#### ATTACHMENT A

# MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY P. O. BOX 2369 JACKSON, MS 39225-2369

ATTN: GRANTS AND CONTRACTS

#### REQUEST FOR PAYMENT

Name of Grante	e: 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 _	June 2018 To Sept. 2018
1.	Amount of this payment request:		\$_6,391.50
2.	Total amount of grant:		\$ 30,000.00
3.	Total prior payments approved:		\$ 16,960.50
4.	Total funds requested to date (line 1 plus line 3):		\$ 23,352.00
5.	Balance of grant funds remaining after this request (lin	ne 2 minus line 4):	\$ 6,648.00
	LETED ONLY IF GRANTEE IS PROVIDING FU  Total funds to be contributed by grantee:	UNDS TO THE GRAN	T 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	<i>? 7)</i> :	\$
agreement, that herein do not en NOTE: Please	y that the amount requested is for reimbursement of request for reimbursement of these costs has not proceed budgeted amounts stipulated in the award.  e attach appropriate documentation that supports to the officer, billing records, volume of tires disposed aned-up, etc.)	eviously been made, an his payment request (f	d that the amounts requested for example, payroll records
Signa	ure of Authorized Official		
	s, President Madison County Board of Supervisors le and Title of Authorized Official		
- <b>y</b> p-20.			
	Date		



Invoice

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

INVOICE#

13792

06/21/2018 \$1,129.50

ENCLOSED

DATE	ACTIVITY	QTY	RATE	AMOUNT
06/21/2018	WASTE CAR TIRES	79	3.00	237.00
06/21/2018	WASTE TRUCK TIRES	105	8.50	892.50
CANTON SITE		BALANCE DUE	9	31,129.50

Form SW-03

Manifest #

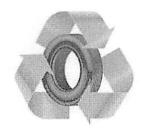
(optional)

## 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: 105 truck tires 79 (as 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: 6-21-2018 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
Signed: Date: 6-21-2018
Signed: Date: Date
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 applical le):
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: Date: 6 2/30/8
Collector/Processor/Disposer

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



Invoice

ENCLOSED

BILL TO

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

INVOICE #

DATE TOTAL DUE

13925

07/19/2018 \$1,078.00

Canton		BALANCE DUE	(	\$1,078.00
07/19/2018	WASTE TRACTOR TIRES	2	75.00	150.00
07/19/2018	WASTE TRUCK TIRES	64	8.50	544.00
07/19/2018	WASTE CAR TIRES	128	3.00	384.00
DATE	ACTIVITY	QTY	RATE	AMOUNT

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.

Par	H: Certifica	tion by Was	ste Tire Generate	r	
Name of Waste Tire Generator:	Mattiean	Cour	ity Page I	4 PT	
Mailing Address:					
City: CANTON	S	State: 17/	4.	Zip:	,9046
Street Address:			Cour	nty:	
Telephone No.:  Number of whole waste tires to be tr	ansported:	10	1 5 7 1 17 7	piezzak.	de lancio
Volume of processed tires (cut, shree					
Destination of tires: Name	3 -			and an attack to the same was a second and the same second and the same second	
Addres	35:	A) A LUCIO DE TRANSPORTO CONTRACTO DE LA CONTRACTOR DEL CONTRACTOR DE LA CO		***************************************	
I hereby certify that the above indicated County,	(State) and are	destined to be	transported to the fac	ility indicate	d above.
Signed: Waste		00 to 10 to	Date:	1/-	
Waste	Tire Generator				
Part II:	400.000	THE PARTY STATE OF THE PARTY OF	ire Transporter/		
Name of Waste Tire Transporter/Ha			TIRE RECYCLI	NG, LLC	
Waste Tire Hauler ID No.:	STEVE	WILLIAMS	ON WIH398		
If no Waste Tire Hauler ID No. is re-	quired, then prov				
Mailing Address: P. O	BOX 1246			Committee of the Property States of the Committee of the	
City: FLORENCE		State:	MS	Zip:	3,9073
Telephone No.: (601	) 259-6900		Management Comment of the Comment of		
I hereby certify that the above indicatorm.	/ · ·				
Signed: Store U	Villeams	sul )	Date:		
Wast	e Tire Hauler				
Part III.	Cariffonio	n by Callee	tor/Provessor/Dis	NOSET.	
Name of Collector/Processor/Dispos	er: SOU	THERN TO	RE RECYCLING	, LLC	
Mailing Address: P. O. E	OX 1246		AND		
City: FLORENCE		State:	MS	Zip:	39073
Telephone No.: (601) 2	59-6900				
Permit No. (if applicable):					
I hereby certify that I am authorized in accordance with that authorization		tires and that I	have received the abo	ove indicated	i waste tires in Part I
Signed: State of	Velleams	24	Date:		
	rocessor/Dispos	ol.			

