

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.: WT568-3
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 October 2018 To January 2019

1. Amount of this payment request: \$ 6,648.00
2. Total amount of grant: \$ 30,000.00
3. Total prior payments approved: \$ 23,352.00
4. Total funds requested to date (line 1 plus line 3): \$ 30,000.00
5. Balance of grant funds remaining after this request (line 2 minus line 4): \$ 0.00

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

Trey Baxter, President Madison County Board of Supervisors

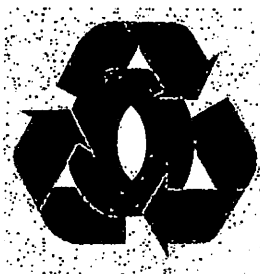
Typed Name and Title of Authorized Official

Date

**MS Department of Environmental Quality
Waste Tire Grant**

Invoice	Date	Waste Tire	Recycle Container
13378	4/5/2018	\$ 1,167.00	
14045	8/9/2018	\$ 807.50	
14448	10/15/2018	\$ 1,095.00	
14591	11/8/2018	\$ 413.50	
14590	11/8/2018	\$ 832.00	
14719	12/5/2018	\$ 323.00	
14791	12/18/2018	\$ 846.50	
13508	5/1/2018		\$ 300.00
14185	9/1/2018		\$ 300.00
14346	10/1/2018		\$ 300.00
14526	11/1/2018		\$ 300.00
14676	12/1/2018		\$ 300.00
14816	1/1/2019		\$ 300.00
			Total Billed to Madison County
		\$ 5,484.50	\$ 1,800.00 \$ 7,284.50

Waste Tire Grant	\$ 30,000.00
Prior Payments Approved	\$ 23,352.00
Rremaining Balance	\$ 6,648.00
Billed to Madison County (Oct. 18 - Jan 19)	\$ 7,284.50
DEQ Payment Request	\$ 6,648.00
Not Included on Invoice to DEQ	\$ 636.50



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

Invoice

APPROVED

By Helen Keller at 1:43 pm, Dec 12, 2018

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

INVOICE #	DATE	TOTAL DUE		ENCLOSED
13378	04/05/2018	\$1,167.00		

DATE	ACTIVITY	QTY	RATE	AMOUNT
04/05/2018	WASTE CAR TIRES	85	3.00	255.00
04/05/2018	WASTE TRUCK TIRES	72	8.50	612.00
04/05/2018	WASTE TRACTOR TIRES	4	75.00	300.00

CANTON SITE

BALANCE DUE

\$1,167.00

APPROVED

By danny.lee at 3:52 pm, Dec 13, 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: 72-TIRKS - 85-CARS - 4-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, Madison (State) and are destined to be transported to the facility indicated above.

Signed: [Signature] Date: 4-5-2018
 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: 4-5-2018
 Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

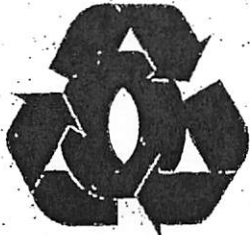
Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
 Mailing Address: P. O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 Permit No. (if applicable): _____

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: 4-5-2018
 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

APPROVED

By Helen Keller at 1:44 pm, Dec 12, 2018

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

\$807.50

APPROVED

By danny.lee at 3:54 pm, Dec 13, 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: 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] 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] Date: 8-9-2018
Collector/Processor/Disposer

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

APPROVED

By Helen Keller at 9:56 am, Oct 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
14448	10/15/2018	\$1,095.00		

DATE	ACTIVITY	QTY.	RATE	AMOUNT
10/15/2018	WASTE CAR TIRES	130	3.00	390.00
10/15/2018	WASTE TRUCK TIRES	78	8.50	663.00
10/15/2018	WASTE CAR TIRES with Rim	14	3.00	42.00

BALANCE DUE

\$1,095.00

APPROVED

By danny.lee at 9:48 am, Oct 29, 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: 130 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: 10-15-2018
 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: [Signature] Date: 10-15-2018
 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: [Signature] Date: 10-15-2018
 Collector/Processor/Disposer

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

4448



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

Invoice

APPROVED

By Helen Keller at 7:22 am, Dec 11, 2018

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

INVOICE #	DATE	TOTAL DUE		ENCLOSED
14591	11/08/2018	\$413.50		

DATE	ACTIVITY	QTY	RATE	AMOUNT
11/08/2018	WASTE CAR TIRES	118	3.00	354.00
11/08/2018	WASTE TRUCK TIRES	7	8.50	59.50

BALANCE DUE

\$413.50

APPROVED

By danny.lee at 3:57 pm, Dec 13, 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: 118 car tires 7 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: _____ Date: 11-8-2018
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: 11-8-2018
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: 11-8-2018
Collector/Processor/Disposer

14591



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

APPROVED

By Helen Keller at 7:22 am, Dec 11, 2018

INVOICE #	DATE	TOTAL DUE	ENCLOSED
14590	11/08/2018	\$832.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
11/08/2018	WASTE CAR TIRES	80	3.00	240.00
11/08/2018	WASTE TRUCK TIRES	52	8.50	442.00
11/08/2018	WASTE TRACTOR TIRES	2	75.00	150.00

BALANCE DUE

\$832.00

APPROVED

By danny.lee at 3:56 pm, Dec 13, 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

