

ATTACHMENT A

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
P. O. BOX 2369
JACKSON, MS 39225-2369
ATTN: GRANTS AND CONTRACTS

REQUEST FOR PAYMENT

Name of Grantee: Madison County Board of Supervisors Grant Agreement No.: WT568
Address: 125 West North Street Person preparing report: Danny Lee
P.O. Box 608 Telephone Number: 601-855-5533
Canton, MS. 39046 Request period: From 7/06/2017 To 4/26/2018

1. Amount of this payment request: \$ 16,960.50
2. Total amount of grant: \$ 30,000.00
3. Total prior payments approved: \$ 0.00
4. Total funds requested to date (line 1 plus line 3): \$ 16,960.50
5. Balance of grant funds remaining after this request (line 2 minus line 4): \$ 13,039.50

TO BE COMPLETED ONLY IF GRANTEE IS PROVIDING FUNDS TO THE GRANT PROJECT.

6. Total funds to be contributed by grantee: \$ _____
7. Amount contributed by grantee to date: \$ _____
8. Balance to be contributed by grantee (line 6 minus line 7): \$ _____

I hereby certify that the amount requested is for reimbursement of allowable costs consistent with the terms of this agreement, that request for reimbursement of these costs has not previously been made, and that the amounts requested herein do not exceed budgeted amounts stipulated in the award.

NOTE: Please attach appropriate documentation that supports this payment request (for example, payroll records for Enforcement officer, billing records, volume of tires disposed, volume of solid wastes disposed, location of solid waste sites cleaned-up, etc.)

Signature of Authorized Official
Sheila Jones, President
Madison County Board of Supervisors
Typed Name and Title of Authorized Official

Date

14691

SOUTHERN TIRE RECYCLING LLC

175378

SOUTHERN TIRE RECYCLING LLC

P O BOX 1246
FLORENCE, MS 39073 US

(601) 259-6900
str.cwilliamson@gmail.com

Invoice

Date	Invoice #
07/06/2017	12037

Bill To

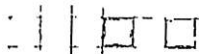
Gina Kelley
MADISON COUNTY ROAD DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046



Date	Activity	Quantity	Rate	Amount
07/05/2017	WASTE CAR TIRES	66	3.00	198.00
07/05/2017	WASTE TRUCK TIRES	64	8.50	544.00
Total				\$742.00

Gina Kelley
7/21/2017

CANTON SITE



WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
Mailing Address: 3137 SOUTH LIBERTY STREET
City: CANTON State: MS Zip: 39046
Street Address: _____ County: _____
Telephone No.: _____
Number of whole waste tires to be transported: 60 (Canton) to 4 truck in Kim
Volume of processed tires (cut, shredded, etc) to be transported: _____
Destination of tires: Name: _____ Address: _____
I hereby certify that the above indicated waste tires were collected in the normal course of business in _____ County, _____ (State) and are destined to be transported to the facility indicated above.
Signed: Anthony A. Brown Date: 7-5-2017
Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
If no Waste Tire Hauler ID No. is required, then provide:
Mailing Address: P. O. BOX 1246
City: FLORENCE State: MS Zip: 39073
Telephone No.: (601) 259-6900
I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.
Signed: Steve Williamson Date: 7-5-2017
Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
Mailing Address: P. O. BOX 1246
City: FLORENCE State: MS Zip: 39073
Telephone No.: (601) 259-6900
Permit No. (if applicable): _____
I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.
Signed: Steve Williamson Date: 7-5-2017
Collector/Processor/Disposer

SOUTHERN TIRE RECYCLING LLC

176385

SOUTHERN TIRE RECYCLING LLC
 P O BOX 1246
 FLORENCE, MS 39073 US

 (601) 259-6900
 str.williamson@gmail.com

Invoice

Date	Invoice #
08/03/2017	12179

Bill To
 Gina Kelley
 MADISON COUNTY ROAD DEPT
 3137 SOUTH LIBERTY STREET
 CANTON, MS 39046

Date	Activity	Quantity	Rate	Amount
08/02/2017	WASTE CAR TIRES	233	3.00	699.00
08/02/2017	WASTE TRUCK TIRES	57	8.50	484.50
<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block; margin-bottom: 10px;"> <p style="margin: 0;">APPROVED By Amber S. Pope at 8:48 am, Sep 07, 2017</p> </div> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"> <p style="margin: 0;">APPROVED By dan.gaillet at 11:03 am, Sep 08, 2017</p> </div>		Solid Waste		
Total				\$1,183.50

