001
Home Phone:
Work Phone:
State, Zip: AR 72022
Date Repaired: 1/2023

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

Water 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.

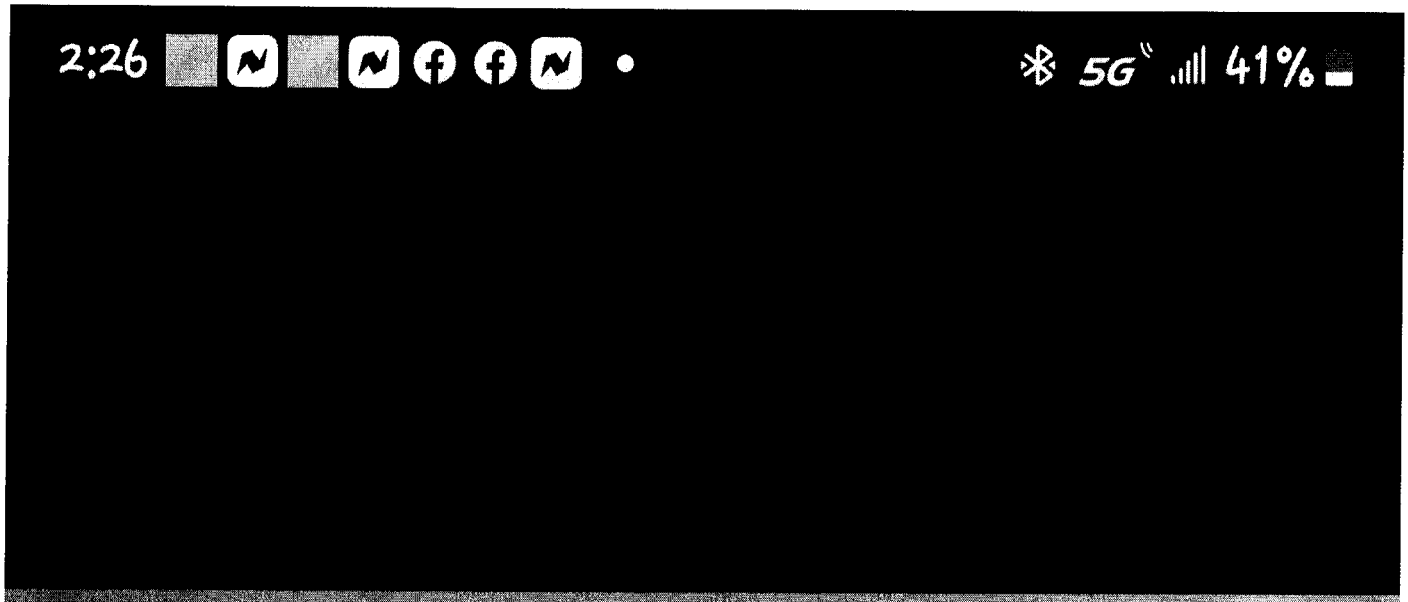
_____
Signature

- 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:	$1,162.75	Usage:	654
Average Bill:	$139.34	Three Month Average Usage:	77
Adjustment Approved:	Yes ___ No ___	Approved By:	
Amount of Adjustment to Sewer Bill:	$489.87	Adjusted Bill Amount:	$672.88
Payment Plan: Yes ___ No ___	Payment Period: 3 Months ___ 6 Months ___	Payment Amt:	

Customer Service Manager



Chris Dyer Plumbing Inc.
316 Turtle Creek
Benton, AR 72015

Invoice

Lisa Pemberton

Date	Invoice #
1/13/2023	18845

Acct # 022427-001
870-917-0587

Bill To
Terri Ellis 1510 Woodland bryant Ar 72022

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
2	Plumbing Called to home for water leak on January 10th, 2023. Leak was found and repaired	145.00	290.00

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 1/2023
Service Account No.: 000206-000
Customer Name: Taunya Sadler
Home Phone:
Service Address: 507 Bryant Meadow
Work Phone:
City: Bryant
State, Zip: AR 72022
Date Leak Detected:
Date Repaired: 12/2022

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 OFFICE USE ONLY

2 months Amount of Bill:	$474.35	Usage:	265
Average Bill:	$96.10	Three Month Average Usage:	22
Adjustment Approved:	Yes	No	Approved By:
Amount of Adjustment to Sewer Bill:	$187.62	Adjusted Bill Amount:	$286.73

Payment Plan	Yes		No		Payment Period	3 Months		6 Months	Payment Amt:

_____
Customer Service Manager

AMERICAN LEAK DETECTION
THE ORIGINAL LEAK SPECIALISTS™

AC# 000206-000

INVOICE

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

INVOICE DATE	INVOICE #
12/7/2022	**50276**

PAID 12/07/2022

BILLING ADDRESS	
Taunya Sadler 507 Bryant Meadows Dr Bryant, AR 72022 501-766-3214	

