

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 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 (line 2 minus line 4): \$ 6,648.00

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**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): \$ \_\_\_\_\_

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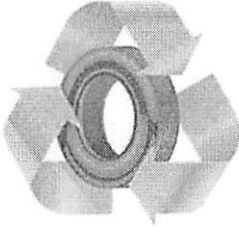
I hereby certify that the amount requested is for reimbursement of allowable costs consistent with the terms of this agreement, that request for reimbursement of these costs has not previously been made, and that the amounts requested herein do not exceed budgeted amounts stipulated in the award.

**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



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
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		<b>\$1,129.50</b>

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: 105 truck tires 79 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: \_\_\_\_\_ Date: 6-21-2018  
 Waste Tire Generator

**Part II: Certification by Waste Tire Transporter/Hauler**

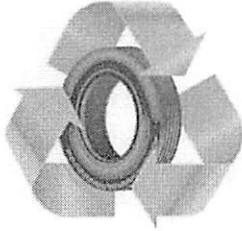
Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC  
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398  
 If no Waste Tire Hauler ID No. is required, then provide:  
 Mailing Address: P. O. BOX 1246  
 City: FLORENCE State: MS Zip: 39073  
 Telephone No.: (601) 259-6900  
 I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.  
 Signed: Steve Williamson Date: 6-21-2018  
 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: 6-21-2018  
 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  
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
13925	07/19/2018	\$1,078.00

ENCLOSED

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

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

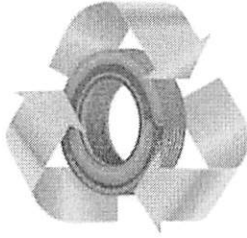
Name of Waste Tire Generator: MADISON County Road Dept  
 Mailing Address: 3137 SOUTH LIBERTY STREET  
 City: CANTON State: MS Zip: 39046  
 Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 Number of whole waste tires to be transported: 7875 on 07 Truck & Tractor  
 Volume 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: 7-19-18  
 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: 7-19-18  
 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: 7-19-18  
 Collector/Processor/Disposer



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
14045	08/09/2018	\$807.50	

DATE	ACTIVITY	QTY	RATE	AMOUNT
08/09/2018	WASTE CAR TIRES	102	3.00	306.00
08/09/2018	WASTE TRUCK TIRES	59	8.50	501.50
	BALANCE DUE			<b>\$807.50</b>

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: 59-TIRKS - 102-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, \_\_\_\_\_ (State) and are destined to be transported to the facility indicated above.  
Signed: [Signature] Date: 8-9-2018  
Waste Tire Generator

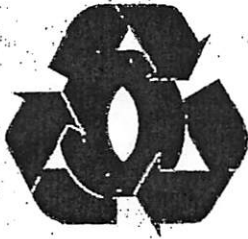
## Part II: Certification by Waste Tire Transporter/Hauler

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: Steve Williamson] Date: 8-9-2018  
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: Steve Williamson] Date: 8-9-2018  
Collector/Processor/Disposer

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



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

# Invoice

<b>BILL TO</b>
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	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

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 (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: 400 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: \_\_\_\_\_ Date: 8-30-2018  
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: 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: Steve Williamson Date: 8-30-2018  
Collector/Processor/Disposer

14182



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

**Invoice**

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

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

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**

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: 204-CARS - 87-TANKS - 3-TANKERS  
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: Michael Huls Date: 9-12-2018  
Waste Tire Generator

## Part II: Certification by Waste Tire Transporter/Hauler

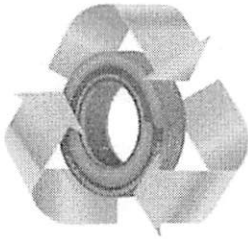
Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC  
Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398  
If no Waste Tire Hauler ID No. is required, then provide:  
Mailing Address: P. O. BOX 1246  
City: FLORENCE State: MS Zip: 39073  
Telephone No.: (601) 259-6900  
I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.  
Signed: Steve Williamson Date: 9-12-2018  
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: 9-12-2018  
Collector/Processor/Disposer

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

1424



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

# Invoice

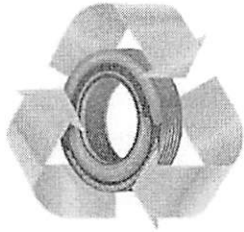
BILL TO  
Gina Kelley  
MADISON COUNTY ROAD  
DEPT  
3137 SOUTH LIBERTY STREET  
CANTON, MS 39046

INVOICE #	DATE	TOTAL DUE
13995	08/01/2018	\$300.00

ENCLOSED

DATE	ACTIVITY	QTY	RATE	AMOUNT
08/01/2018	CONTAINER RENTAL	2	150.00	300.00
	CONTAINER RENTAL LOCATIONS- CANTON / CAMDEN	BALANCE DUE		<b>\$300.00</b>

THANK YOU FOR YOUR BUSINESS!



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
13845	07/02/2018	\$300.00

ENCLOSED

DATE	ACTIVITY	QTY	RATE	AMOUNT
07/02/2018	CONTAINER RENTAL	2	150.00	300.00
	CONTAINER RENTAL FOR JULY 2018 CANTON / CAMDEN	BALANCE DUE		<b>\$300.00</b>

THANK YOU FOR YOUR BUSINESS!