CANTON / CAMDEN SITES

8/8/2017

Manifest #

Form SW-03

(optional)

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 25 truck tires 7 Par Tires
 Volume of processed tires (cut, shredded, etc) to be transported: _____
 Destination of tires: Name: _____
 Address: _____
 I hereby certify that the above indicated waste tires were collected in the normal course of business in _____
 County, _____ (State) and are destined to be transported to the facility indicated above.
 Signed: _____ Date: 8-2-2017
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON, WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.
 Signed: Steve Williamson Date: 8-2-2017
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____
 I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I, in accordance with that authorization.
 Signed: Steve Williamson Date: 8-2-2017
 Collector/Processor/Disposer

Mississippi Department of Environmental Quality, Office of Pollution Control
 P.O. Box 2261, Jackson, MS. 39225

03/08

WHITE - GENERATOR'S COPY, YELLOW - TRANSPORTER/HAULER'S COPY, PINK - COLLECTOR/PROCESSOR/DISPOSER'S COPY

Manifest #

Form SW-03

(optional)

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT (CAMDEN)
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____

Telephone No.: _____

Number of whole waste tires to be transported: 28 tires on rim 32 truck 198 low tires

Volume of processed tires (cut, shredded, etc) to be transported: _____

Destination of tires: Name: _____
 Address: _____

I hereby certify that the above indicated waste tires were collected in the normal course of business in _____
 County, _____ (State) and are destined to be transported to the facility indicated above.

Signed: _____ Date: 8-2-2017
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900

I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.

Signed: Steve Williamson Date: 8-2-2017
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____

I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

Signed: Steve Williamson Date: 8-2-2017
 Collector/Processor/Disposer

Mississippi Department of Environmental Quality, Office of Pollution Control
 P.O. Box 2261, Jackson, MS 39225

03/08

WHITE - GENERATOR'S COPY, YELLOW - TRANSPORTER/HAULER'S COPY, PINK - COLLECTOR/PROCESSOR/DISPOSER'S COPY

SOUTHERN TIRE RECYCLING LLC

176385

SOUTHERN TIRE RECYCLING LLC
 P O BOX 1246
 FLORENCE, MS 39073 US

 (601) 259-6900
 str.cvilliamson@gmail.com

Invoice

Date	Invoice #
08/03/2017	12186

Bill To
Gina Kelley MADISON COUNTY ROAD DEPT 3137 SOUTH LIBERTY STREET CANTON, MS 39046

Date	Activity	Quantity	Rate	Amount
08/03/2017	WASTE CAR TIRES	66	3.00	198.00
08/03/2017	WASTE TRUCK TIRES	60	8.50	510.00
08/03/2017	WASTE TRACTOR TIRES	3	75.00	225.00
<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"> APPROVED By Amber S. Pope at 8:48 am, Sep 07, 2017 </div> Solid Waste				
<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;"> APPROVED By dan.gaillet at 11:03 am, Sep 08, 2017 </div>				
			Total	\$933.00

CANTON SITE

Franc
 8/8/2017

Manifest #

Form SW-03

(optional)

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: potential total 3 tractors
 Volume of processed tires (cut, shredded, etc) to be transported: _____
 Destination of tires: Name: _____
 Address: _____

I hereby certify that the above indicated waste tires were collected in the normal course of business in _____ County, _____ (State) and are destined to be transported to the facility indicated above.

Signed: _____ Date: 8-3-2017
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900

I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.

Signed: Steve Williamson Date: 8-3-2017
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____

I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

Signed: Steve Williamson Date: 8-3-2017
 Collector/Processor/Disposer

Mississippi Department of Environmental Quality, Office of Pollution Control
 P.O. Box 2261, Jackson, MS 39225

03/08

14691

SOUTHERN TIRE RECYCLING LLC

176178

SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073 US

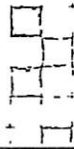
Invoice

Date	Invoice #
08/25/2017	12296

(601) 259-6900
str.cwilliamson@gmail.com

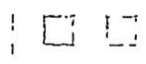
Bill To

Gina Kelley
MADISON COUNTY ROAD DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046



Date	Activity	Quantity	Rate	Amount
08/24/2017	WASTE CAR TIRES	47	3.00	141.00
08/24/2017	WASTE TRUCK TIRES	69	8.50	586.50
08/24/2017	WASTE LOADER / SKIDDER TIRES	2	125.00	250.00
			Total	\$977.50

CANTON SITE



OK
Jwill
8/28/2017

Manifest #

(optional)

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 47-cars - 69-tires - 2-loaders
 Volume of processed tires (cut, shredded, etc) to be transported: _____
 Destination of tires: Name: _____
 Address: _____

I hereby certify that the above indicated waste tires were collected in the normal course of business in _____ County, _____ (State) and are destined to be transported to the facility indicated above.