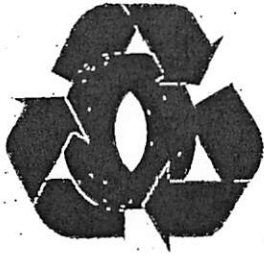
Name of Waste Tire Generator: MADISON COUNTY ROAD DEPT
 Mailing Address: 3137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 52 tires 52 truck 2 tractor
 Volume of processed tires (cut, 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: [Signature] Date: 11-8-2018
 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: 11-8-2018
 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: 11-8-2018
 Collector/Processor/Disposer



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

Invoice

RECEIVED
 DEC 13 2018
 BY:

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

INVOICE #	DATE	TOTAL DUE		ENCLOSED
14719	12/05/2018	\$323.00		

DATE	ACTIVITY	QTY	RATE	AMOUNT
12/05/2018	WASTE TRUCK TIRES	38	8.50	323.00

BALANCE DUE

\$323.00

APPROVED
 By Helen Keller at 3:54 pm, Dec 28, 2018

APPROVED
 By danny.lee at 8:38 am, Jan 04, 2019

105-340-587

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: 2137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 38 truck 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: 12-5-2018
 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: 12-5-2018
 Waste Tire Hauler

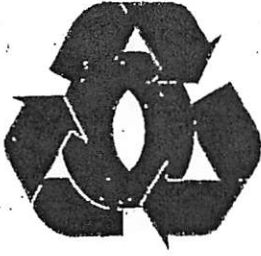
Part III: Certification by Collector/Processor/Disposer

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: 12-5-2018
 Collector/Processor/Disposer

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

APPROVED

By Helen Keller at 3:55 pm, Dec 28, 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

RECEIVED
DEC 26 2018
BY:

INVOICE #	DATE	TOTAL DUE		ENCLOSED
14791	12/19/2018	\$846.50		

DATE	ACTIVITY	QTY	RATE	AMOUNT
12/19/2018	WASTE CAR TIRES	217	3.00	651.00
12/19/2018	WASTE TRUCK TIRES	23	8.50	195.50

BALANCE DUE

\$846.50

APPROVED

By danny.lee at 8:39 am, Jan 04, 2019

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: 217-CARS - 23-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: Michael Steele Date: 12-19-2018
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

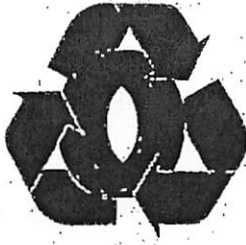
I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.
Signed: Steve Williamson Date: 12-19-2018
Waste Tire Hauler

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: 12-19-2018
Collector/Processor/Disposer

1491



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

Invoice

APPROVED

By Helen Keller at 1:45 pm, Dec 12, 2018

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

INVOICE #	DATE	TOTAL DUE			ENCLOSED
13508	05/01/2018	\$300.00			

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/01/2018	CONTAINER RENTAL	2	150.00	300.00

CONTAINER RENTAL FOR MAY 2018
CANTON / CAMDEN

BALANCE DUE

\$300.00

APPROVED

By danny.lee at 3:53 pm, Dec 13, 2018

105-340-581

THANK YOU FOR YOUR BUSINESS!



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

Invoice

APPROVED
By Helen Keller at 2:51 pm, Oct 22, 2018

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

INVOICE #	DATE	TOTAL DUE	ENCLOSED
14185	09/01/2018	\$300.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
09/01/2018	CONTAINER RENTAL	2	150.00	300.00

CONTAINER RENTAL
 LOCATIONS- CANTON / CAMDEN

BALANCE DUE \$300.00

[Faint, illegible text, possibly a signature or stamp]

THANK YOU FOR YOUR BUSINESS!



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

Invoice

APPROVED

By Helen Keller at 2:50 pm, Oct 22, 2018

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

INVOICE #	DATE	TOTAL DUE	ENCLOSED
14346	10/01/2018	\$300.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
10/01/2018	CONTAINER RENTAL	2	150.00	300.00

CONTAINER RENTAL
LOCATIONS- CANTON / CAMDEN

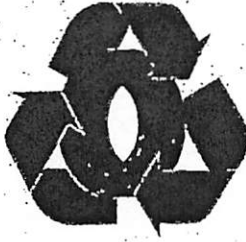
BALANCE DUE

\$300.00

THANK YOU FOR YOUR BUSINESS!

APPROVED

By Helen Keller at 7:21 am, Dec 11, 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
14526	11/01/2018	\$300.00		

DATE	ACTIVITY	QTY	RATE	AMOUNT
11/01/2018	CONTAINER RENTAL	2	150.00	300.00

CONTAINER RENTAL
LOCATIONS- CANTON / CAMDEN

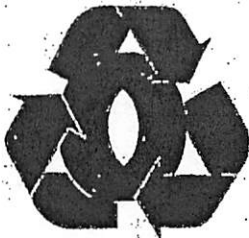
BALANCE DUE **\$300.00**

APPROVED

By danny.lee at 3:55 pm, Dec 13, 2018

105-340-581

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

APPROVED
By Helen Keller at 7:15 am, Jan 11, 2019

INVOICE #	DATE	TOTAL DUE		ENCLOSED
14816	01/01/2019	\$300.00		

DATE	ACTIVITY	QTY	RATE	AMOUNT
01/01/2019	CONTAINER RENTAL	2	150.00	300.00

CONTAINER RENTAL
LOCATIONS- CANTON / CAMDEN

BALANCE DUE **\$300.00**

APPROVED
By danny.lee at 3:57 pm, Jan 15, 2019

105-340-581

THANK YOU FOR YOUR BUSINESS!