SITE ADDRESS	
Taunya Sadler 507 Bryant Meadows Dr Bryant, AR 72022	

Claim # /P.O. #	Payment Terms	Completion Date	Tech	Billing Phone
	PAID	12/6/2022	Nails	501-766-3214

ITEM	DESCRIPTION	QTY	AMOUNT
Leak Det. Res.	ALD performed a recheck to reveal a separate issue. Leak detection performed to reveal a leak under slab. Lines were cut and pressurized to reveal the 1/2" cold supply line for the ice maker leaking. Leaking line was eliminated and new 1/2" PEX line was "T" of the 3/4" PEX line in the attic space to resupply the ice maker. System retested upon completion of repairs to reveal no other leaks evident at this time. Line in attic space was then insulated. ALD is not responsible for the sheetrock.		400.00
Repipe	Repipe/reroute of water line.		1,800.00
	Sales Tax		0.00
Thank you for your business.		**Total**	**$2,200.00**

Guarantees Apply as Indicated #_____

#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 fee (at our sole option), if it is reported within the above 30 day period that the leak is not where originally marked. We will not be liable for consequential losses. Detection and Guarantee is limited to the first leak found on the system.

#2 Pool leak detection guarantee applied to pool pipes and above ground plumbing only. No guarantee applies to leak detection on pool structure or structual repairs unless otherwise specified. We will re-test the pool pipes and above ground plumbing or refund the detection fee (at our sole option), if it is reported within the above 30 day period that the leak is not where originally marked. We will not be resposible for consequential losses. Guarantee does not apply to additional leaks found in the same line.

#3 Minor repairs are guaranteed for 30 days from the date of completion.

#4 Major repairs are guaranteed for 12 months from the date of completion. We will not be liable for consequential losses.

#5 No Guarantee Applies.

I FIND THE WORK SASTISFACTORY AND THE CHARGES AS AGREED, AND AGREE TO PAY THE TOTAL AMOUNT WITHOUT ANY DEDUCTION WHATSOEVER, I FURTHER AGREE TO PAY REASONABLE CHARGES FOR COLLECTION, INCLUDING LEGAL FEES, IN THE EVENT OF MY DEFAULT, AS WELL AS PENALTY AND INTEREST AS ALLOWED BY LAW.

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 2/2023
Customer Name: Arkansas Heart Hospital
Service Address: 1901 Encore Way
City: Bryant
Date Leak Detected:

Service Account No.: 028779-000
Home Phone:
Work Phone:
State, Zip: AR 72022
Date Repaired: 12/2022

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

Water Leak on Cooling Tower

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

Sworn Statement:

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

_____
Signature

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

FOR OFFICE USE ONLY

1 month Amount of Bill:	$17,082.62	Usage:	16310
Average Bill:	$4,741.36	Three Month Average Usage:	4559
Adjustment Approved:	Yes ☐ No ☐	Approved By:	
Amount of Adjustment to Sewer Bill:	$6,110.52	Adjusted Bill Amount:	$10,972.10
Payment Plan: Yes ☐ No ☐	Payment Period: 3 Months ☐ 6 Months ☐	Payment Amt:	

Customer Service Manager

POWERS

5440 Northshore Dr
North Little Rock, AR 72118
(877) 274-7127

Invoice 203829

Job 354986

Jan 27, 2023

Bill To

ARKANSAS HEART HOSPITAL
1701 S. SHACKLEFORD RD.
LITTLE ROCK, AR 72211

CUSTOMER NAME	PROPERTY NAME	PROPERTY ADDRESS
ARKANSAS HEART HOSPITAL	ENCORE MEDICAL CENTER	1901 ENCORE WAY BRYANT, AR 72019

DUE DATE	AUTHORIZED BY	CUSTOMER PO
Feb 26, 2023		

CUSTOMER WO	NTE	TERMS
		Net 30

Invoice Summary

12-25 I responded to call for water leak on the cooling tower. Upon arrival Steve with Heart Hospital isolated leak and it was no longer leaking. We put a 1" cap on the line so we can put water back on it and supply water to the other two cooling towers. I have gathered a material list and sent it to Philip Hodges for the line to be repaired this week.
12-27 I picked up press gun and returned and made repairs on makeup water line for cooling tower. I returned the press gun back to shop and picked up insulation. I returned and insulated the piping. I valved water back in and made sure there were no leaks. I checked AHU that has busted chilled water coil. I valved in and made sure the coil was bad. Unit does not have a freeze stat and needs one. It has electric preheat and hot water reheat. We will have our Project Crew return and assess the repair.