Signed: [Signature] Date: 8-24-2017
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900

I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.

Signed: [Signature] Date: 8-24-2017
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____

I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

Signed: [Signature] Date: 8-24-2017
 Collector/Processor/Disposer

Mississippi Department of Environmental Quality, Office of Pollution Control
 P.O. Box 2261, Jackson, MS 39225

03/08

SOUTHERN TIRE RECYCLING LLC

180146

SOUTHERN TIRE RECYCLING LLC

P O BOX 1246
FLORENCE, MS 39073 US

(601) 259-6900
str.cwilliamson@gmail.com

Invoice

Date	Invoice #
09/15/2017	12408

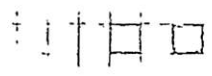
Bill To
Gina Kelley
MADISON COUNTY ROAD DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046



Date	Activity	Quantity	Rate	Amount
09/14/2017	WASTE CAR TIRES	144	3.00	432.00
09/14/2017	WASTE TRUCK TIRES	43	8.50	365.50
09/14/2017	WASTE TRACTOR TIRES	2	75.00	150.00
09/14/2017	WASTE LOADER / SKIDDER TIRES	1	125.00	125.00
<div style="font-size: 2em; font-family: cursive;"> OK Done 9/18/2017 </div>				

CANTON / CAMDEN SITES

Total **\$1,072.50**



WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: Madison County - (CANTON)
Mailing Address: 3137 S. Liberty Street
City: (Canton) State: MS Zip: 39046
Street Address: _____ County: Madison
Telephone No.: _____
Number of whole waste tires to be transported: 16-MS - 31-TOWERS - 1-SKITTLE - 2-TRACTS.
Volume of processed tires (cut, shredded, etc) to be transported: _____
Destination of tires: Name: _____
Address: _____
I hereby certify that the above indicated waste tires were collected in the normal course of business in _____
County, Madison (State) and are destined to be transported to the facility indicated above.
Signed: P. Skittle Date: 9-14-17
Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
If no Waste Tire Hauler ID No. is required, then provide:
Mailing Address: P. O. BOX 1246
City: FLORENCE State: MS Zip: 39073
Telephone No.: (601) 259-6900
I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.
Signed: Steve Williamson Date: 9-14-17
Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
Mailing Address: P. O. BOX 1246
City: FLORENCE State: MS Zip: 39073
Telephone No.: (601) 259-6900
Permit No. (if applicable): _____
I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.
Signed: Steve Williamson Date: 9-14-17
Collector/Processor/Disposer

Mississippi Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261, Jackson, MS 39225

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: Madison County - (Camden)
Mailing Address: 3137 South Liberty Street
City: Canton State: MS Zip: 39046
Street Address: _____ County: Madison
Telephone No.: _____
Number of whole waste tires to be transported: 128 tires - 12 Trucks
Volume of processed tires (cut, shredded, etc) to be transported: _____
Destination of tires: Name: _____
Address: _____
I hereby certify that the above indicated waste tires were collected in the normal course of business in _____
County, _____ (State) and are destined to be transported to the facility indicated above.
Signed: [Signature] Date: 9-14-17
Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
If no Waste Tire Hauler ID No. is required, then provide:
Mailing Address: P. O. BOX 1246
City: FLORENCE State: MS Zip: 39073
Telephone No.: (601) 259-6900
I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.
Signed: [Signature] Date: 9-14-17
Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
Mailing Address: P. O. BOX 1246
City: FLORENCE State: MS Zip: 39073
Telephone No.: (601) 259-6900
Permit No. (if applicable): _____
I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.
Signed: [Signature] Date: 9-14-17
Collector/Processor/Disposer

14691

180230



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE	ENCLOSED
12544	10/11/2017	\$1,115.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
10/11/2017	WASTE CAR TIRES	121	3.00	363.00
10/11/2017	WASTE TRUCK TIRES	62	8.50	527.00
10/11/2017	WASTE TRACTOR TIRES	3	75.00	225.00
CANTON SITE		BALANCE DUE		\$1,115.00

OK
Stacy
10/17/2017

THANK YOU FOR YOUR BUSINESS!