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



Invoice

BILL TO

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

INVOICE#

14045

08/09/2018 \$807.50

00/03/2010	WASTE THOOK THEO	BALANCE DUE	0.00	\$807,50
08/09/2018	WASTE TRUCK TIRES	59	8.50	501.50
08/09/2018	WASTE CAR TIRES	102	3.00	306.00
DATE	ACTIVITY	OTY	RATE	AMOUNT

Form SW-03

Manifest #

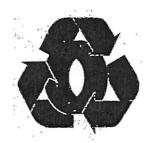
(optional)

## 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: Co	ertification by W	aste Tire Ge	nerator	
Name of Waste Tire Generator:	Dison Co	INTV ROS	DEPT	
Mailing Address: 313				
City: CANTON				39046
Street Address:				
Telephone No.:		men And among many	1/2-	120 4
Telephone No.:  Number of whole waste tires to be transported.	d: <u>5</u>	4-100	9905 -	102 Ca
Volume of processed tires (cut, shredded, etc	) to be transported:			•
Destination of tires: Name:				
Address:				
I hereby certify that the above indicated wast County,(State)  Signed:Waste Tire Ger				
Part II: Certifi				
Name of Waste Tire Transporter/Hauler:	SOUTHER	N TIRE REC	CYCLING, LL	.C
Waste Tire Hauler ID No.:	TEVE WILLIAN	ISON WTH	1 398	
If no Waste Tire Hauler ID No. is required, the	nen provide:			
Mailing Address: P. O. BOX	1246			
City: FLORENCE	State:	MS	Zip:	39073
Telephone No.: (601) 259-6	900			
I hereby certify that the above indicated wast	e tires were received	from the waste	tire generator ide	entified in Part I of this
form.	anison	_	9.9.	2-1/2
Signed: Waste Tire Ha	wler	Date:		and the Colombia
Part III: Certi	fication by Colle	ctor/Process	or/Disposer	
Name of Collector/Processor/Disposer:	SOUTHERN T	TRE RECYC	LING, LLC	
Mailing Address: P. O. BOX 12	46		And the second s	**************************************
City: FLORENCE	State:	MS	Zip:	39073
Telephone No.: (601) 259-690			*	
Permit No. (if applicable):				
I hereby certify that I am authorized to receive in accordance with that authorization.  Signed: Collector/Processor	ansou	I have received	I the above indicated and the state of the s	ited waste tires in Part I
	-			

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



Invoice

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

## **APPROVED**

By Helen Keller at 2:16 pm, Sep 06, 2018

INVOICE#	DATE	TOTAL DUE	r	19.8%	 ENCLOSED
14182	08/30/2018	\$1,200.00			

DATE	ACTIVITY	QTY.	RATE	AMOUNT
08/30/2018	WASTE CAR TIRES	400	3.00	1,200.00

BALANCE DUE

\$1,200.00

## **APPROVED**

By danny.lee at 2:24 pm, Sep 12, 2018

105-340-587

1772 HE x 3.1 (1777)

10 314 11

	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 (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: HOOlan Lines  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: S-30-2018
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
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: Date: 8-30-2018  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:  Collector/Processor/Disposer  Date:

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

14/87



Invoice

BILL TO

Gina Kelley

MADISON COUNTY ROAD

DEPT

3137 SOUTH LIBERTY STREET

CANTON, MS 39046

A	P	P	R	0	V	E	D
AT 38	pa .		M 10	-	1007	Accounts	August

By Helen Keller at 10:44 am, Sep 20, 2018

INVOICE#	DATE	TOTAL DUE		ENCLOSED
14245	09/12/2018	\$1,576.50		

DATE	ACTIVITY	QTY	RATE	AMOUNT
09/12/2018	WASTE CAR TIRES	204	3.00	612.00
09/12/2018	WASTE TRUCK TIRES	87	8.50	739.50
09/12/2018	WASTE TRACTOR TIRES	3	75.00	225.00

**BALANCE DUE** 

\$1,576.50

Manifest #	Form SW-03
Maintest #	3.5
	(optional)

## WASTE TIRE TRANSPORTATION CERTIFICATION

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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: M5 Zip: 39046					
Street Address: County:					
Telephone No.: 2-Tonat					
Number of whole waste tires to be transported:					
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					
Part II: Certification by Waste Tire Transporter/Hauler					
Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC					
THE STATE OF THE S					
Tradic And Albanet					
If no Waste Tire Hauler ID No. is required, then provide:  Mailing Address:  P. O. BOX 1246					
7 OP					
City: FLORENCE State: NIS Zip: 39073					
I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this					
form. $Q = Q + Q$					
Signed: Steve Williamson Date:					
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, (1)					
Signed: Date: 7-10-2011					
Collector/Processor/Disposer					

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

3/08 V \\



Invoice

BILL TO

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

INVOICE#

DATE

TOTAL DUE

13995

08/01/2018

\$300.00

ENGLOSED

DATE

ACTIVITY

ZISTEN

DATE

AMOUNT

08/01/2018

CONTAINER RENTAL

2

150.00

300.00

CONTAINER RENTAL

LOCATIONS- CANTON / CAMDEN

**BALANCE DUE** 

\$300.00



Invoice

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

INVOIGE #

ENGLOSED

13845

07/02/2018

\$300.00

ACTIVITY

RATE

AMOUNT

07/02/2018

CONTAINER RENTAL

2

150.00

300.00

CONTAINER RENTAL FOR JULY 2018

CANTON / CAMDEN

BALANCE DUE

\$300.00