Item Name	Description	Quantity	Unit Price	Price Subtotal
5020 Overtime Labor	12/25/2022 - Overtime Hours	3	$180.00	$540.00
5010 Material	12/27/2022 - 1in press 90 from shop	1	$25.00	$25.00
5010 Material	12/27/2022 - 1in press coupling from shop	1	$20.85	$20.85
5010 Material	12/27/2022 - 3 feet of 1in copper from shop	1	$40.00	$40.00
5020 Labor	12/27/2022 - Labor Hours TROUTMAN	4	$120.00	$480.00
5010 Material	Brass ball valve	1	$110.75	$110.75
5010 Material	Gaffers tape and insulation	1	$57.25	$57.25
		12		**$1,273.85**

Subtotal	**$1,273.85**
Taxable Subtotal	**$1,273.85**
Sales Tax Rate	**9.875%**
Tax Amount	**$125.79**
Total	**$1,399.64**

Terms of Service

In the event any additional taxes are due on the sale, the Purchaser will be responsible for the payment of additional taxes.

POWERS
MECHANICAL SERVICE COMPANY

INVOICE

INVOICE NO
85238

CUST ARKANSAS HEART HOSPITAL
1701 S. SHACKLEFORD
LITTLE ROCK, AR 72211

SITE ENCORE MEDICAL CENTER
1901 ENCORE WAY
BRYANT, AR 72019

ACCOUNT NO	INVOICE DATE	TERMS	DUE DATE		JOB NUMBER	PAGE
AR HEART	12/29/2022	Net 15	1/13/2023		S1383ENCOR	1

WORK ORDER 354978, PO

RESOLUTION I responded to call for busted chilled water line. Upon arrival I checked in with the customer and gained access to the area where the leak was. Steve with the Heart Hospital already had the coil isolated and the leak stopped. I gathered information off the unit so I could give it to Philip Hodges for the repairs to be quoted.

ITEM NO	EQUIP NO	DATE	QUANT	*DESCRIPTION*	UNIT PRICE	EXTENDED
OT HOURS		12/24/2022	2.00HR	Overtime Hours Caleb A.	180.00HR	360.00

ITEM TOTAL	360.00
TAX	35.55
TOTAL AMOUNT	395.55

Thank you!
We appreciate your business! Please note new remittance address!

Please remit to:
Powers Mechanical Service Company
5440 Northshore Drive
North Little Rock, AR 72118

In the event any additional taxes are due on this sale, Purchaser will be responsible for payment of the additional taxes.

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request:	2/2023	Service Account No.:	012948-000
Customer Name:	Nancy Mills	Home Phone:	993-3707
Service Address:	1200 Sadie Dr. #1	Work Phone:	
City:	Bryant	State, Zip:	AR 72022
Date Leak Detected:		Date Repaired:	1/2023

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

Leak in Water Line & Shower Valve & Toilet

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 months	Amount of Bill:	$905.25				Usage:	506		
	Average Bill:	$60				Three Month Average Usage:	30		
	Adjustment Approved:	Yes		No		Approved By:			
	Amount of Adjustment to Sewer Bill:	$353.17				Adjusted Bill Amount:	$552.08		
	Payment Plan	Yes		No		Payment Period	3 Months		6 Months	Payment Amt.	

_____

Customer Service Manager

INVOICE

B&R #2 PLUMBING

1199 Edinburgh Drive
Mabelvale, AR 72103
(501) 944-4391

DATE 2-19-23
INVOICE #
BILL TO
Lona CLARK
Customer Name
1200 Sable Ave
Address
Bryant
City, State, ZIP Code
Phone

PROJECT OR SERVICE DESCRIPTION	AMOUNT
Unstop toilet + Replace	
Cash	
PA	
MATERIALS	
LABOR	
SUBTOTAL	
TAX	
GRAND TOTAL	250

Thank You
FOR YOUR BUSINESS!

Customer Signature _____ Date _____

GAS • WATER HEATERS • TOILET, SINKS & FAUCET REPAIR
PLUMBING FIXTURES • SEWER LINE REPLACEMENT/REPAIR

J.H. - Home Improvements

315 Crystal Ct
LR, AR 72205

Invoice

Customer

Name: River Rock Realty Co
Address: 1200 Sadie Apt #1
City: Egypt State: AR ZIP: 72022
Phone: (501) 960-1723

Date: January 17th, 2023
Invoice No.:

Dates	Description of Services	AMOUNT
Jan. 17th	- Repaired Water Leak in Wall Near Toilet.	$425.00

TOTAL $425.00

Thank you for your business

Invoices are due upon receipt. Thanks for your business.