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
Mailing Address: 3137 SOUTH LIBERTY STREET
City: CANTON State: MS Zip: 39046
Street Address: _____ County: _____
Telephone No.: _____
Number of whole waste tires to be transported: 127 tires - 62 Truck's - 3 Tractor's
Volume of processed tires (cut, shredded, etc) to be transported: _____
Destination of tires: Name: _____ Address: _____
I hereby certify that the above indicated waste tires were collected in the normal course of business in _____ County, Madison (State) and are destined to be transported to the facility indicated above.
Signed: R. J. [Signature] Date: 10-11-2017
Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
If no Waste Tire Hauler ID No. is required, then provide:
Mailing Address: P. O. BOX 1246
City: FLORENCE State: MS Zip: 39073
Telephone No.: (601) 259-6900
I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.
Signed: Steve Williamson Date: 10-11-2017
Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
Mailing Address: P. O. BOX 1246
City: FLORENCE State: MS Zip: 39073
Telephone No.: (601) 259-6900
Permit No. (if applicable): _____
I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.
Signed: Steve Williamson Date: 10-11-2017
Collector/Processor/Disposer



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

180729

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE	ENCLOSED
12656	11/01/2017	\$533.50	

DATE	ACTIVITY	QTY	RATE	AMOUNT
11/01/2017	WASTE CAR TIRES	56	3.00	168.00
11/01/2017	WASTE TRUCK TIRES	43	8.50	365.50
			BALANCE DUE	\$533.50

OK
G Vance
11/3/2017

THANK YOU FOR YOUR BUSINESS!

Manifest #

(optional)

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 43-TRUCKS - 56-CARS
 Volume of processed tires (cut, shredded, etc) to be transported: _____
 Destination of tires: Name: _____
 Address: _____
 I hereby certify that the above indicated waste tires were collected in the normal course of business in _____
 County, Madison (State) and are destined to be transported to the facility indicated above.
 Signed: R. Markers Date: 11-1-2017
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.
 Signed: Steve Williamson Date: 11-1-2017
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____
 I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.
 Signed: Steve Williamson Date: 11-1-2017
 Collector/Processor/Disposer

Mississippi Department of Environmental Quality, Office of Pollution Control
 P.O. Box 2261, Jackson, MS 39225

03/08

14691

180924



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE	ENCLOSED
12766	11/27/2017	\$330.50	

DATE	ACTIVITY	QTY	RATE	AMOUNT
11/27/2017	WASTE CAR TIRES	79	3.00	237.00
11/27/2017	WASTE TRUCK TIRES	11	8.50	93.50
CANTON SITE		BALANCE DUE		\$330.50

*OK
Gina
11/29/2017*

THANK YOU FOR YOUR BUSINESS!



Form SW-03
 Manifest # _____
 (optional)

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 79 Car tires // truck
 Volume of processed tires (cut, shredded, etc) to be transported: _____
 Destination of tires: Name: _____
 Address: _____

I hereby certify that the above indicated waste tires were collected in the normal course of business in _____ County, _____ (State) and are destined to be transported to the facility indicated above.

Signed: [Signature] Date: 11-27-2017
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900

I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.

Signed: [Signature] Date: 11-27-2017
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____

I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

Signed: [Signature] Date: 11-27-2017
 Collector/Processor/Disposer

Mississippi Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261, Jackson, MS 39225

181361

181361



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE	ENCLOSED
12799	12/04/2017	\$736.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
12/04/2017	WASTE CAR TIRES	125	3.00	375.00
12/04/2017	WASTE TRUCK TIRES	16	8.50	136.00
12/04/2017	WASTE TRACTOR TIRES	3	75.00	225.00
CANTON / CAMDEN SITES		BALANCE DUE		\$736.00

OK
Stance
12/17/2017

12/04/2017	WASTE CAR TIRES	125	3.00	375.00
12/04/2017	WASTE TRUCK TIRES	16	8.50	136.00
12/04/2017	WASTE TRACTOR TIRES	3	75.00	225.00

THANK YOU FOR YOUR BUSINESS!

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 16 tires - 7 P.M.S. - 11 Trenches - 3 Tires to
 Volume of processed tires (cut, shredded, etc) to be transported: _____
 Destination of tires: Name: _____
 Address: _____

I hereby certify that the above indicated waste tires were collected in the normal course of business in _____ County, _____ (State) and are destined to be transported to the facility indicated above.

Signed: Thelma A. Brown Date: 12-4-2017
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900

I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.

Signed: Steve Williamson Date: 12-4-2017
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____

I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

Signed: Steve Williamson Date: 12-4-2017
 Collector/Processor/Disposer

Mississippi Department of Environmental Quality, Office of Pollution Control
 P.O. Box 2261, Jackson, MS 39225

03/08

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT (CAMDEN)
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 102 - CURS
 Volume of processed tires (cut, shredded, etc) to be transported: _____
 Destination of tires: Name: _____
 Address: _____

I hereby certify that the above indicated waste tires were collected in the normal course of business in _____
 County, Camden (State) and are destined to be transported to the facility indicated above.

Signed: Christy L. Prewer Date: 12-4-2017
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900

I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.

Signed: Steve Williamson Date: 12-4-2017
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____

I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

Signed: Steve Williamson Date: 12-4-2017
 Collector/Processor/Disposer

APPROVED

By Helen Keller at 11:51 am, Jan 06, 2018

181632



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE	ENCLOSED
12901	12/21/2017	\$918.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
12/21/2017	WASTE CAR TIRES	70	3.00	210.00
12/21/2017	WASTE TRUCK TIRES	48	8.50	408.00
12/21/2017	WASTE TRACTOR TIRES	4	75.00	300.00
	BALANCE DUE			\$918.00

THANK YOU FOR YOUR BUSINESS!

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
Mailing Address: 3137 SOUTH LIBERTY STREET
City: CANTON State: MS Zip: 39046
Street Address: _____ County: _____
Telephone No.: _____
Number of whole waste tires to be transported: 70 Cars - 48 Trucks - 4 Tractors
Volume of processed tires (cut, shredded, etc) to be transported: _____
Destination of tires: Name: _____
Address: _____

I hereby certify that the above indicated waste tires were collected in the normal course of business in _____ County, _____ (State) and are destined to be transported to the facility indicated above.
Signed: R. J. Amers Date: 12-21-2017
Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
If no Waste Tire Hauler ID No. is required, then provide:
Mailing Address: P. O. BOX 1246
City: FLORENCE State: MS Zip: 39073
Telephone No.: (601) 259-6900

I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.
Signed: Steve Williamson Date: 12-21-2017
Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
Mailing Address: P. O. BOX 1246
City: FLORENCE State: MS Zip: 39073
Telephone No.: (601) 259-6900
Permit No. (if applicable): _____

I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.
Signed: Steve Williamson Date: 12-21-2017
Collector/Processor/Disposer

14491

181893

APPROVED
By Helen Keller at 11:27 am, Jan 25, 2018



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE	ENCLOSED
12951	01/08/2018	\$186.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
01/08/2018	WASTE CAR TIRES	62	3.00	186.00
	CANTON SITE			BALANCE DUE
				\$186.00

SOUTHERN TIRE RECYCLING LLC
 P O BOX 1246
 FLORENCE, MS 39073
 (601) 259-6900
 swilliamson2@aol.com

THANK YOU FOR YOUR BUSINESS!

Manifest #

(optional)

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 62 car tires
 Volume of processed tires (cut, shredded, etc) to be transported: _____
 Destination of tires: Name: _____
 Address: _____

I hereby certify that the above indicated waste tires were collected in the normal course of business in _____ County, _____ (State) and are destined to be transported to the facility indicated above.

Signed: [Signature] Date: 1-8-2018
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900

I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.

Signed: [Signature] Date: 1-8-2018
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____

I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

Signed: [Signature] Date: 1-8-2018
 Collector/Processor/Disposer

Mississippi Department of Environmental Quality, Office of Pollution Control
 P.O. Box 2261, Jackson, MS 39225

03/08

14691

182314



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE	ENCLOSED
13094	02/08/2018	\$1,027.50	

DATE	ACTIVITY	QTY	RATE	AMOUNT
02/08/2018	WASTE CAR TIRES	173	3.00	519.00
02/08/2018	WASTE TRUCK TIRES	51	8.50	433.50
02/08/2018	WASTE TRACTOR TIRES	1	75.00	75.00
CANTON SITE			BALANCE DUE	\$1,027.50

APPROVED
By Danny Lee at 4:16 pm, Feb 21, 2018

105-340-587

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/08/2018	WASTE TRUCK TIRES	1	12.00	12.00
05/03/2019	WASTE TRUCK TIRES	51	8.50	433.50
05/08/2018	WASTE TRUCK TIRES	1	75.00	75.00

THANK YOU FOR YOUR BUSINESS!

Manifest #

(optional)

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 178 - Pairs - 51 - Trucks - 1 - Trailer
 Volume of processed tires (cut, shredded, etc) to be transported: _____
 Destination of tires: Name: _____
 Address: _____

I hereby certify that the above indicated waste tires were collected in the normal course of business in _____ County, _____ (State) and are destined to be transported to the facility indicated above.