AFFORDABLE
Rooter Service
Owned and Operated by a Licensed Plumber

From: Affordable Rooter Service, LLC
813 Hayden Creek Drive
Bryant, AR 72022
help@affordablerooterservice.com
+15018203824

Job ID #: 72240849
Invoice #: 44198
Issue date: Nov 20, 2022
Work start date: Nov 18, 2022
Job Address: 1200 Sadie Dr, Unit 1200-1, Bryant AR, 72022

Invoice for: TurnKey
1200 Sadie Dr
Unit 1200-1
Bryant, AR 72022
+15012569375

Item	Quantity	Price	Total
Apartment/Commercial: Auger Ran auger through toilet in bathroom in front part of apartment. Drain open and tested. Cleaned work area.	1	$95.00	$95.00
Overtime	1	$50.00	$50.00
No Guarantee	1	$0.00	$0.00

Subtotal $145.00
Tax $0.00
Total $145.00

Signatures

NT

Nick Tackett
Affordable Rooter Service, LLC

ALD

B & R Plumbing
P.O. Box 585
Ash Flat, AR 72513
501-888-1353
whitney.brplumbing@yahoo.com

Invoice

Date	Invoice #
11/8/2022	10367

Billing Address

River Rock Realty
3013 W Markham St.
Little Rock, Ar, 72205

Service Address

1200 Sadie Dr.
Bryant, AR
(Apartment Building)

Unit# OR Apt #:	PID#
1213-1	

Service Date	Item	Description	Amount
11/1/2022	Service	Install new cartridge and check in shower valve.	335.00

PAID

Total	$335.00
Payments/Credits	$0.00
Balance Due	$335.00

WE ACCEPT DEBIT OR CREDIT CARDS BY PHONE

Thank you for your business.

Acct# 012948.000

J. H. - Home Improvements

315 Crystal Ct
LR, AR 72205

Invoice

Customer

Name	River Rock Realty Co
Address	1200 Sadie Drive #1
City	Bryant
State	AR
ZIP	72022
Phone	

Date	1/12/2023
Invoice No.	1568-2

Dates	Description of Services	AMOUNT
	Repair leak in waterline	$425.00

PAID 1/13 CC

TOTAL $425.00

Thank you for your business

Invoices are due upon receipt. Thanks for your business

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 2/2023 Service Account No.: 030699-000

Customer Name: Nicholette Ezeagwula Home Phone:

Service Address: 2713 Richland Park Work Phone:

City: Bryant State, Zip: AR 72022

Date Leak Detected: Date Repaired: 1-30-23

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

1 Month Amount of Bill:	$576.80	Usage:	320
Average Bill:	$92.97	Three Month Average Usage:	49
Adjustment Approved:	Yes ___ No ___	Approved By:	
Amount of Adjustment to Sewer Bill:	$230.07	Adjusted Bill Amount:	$346.73
Payment Plan: Yes ___ No ___	Payment Period: 3 Months ___ 6 Months ___	Payment Amt:	

Customer Service Manager

Waterbilling@cityofbryant.com

Name: Nicholette Ezeguwula

Address: 2713 Richland Park Drive

Account #: 030699.000

: 138.91

yments: 3

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a

- SALE -

SALES#: S2471GQL 4172658 TRANS#: 10122428 01-30-23

895128 81-OZ CLOROX GERM BLEACH	5.65
6.28 DISCOUNT EACH	-0.63
24408 FM REPLACMENT FILL VALVE	8.08
8.98 DISCOUNT EACH	-0.90
247876 RB MANSFIELD FLUSH VALVE	4.32
2.40 DISCOUNT EACH	-0.24
2 @ 2.16	
1217527 39GAL 40CT LAWN BAG CLR (	12.22
13.58 DISCOUNT EACH	-1.36
155670 PROMOTIONAL DISCOUNT APPL	0.00
SUBTOTAL:	30.27
AR - STATE TAX:	1.97
AR - SALINE COUNTY TAX:	0.11
BRYANT - CITY TAX:	0.91
TOTAL TAX:	2.99
INVOICE 10623 TOTAL:	33.26
DEBIT:	33.26

TOTAL DISCOUNT: 3.37

DEBIT XXXXXXXXXXXX9430 XXXXXX

CHIP REFID:247110098439 01/30/23 17:46:49

*PIN Verified

TRACE: 00063281

PURCHASE CASH BACK TOTAL DEBIT

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 2/2023
Customer Name: Kathy Lewis
Service Address: 305 Roya Ln #21
City: Bryant
Date Leak Detected:

Service Account No.: 031575-000
Home Phone:
Work Phone:
State, Zip: AR 72022
Date Repaired: 2-13-2023

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

1 month Amount of Bill:	$555.80	Usage:	310
Average Bill:	$38.84	Three Month Average Usage:	14
Adjustment Approved: Yes	No	Approved By:	
Amount of Adjustment to Sewer Bill:	$246.21	Adjusted Bill Amount:	$309.59
Payment Plan: Yes	No	Payment Period: 3 Months	6 Months
Payment Amt:			

Cynel Shepard
Customer Service Manager

Northgate Apts

TENANT REQUEST FORM

DATE: 2-13-23 Time Reported: _____

APT. #21 Is there an animal in unit: Y__ N___

Resident: Kathy Phone: _____

DESCRIPTION OF WORK TO BE DONE:

Toilet is Constantly Running

DESCRIPTION OF WORK COMPLETED BY STAFF

Replaced flapper - fixed toilet

Delayed Tenant request

PARTS USED OR REPLACED

Flapper

WORK COMPLETED BY: Anakin B.