Signed: R. [Signature] Date: 2-8-2018
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900

I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.

Signed: Steve Williamson Date: 2-8-2018
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____

I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

Signed: Steve Williamson Date: 2-8-2018
 Collector/Processor/Disposer

Mississippi Department of Environmental Quality, Office of Pollution Control
 P.O. Box 2261, Jackson, MS 39225

03/08

14691

182748



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

APPROVED
By Helen Keller at 3:23 pm, Feb 22, 2018

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE#	DATE	TOTAL DUE	ENCLOSED
13126	02/15/2018	\$315.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
02/15/2018	WASTE CAR TIRES	105	3.00	315.00
	CAMDEN SITE			
				BALANCE DUE \$315.00

APPROVED
By Danny Lee at 1:34 pm, Mar 16, 2018

105-340-587

CAMDEN SITE		BALANCE DUE		\$315.00
02/15/2018	WASTE CAR TIRES	105	3.00	315.00

THANK YOU FOR YOUR BUSINESS!

Manifest #

(optional)

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT (CAMDEN)
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 98 tires 7 on rim
 Volume of processed tires (cut, shredded, etc) to be transported: _____
 Destination of tires: Name: _____
 Address: _____

I hereby certify that the above indicated waste tires were collected in the normal course of business in _____ County, _____ (State) and are destined to be transported to the facility indicated above.

Signed: _____ Date: 2-15-2018
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900

I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.

Signed: Steve Williamson Date: 2-15-2018
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____

I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

Signed: Steve Williamson Date: 2-15-2018
 Collector/Processor/Disposer

Mississippi Department of Environmental Quality, Office of Pollution Control
 P.O. Box 2261, Jackson, MS 39225

03/08

14691



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice
183013

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

APPROVED
By Helen Keller at 8:53 am, Mar 23, 2018

INVOICE # DATE TOTAL DUE
13239 03/08/2018 \$861.00

ENCLOSED

DATE	ACTIVITY	QTY	RATE	AMOUNT
03/08/2018	WASTE CAR TIRES	185	3.00	555.00
03/08/2018	WASTE TRUCK TIRES	36	8.50	306.00
CANTON SITE			BALANCE DUE	\$861.00

APPROVED
By Danny Lee at 10:02 am, Mar 29, 2018

105-340-587

THANK YOU FOR YOUR BUSINESS!

Manifest #

Form SW-03

(optional)

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 185 tires
 Volume of processed tires (cut, shredded, etc) to be transported: _____
 Destination of tires: Name: _____
 Address: _____

I hereby certify that the above indicated waste tires were collected in the normal course of business in _____ County, _____ (State) and are destined to be transported to the facility indicated above.

Signed: [Signature] Date: 3-7-17
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900

I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.

Signed: [Signature] Date: 3-7-17
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____

I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

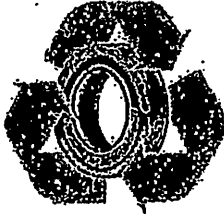
Signed: [Signature] Date: 3-7-17
 Collector/Processor/Disposer

Mississippi Department of Environmental Quality, Office of Pollution Control

P.O. Box 2261, Jackson, MS 39225

184117

14691



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

APPROVED

By Helen Keller at 8:53 am, May 04, 2018

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE
13486	04/26/2018	\$1,088.00

ENCLOSED

DATE	ACTIVITY	QTY	RATE	AMOUNT
04/26/2018	WASTE CAR TIRES	103	3.00	309.00
04/26/2018	WASTE TRUCK TIRES	74	8.50	629.00
04/26/2018	WASTE TRACTOR TIRES	2	75.00	150.00
CANTON SITE			BALANCE DUE	\$1,088.00

APPROVED

By Danny Lee at 1:52 pm, May 22, 2018

105-340-587

THANK YOU FOR YOUR BUSINESS!

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT.
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 103 Cars - 74 Trucks - 2 Tractors
 Volume of processed tires (cut, shredded, etc) to be transported: _____
 Destination of tires: Name: _____
 Address: _____

I hereby certify that the above indicated waste tires were collected in the normal course of business in _____
 County, Madison (State) and are destined to be transported to the facility indicated above.

Signed: [Signature] Date: 4-26-2018
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900

I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.

Signed: [Signature] Date: 4-26-2018
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____

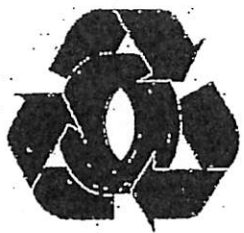
I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

Signed: [Signature] Date: 4-26-2018
 Collector/Processor/Disposer

184789

APPROVED
By Helen Keller at 7:24 am, May 29, 2018

150-300-581



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE	ENCLOSED
13587	05/15/2018	\$1,641.50	

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/15/2018	WASTE CAR TIRES	322	3.00	966.00
05/15/2018	WASTE TRUCK TIRES	53	8.50	450.50
05/15/2018	WASTE TRACTOR TIRES	3	75.00	225.00
CANTON			BALANCE DUE	\$1,641.50

APPROVED
By Danny Lee at 10:22 am, May 31, 2018

105-340-587

THANK YOU FOR YOUR BUSINESS!

Manifest #

(optional)

WASTE TIRE TRANSPORTATION CERTIFICATION

As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

Part I: Certification by Waste Tire Generator

Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 322 Cars - 53 TRUCKS - 3 TRACTORS
 Volume of processed tires (cut, shredded, etc) to be transported: _____
 Destination of tires: Name: _____
 Address: _____

I hereby certify that the above indicated waste tires were collected in the normal course of business in _____ County, _____ (State) and are destined to be transported to the facility indicated above.

Signed: Y. Kellon Date: 5-15-2018
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide:
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900

I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.

Signed: Steve Williamson Date: 5-15-2018
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____

I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

Signed: Steve Williamson Date: 5-15-2018
 Collector/Processor/Disposer

Mississippi Department of Environmental Quality, Office of Pollution Control
 P.O. Box 2261, Jackson, MS 39225

14691

175734

SOUTHERN TIRE RECYCLING LLC

SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073 US

(601) 259-6900
str.cwilliamson@gmail.com

Invoice

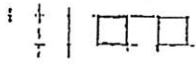
Date	Invoice #
07/01/2017	12035

Bill To
Gina Kelley MADISON COUNTY ROAD DEPT 3137 SOUTH LIBERTY STREET CANTON, MS 39046

*AK Spence
8/2/2017*

Date	Activity	Quantity	Rate	Amount
07/01/2017	CONTAINER RENTAL	2	150.00	300.00
	to be paid from solid waste			
	<p>APPROVED By Amber S. Pope at 2:25 pm, Aug 02, 2017</p> <p>APPROVED By dan.gaillet at 2:56 pm, Aug 02, 2017</p>			
			Total	\$300.00

CONTAINER RENTAL FOR JULY 2017
CANTON / CAMDEN SITES



14691

SOUTHERN TIRE RECYCLING LLC

176385

SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073 US

(601) 259-6900
str.cwilliamson@gmail.com

Invoice

Date	Invoice #
08/01/2017	12172

Bill To
Gina Kelley MADISON COUNTY ROAD DEPT 3137 SOUTH LIBERTY STREET CANTON, MS 39046



Date	Activity	Quantity	Rate	Amount
08/01/2017	CONTAINER RENTAL	2	150.00	300.00
	<div data-bbox="186 997 776 1102" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>APPROVED By Amber S. Pope at 8:47 am, Sep 07, 2017</p> </div> <div data-bbox="214 1192 812 1312" style="border: 1px solid black; padding: 5px;"> <p>APPROVED By dan.gaillet at 11:02 am, Sep 08, 2017</p> </div>			
	Solid Waste			
			Total	\$300.00

CONTAINER RENTAL FOR AUGUST 2017
CANTON / CAMDEN

U L

Invoice
8/8/2017

SOUTHERN TIRE RECYCLING LLC

176385

SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073 US

(601) 259-6900
str.cwilliamson@gmail.com

Invoice

Date	Invoice #
09/01/2017	12332

Bill To
Gina Kelley
MADISON COUNTY ROAD DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

Date	Activity	Quantity	Rate	Amount
09/01/2017	CONTAINER RENTAL	2	150.00	300.00
	Solid Waste			
APPROVED By Amber S. Pope at 11:13 am, Sep 12, 2017				
APPROVED By dan.gaillet at 11:37 am, Sep 12, 2017				
			Total	\$300.00

CONTAINER RENTAL FOR SEPTEMBER 2017
CANTON / CAMDEN SITES

13 17

14691 SOUTHERN TIRE RECYCLING LLC 180146

SOUTHERN TIRE RECYCLING LLC
 P O BOX 1246
 FLORENCE, MS 39073 US
 (601) 259-6900
 str.cwilliamson@gmail.com