DATE COMPLETED: 2-13-23

Time in: _____ Time out: _____

TENANT SIGNATURE

_____

For Site Manger Office Use Only	
Estimated Time to Complete Work Order_____	Other Services_____
Is there a Tenant Charge: Y_____ N _____	Heating and Air _____
Resident Invoice Amount: $_____	Plumbing_____
Attached Invoice if Applicable_____	Building Repair_____
	Electrical Repair_____

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request:	2-2023	Service Account No.:	004401-000
Customer Name:	Susie Smart	Home Phone:	
Service Address:	1707 Boone Rd	Work Phone:	
City:	Bryant	State, Zip:	AR 72022
Date Leak Detected:		Date Repaired:	2.16.23

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

1 month Amount of Bill:	$361.45	Usage:	207
Average Bill:	$48	Three Month Average Usage:	30
Adjustment Approved:	Yes ___ No ___	Approved By:	
Amount of Adjustment to Sewer Bill:	$150.27	Adjusted Bill Amount:	$211.18
Payment Plan: Yes ___ No ___	Payment Period: 3 Months ___ 6 Months ___	Payment Amt:	

Customer Service Manager

Paulette Plumbing LLC
Tim and Clifton Paulette
14931 Lewis Trail
Paron, AR 72122
501-594-5432

INVOICE 8405

DATE 2-16-23

PHONE	MECHANIC	STARTING DATE / /
BILL TO Susie Smart	HELPER	ORDER TAKEN BY
ADDRESS 1707 Boone Rd		
CITY Bryant, Ar. - phone 501 847-3861		
JOB NAME AND LOCATION		
	JOB PHONE	

DESCRIPTION OF WORK

Repair Toilet

1 hr

Material Fill Valve - 12
Comp Stop - 4
Supply Line - 6
Flapper - 8

PAID Ch# 5492

	TOTAL MATERIALS	30	00
	TOTAL LABOR	100	00
	TAX		
DATE COMPLETED / /	TOTAL AMOUNT	$ 130	00

Signature Susi Smart

I hereby acknowledge the satisfactory completion
of the above described work

Paulette Plumbing LLC
Tim and Clifton Paulette
14931 Lewis Trail
Paron, AR 72122
501-594-5432

INVOICE 8405

DATE 2-16-23

PHONE	MECHANIC	STARTING DATE / /
BILL TO Susie Smart	HELPER	ORDER TAKEN BY
ADDRESS 1707 Boone Rd		
CITY Bryant, Ar. - Phone 501 847-3861		
JOB NAME AND LOCATION		
	JOB PHONE	

DESCRIPTION OF WORK

Repair Toilet

1 hr

Material Fill Valve - 12
Comp Stop - 4
Supply Line - 6
Flapper - 8

PAID Ch# 5492

	TOTAL MATERIALS	30	00
	TOTAL LABOR	100	00
	TAX		
DATE COMPLETED / /	TOTAL AMOUNT	$ 130	00

Signature Susie Smart

I hereby acknowledge the satisfactory completion
of the above described work

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 2/2023
Customer Name: Arkansas Early Learning
Service Address: 1110 N. Reynolds Rd
City: Bryant
Date Leak Detected:

Service Account No.: 026551-000
Home Phone:
Work Phone:
State, Zip: AR 72022
Date Repaired: 1/2023

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

Pipes Busted

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:	$13,360.47	Usage:	7353
2 inch Average Bill:	$200	Three Month Average Usage:	66
Adjustment Approved:	Yes ____ No ____	Approved By:	
Amount of Adjustment to Sewer Bill:	$7,735.23	Adjusted Bill Amount:	$5625.24
Payment Plan: Yes ____ No ____	Payment Period: 3 Months ____ 6 Months ____	Payment Amt:	

Customer Service Manager

ARKANSAS EARLY LEARNING

February 16, 2023

City of Bryant Water/Sewer Department
210 SW 3rd Street
Bryant, AR 72022

Regarding: Account 026551-000

Ms. Angela Shepard,

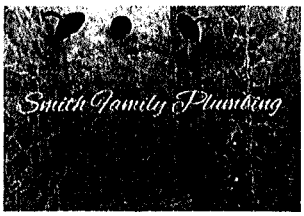
The AEL Bryant Center, located at 1110 N. Reynolds Road, received the billings from the City of Bryant Water/Sewer Department for the period 11/26/22-12/25/22 in the amount of $2,397.49 and 12/26/22-01/25/23 in the amount of $10,821.80. The AEL Bryant Center was closed for winter break from 12/19/2022 to 01/02/2023. During this period, the center experienced a frozen water line that burst resulting in the loss of 7,353 gallons of water. Due to the center closure, AEL was not made aware of the water leak until the center was reopened on 01/03/2023. The center remains closed for the repairs required due to the extensive damage.

As a non-profit organization, I am requesting that you make an adjustment to the above water bills to assist our agency in the large costs incurred from the excessive water loss and damage to our center during our closing. Per your request, please see the attached plumber's invoice and a detail of the repairs made. Please let me know if you have any questions or require additional information.

Respectfully,

Myra Wood

Myra Wood
Compliance/Quality Manager
Arkansas Early Learning, Inc.



Invoice #324

Jan 04, 2023

BILL TO

Arkansas Early Learning Center
1110 Reynolds Rd
Bryant, AR 72022
preed@arearlylearning.org

FROM

Smith Family Plumbing's Company
14617 Sweet Gum Dr
Alexander, AR 72002
Smithfamilyplumbingllc@gmail.com
+1 5015151876

INVOICE ITEMS	AMOUNT
Emergency Services 7 hrs x $125.00/hr	$875.00
Material	$100.00

$975.00

PAYMENT DUE **JAN 05, 2023**

MESSAGE

Thank you for your business. If you have any questions or concerns pertaining to your invoice please call Kandice at 501-303-9154.

Arkansas Early Learning

1110 N Reynolds Rd

Bryant, AR 72022

Date: 1/19/2023

Statement Letter

We, Smith Family Plumbing LLC, received a phone call from Patricia Reed on January 3,2023. She stated that they had bursts pipes and asked if we would be available for an emergency fix/estimate. I informed her that we were and that we were on the way.

When we arrived, Ms. Reed walked us through the building showing us the problem. We informed her that we would have to cut into three walls to locate the burst pipes.

We proceeded to cut out the wall from each exterior bathroom and remove the wall insulation. All three bathrooms had pipes that were not completely insulated. The middle bathroom has an outside access door, that is for the outdoor sinks shut off, that is broken allowing frigid air to leak into the walls. All bathrooms have pipes that lead to other parts of the building.

The first bathroom had a 90-degree copper elbow that did not have insulation on it whatsoever which had burst. We removed the broken elbow replacing it with a new one. We then wrapped it in pipe insulation to ensure it is protected.

The middle bathroom had a burst pipe and a burst 90-degree elbow. This bathroom is the one with the broken outside access door. About a foot above that outside access door a pipe had burst. While this pipe had insulation on it, it was not sealed properly around the pipe allowing the frigid air that came in through the door to hit

exposed copper piping which in turn burst. Like with the first bathroom the 90-degree elbow had no insulation and also burst. We repaired both issues and insulated them.

In the final bathroom, upon inspection, we found another burst 90-degree elbow, it was also not soldered correctly allowing it to leak out around the incomplete solder joints. We replaced the 90-degree elbow, resoldered the original repair joints, and insulated the pipes.

Some suggestions to help prevent this in the future.

1. **Fix the broken outside access door to prevent frigid air getting into the building.**
2. **Spray foam insulate the exterior walls to help better protect the copper piping used in the exterior walls.**

If you have any questions or concerns, please let me know. My phone number is 501-303-9154 and my email address is smithfamilyplumbingllc@gmail.com

Thank you,

Kandice Smith

Office Manager | 501-303-9154

Smith Family Plumbing LLC

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 2-6-23
Customer Name: Adelle Sherrwell
Service Address: 204 Ethel Dr
City: Bryant
Date Leak Detected:

Service Account No.: 016104-000
Home Phone:
Work Phone:
State, Zip: AR 72022
Date Repaired: 2.6-23

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

Fitting at meter leaking

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

Sworn Statement:

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

_____
Signature

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

FOR OFFICE USE ONLY

1 month	Amount of Bill:	$874.64				Usage:	495		
	Average Bill:	$37.84				Three Month Average Usage:	7		
	Adjustment Approved:	Yes		No		Approved By:			
	Amount of Adjustment to Sewer Bill:	$403.27				Adjusted Bill Amount:	$471.37		
	Payment Plan	Yes		No		Payment Period	3 Months		6 Months	Payment Amt.	

_____
Customer Service Manager

SERVICE WORK ORDER

DENNY DYER PLUMBING CO.