Invoice

Date	Invoice #
10/03/2017	12502

Bill To
 Gina Kelley
 MADISON COUNTY ROAD DEPT
 3137 SOUTH LIBERTY STREET
 CANTON, MS 39046

Date	Activity	Quantity	Rate	Amount
10/01/2017	CONTAINER RENTAL	2	150.00	300.00
			Total	\$300.00

CONTAINER RENTAL FOR OCTOBER 2017 - CANTON - CAMDEN

*OK
 10/6/2017
 Stance*

14691

180729



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

BILL TO:
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE	ENCLOSED
12644	11/01/2017	\$300.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
11/01/2017	CONTAINER RENTAL	2	150.00	300.00
CONTAINER RENTAL FOR NOVEMBER 2017 - CANTON / CAMDEN		BALANCE DUE		\$300.00

*OK
Swar U
11/3/2017*

THANK YOU FOR YOUR BUSINESS!

14691

181361



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

BILL TO

Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE	ENCLOSED
12787	12/01/2017	\$300.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
12/01/2017	CONTAINER RENTAL	2	150.00	300.00
	CONTAINER RENTAL FOR DECEMBER 2017 - CANTON / CAMDEN SITES		BALANCE DUE	\$300.00

*OK
Balance
12/4/2017*

THANK YOU FOR YOUR BUSINESS!

2

14691

APPROVED
By Helen Keller at 11:52 am, Jan 06, 2018

181632



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE	ENCLOSED
12917	01/01/2018	\$300.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
01/01/2018	CONTAINER RENTAL	2	150.00	300.00
CONTAINER RENTAL FOR JANUARY 2018 CANTON / CAMDEN		BALANCE DUE		\$300.00

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THANK YOU FOR YOUR BUSINESS!

14691



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swillfamson2@aol.com

Invoice

182032

BILL TO

Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE.#	DATE	TOTAL DUE	ENCLOSED
13048	02/01/2018	\$300.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
02/01/2018	CONTAINER RENTAL	2	150.00	300.00
	CONTAINER RENTAL FOR FEBRUARY 2018 CANTON/CAMDEN		BALANCE DUE	\$300.00

APPROVED
By Danny Lee at 1:50 pm, Feb 12, 2018.

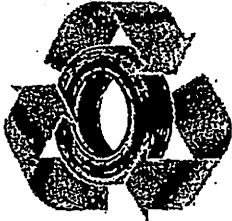
105-340-587

QUALITY SERVICE
SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swillfamson2@aol.com

THANK YOU FOR YOUR BUSINESS!

14691

182540



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE
13204	03/01/2018	\$300.00

ENCLOSED

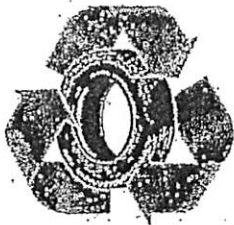
DATE	ACTIVITY	QTY	RATE	AMOUNT
03/01/2018	CONTAINER RENTAL	2	150.00	300.00
CONTAINER RENTAL FOR MARCH 2018 CANTON / CAMDEN		BALANCE DUE		\$300.00

APPROVED
By Danny Lee at 9:44 am, Mar 07, 2018

105-340-587

THANK YOU FOR YOUR BUSINESS!

183013



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

Invoice

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE # DATE TOTAL DUE
13354 04/02/2018 \$300.00

ENCLOSED

DATE	ACTIVITY	QTY	RATE	AMOUNT
04/02/2018	CONTAINER RENTAL	2	150.00	300.00
CONTAINER RENTAL FOR APRIL 2018 CANTON / CAMDEN			BALANCE DUE	\$300.00

APPROVED
By Danny Lee at 4:26 pm, Apr 04, 2018

105-340-581

THANK YOU FOR YOUR BUSINESS!

14691



SOUTHERN TIRE RECYCLING LLC
P O BOX 1246
FLORENCE, MS 39073
(601) 259-6900
swilliamson2@aol.com

184789

Invoice

BILL TO
Gina Kelley
MADISON COUNTY ROAD
DEPT
3137 SOUTH LIBERTY STREET
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE	ENCLOSED
13680	06/01/2018	\$300.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/01/2018	CONTAINER RENTAL	2	150.00	300.00
	CONTAINER RENTAL FOR JUNE 2018 CANTON / CAMDEN		BALANCE DUE	\$300.00

APPROVED
By Danny Lee at 9:15 am, Jun 06, 2018

105-340-581

THANK YOU FOR YOUR BUSINESS!