All Phases of Home Remodels and Plumbing Repairs

PHONE 778-6453 Day or Night

1022 RIVER ROAD • BENTON, AR 72015

SERVICE INVOICE

No. 2528

Customer's Order No.	Phone	Mechanic	Helper	Date

Date of Order 2-16-23

Bill To Adele Shemwell

Order Taken By

Address 204 Ethel

❑ Day Work

City Benton 72015

❑ Contract

❑ Extra

Job Name and Location 204 Ethel

Work Ordered By

Job Phone 501-213-8848

DESCRIPTION OF WORK

Repair leak

pd 2/13- 2.3

	TOTAL MATERIALS		
	TOTAL LABOR		
	TAX		
❑ No One Home / Date Completed	TOTAL AMOUNTS		

Signature _____

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

❑ Total amount due for above work: or

❑ Total billing to be mailed after completion of work

204 Ethel

016104-000

Adele Shemwell

501-213-8848

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 2.20.23
Customer Name: Tangela Cochran
Service Address: 712 Medinah Blvd
City: Bryant
Date Leak Detected:

Service Account No.: 023922-000
Home Phone:
Work Phone:
State, Zip: AR 72022
Date Repaired: 2/20/23

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

3 months Amount of Bill:	$685.65	Usage:	381
Average Bill:	$121.71	Three Month Average Usage:	67
Adjustment Approved:	Yes / No	Approved By:	
Amount of Adjustment to Sewer Bill:	$152.81	Adjusted Bill Amount:	$532.84
Payment Plan: Yes / No		Payment Period: 3 Months / 6 Months	Payment Amt:

_____
Customer Service Manager

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

Work Order No. 1961943
Date Call: 02/20/2023 10:16 AM

Acct# 023922.000

Status Work Completed

Date Completed: 02/20/2023 10:57 AM
Brief Desc: Was given blue capsule from water c

Job Site: 0178/0712-MB
712 Medinah Blvd.
Bryant,AR 72022

Caller Name: Tangela Cochran

Caller Phone: (501) 414-3445x
Occupant: Cochran (t0061911)

Home (501) 414-3445x

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

SubCategory: Toilet

Problem Description: Was given blue capsule from water company to check for running toilet/leak and the blue has leaked in toilet.

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 Was given blue capsule from water company to check for running toilet/leak and the blue has leaked in toilet.

Technician Notes: Had to replace fill valve and flapper in the toilet, working properly now

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 2-24-23
Customer Name: Eric Lee
Service Address: 6209 Doreen Dr
City: Bryant
Date Leak Detected:

Service Account No.: 032067-000
Home Phone:
Work Phone:
State, Zip: AR 72022
Date Repaired: 12/21/2022

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

Toilet Leaking

(Sewer only Cust.)

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 months Amount of Bill:	$840.09	Usage:	801
Average Bill:	$58.38	Three Month Average Usage:	67
Adjustment Approved:	Yes ___ No ___	Approved By:	
Amount of Adjustment to Sewer Bill:	$312.00	Adjusted Bill Amount:	$528.09
Payment Plan: Yes ___ No ___	Payment Period: 3 Months ___ 6 Months ___	Payment Amt:	

Angela Shepard
Customer Service Manager

Lajena Holt <lholt@cityofbryant.com>

[waterbilling] Bill adjustment

1 message

Eric Lee <ericjlee0278@gmail.com> Fri, Feb 24, 2023 at 11:37 AM
To: Waterbilling@cityofbryant.com

Good morning, our water bill with Salem water association in Benton was adjusted in December for a toilet issue we had corrected. The lady in Benton told me they would forward this attached letter to Bryant water/sewer dept. She did not do so and I continue to receive large sewer bills for the past 3 month. I have attached the maintenance invoice verifying the issue has been fixed and I would like my sewer bill to be adjusted back dating until December.
My account info is:
Eric Lee
6209 Doreen Dr
Bryant,AR 72022
Acct number 032067-000

acct # 032067-000

Our next bill is due on March 1st, I plan to wait to hear an adjusted amount before paying. Please contact me with the correct amount and I will pay promptly.

Eric J Lee, MD

Work Confirmation Letter- E. Lee.pdf
128K

Intertech Maintenance Group
714 Calhoun Street
Little Rock, AR 72202
P. 501.246.0400 F.501.313.2797

Acct # 032067-000

Wednesday, December 21, 2022

To:
Eric Lee
6209 Doreen Dr
Alexander, AR 72002

Date of Repair: **Tuesday, December 20, 2022**

Diagnosis Findings

During time of diagnosis (December 20th, 2022) our technician found the master Bathroom toilet and the Hall bathroom toilet flush valves were adjusted too high causing the toilets to run intermittently.

Work Performed

In the same visit, the technician adjusted both fill valves to the proper level. He tested both and they are working as they should.

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 2/2023
Customer Name: Deryn Marshall
Service Address: 406 SE 1st St
City: Bryant
Date Leak Detected:

Service Account No.: 032090-000
Home Phone:
Work Phone:
State, Zip: AR 72022
Date Repaired: 1-27-23

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

Leaking galvanized Water Service

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

Sworn Statement:

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

_____
Signature

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

FOR OFFICE USE ONLY

3months	Amount of Bill:	$656.30				Usage:	365		
	Average Bill:	N/A				Three Month Average Usage:			
	Adjustment Approved:	Yes		No		Approved By:			
	Amount of Adjustment to Sewer Bill:	$258.94				Adjusted Bill Amount:	$397.36		
	Payment Plan	Yes		No		Payment Period	3 Months		6 Months	Payment Amt.	

Customer Service Manager

Dewyn Marshall
Ashley Cummings,
032096-000

01/27/2023

Sims Plumbing LLC.

501-326-2290

Po.Box 1717 Benton Ar, 72018

simsplumbingar@gmail.com

Invoice due in 30 days

Szabad Properties

406 SE first st Bryant ar.

Replace leaking galvanized water service, new regulator and shutoff valve.

Total$1200.00

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 1/2023
Customer Name: Angela Adams
Service Address: 2309 Coraltree
City: Bryant
Date Leak Detected:

Service Account No.: 026669-000
Home Phone:
Work Phone:
State, Zip: AR 72022
Date Repaired: 1/16/23

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

Busted water Line in Bathroom Wall.

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

Sworn Statement:

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

_____
Signature

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

FOR OFFICE USE ONLY

1 month Amount of Bill:	$985.44	Usage:	551
Average Bill:	$98.78	Three Month Average Usage:	55
Adjustment Approved:	Yes ___ No ___	Approved By:	
Amount of Adjustment to Sewer Bill:	$421.10	Adjusted Bill Amount:	$564.34

Payment Plan	Yes		No		Payment Period	3 Months		6 Months	Payment Amt.	

Customer Service Manager

Arkansas Plumbing Solutions LLC
arplumbingsolutions@gmail.com | 501-326-3766

Invoice #180929

Issue date
Jan 16, 2023

Take off Draft

Allstate claim # 0697863314

026669-000
Leak adjustment

We appreciate your business.

Additional Recipients: claims@claims.allstate.com

Customer
Angela Adams
idgie1964@yahoo.com
406-253-5142
2309 Coral Tree Dr
Bryant, AR

Invoice Details
PDF created January 17, 2023
$199.95

Payment
Due January 16, 2023
$199.95

Items	Quantity	Price	Amount
Located & Repaired 1/2" Copper Water Line *Located busted water line in exterior bathroom wall on back of house. Cut out sheetrock on interior side of bathroom wall to gain access to busted pipe. Cut out busted section and replaced with new copper. No warranty to freezing & not responsible for wall repair of any kind.*	1	$199.95	$199.95
Subtotal			$199.95

Total Due $199.95

Pay online

To pay your invoice go to https://gosq.me/u/pm6dSgNm

Or open the camera on your mobile device and place the QR code in the camera's view.

CITY OF BRYANT WATER AND WASTEWATER UTILITIES

LEAK ADJUSTMENT REQUEST

Date of Request: 2-27-23
Customer Name: Nancy Morris
Service Address: 41 Neal Cv.
City: Bryant
Date Leak Detected:

Service Account No.: 031370-000
Home Phone:
Work Phone:
State, Zip: AR 72022
Date Repaired: 2-19-23

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

2months Amount of Bill:	$945.68	Usage:	531
Average Bill:	$35.84	Three Month Average Usage:	26
Adjustment Approved:	Yes ___ No ___	Approved By:	
Amount of Adjustment to Sewer Bill:	$416.86	Adjusted Bill Amount:	$528.82

Payment Plan	Yes		No		Payment Period	3 Months		6 Months	Payment Amt.

Customer Service Manager

Nancy Morris
501-804-9005

41 Neal Cove
03137.000

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

- SALE -
SALES#: FSTLANE2 13 TRANS#: 5838896 02-19-23

1962973 KORKY QUIETFILL 2X MAX FI 15.98

SUBTOTAL:	15.98
TAX:	1.58
INVOICE 05713 TOTAL:	17.56
DEBIT:	17.56

DEBIT: XXXXXXXXXXX9989 AMOUNT:17.56 AUTHCD: 011788
CHIP REFID:247105127205 02/19/23 14:34:50
*PIN Verified
TRACE: 00865701

PURCHASE	CASH BACK	TOTAL DEBIT
17.56	0.00	17.56

APL: US DEBIT TVR: 8080048000
AID: A0000000980840 TSI: 6800
STORE: 2471 TERMINAL: 05 02/19/23 14:34:56
 # OF ITEMS PURCHASED: 1
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

THANK YOU FOR SHOPPING LOWE'S.
FOR DETAILS ON OUR RETURN POLICY, VISIT
LOWES.COM/RETURNS
A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE
AT OUR CUSTOMER SERVICE DESK

STORE MANAGER: MARK MEYER

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

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

STORE: 2471 TERMINAL: 05 02/19/23 14:34:56