

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
GRANT APPLICATION
PART 1. GENERAL INFORMATION**

1. Name of Applicant Madison County Board of Supervisors
2. Address of Applicant 125 West North Street, P.O. Box 608
City Canton State MS Zip 39046-0608
3. Telephone No. of Applicant 601-855-5500
4. Contact Person Danny Lee
5. Address of Contact Person (if different than applicant) _____
City _____ State _____ Zip _____
6. Telephone No. of Contact Person 601-855-5534
7. Email Address of Contact Person danny.lee@madison-co.com
8. Grant Request Category:
 a. Local Government Solid Waste Assistance Grant (attach Part 2a)
Competitive grant request _____ Non-Competitive grant request _____
 b. Local Government Solid Waste Planning Grant (attach Part 2c)
 c. Local Government Waste Tire Grant (attach Part 2b)
9. Descriptive Title of Project/Program Waste Tire Collection Program for small quantity
generators of waste tires
10. Describe the geographic area which the project/program will serve including the population to be served and list all political subdivisions to be served (e.g. counties, cities, etc.):
Madison County, Mississippi population: 104,618 (2017)
Canton, Flora, Madison, Ridgeland
11. Is applicant in violation of or delinquent on, any condition of a previously awarded grant or loan from the MDEQ?
 yes no (If yes, please attach an explanation)
12. Certification
- To the best of my knowledge and belief, I certify that the information provided in this application including attachments is true, accurate, and correct. I further certify that I possess the authority to apply for this grant on behalf of the applicant.
- Trey Baxter _____
Name of authorized representative (Please type or print) Signature of authorized representative
- President, Madison County Board of Supervisors _____
Title of authorized representative (Please type or print) Date

**Mississippi Department of Environmental Quality
Solid Waste Policy, Planning & Grants Branch
P. O. Box 2261, Jackson, MS 39225
Phone: 601-961-5171/Fax: 601-961-5785**

WASTE TIRE GRANT REQUEST PART 2b

1. Grant Applicant: Madison County Board of Supervisors

2. Breakdown of Project Costs:

	Projected Costs	Grant Funds to be used
A. Local Waste Tire Collection Programs		
Administrative Costs	_____	_____
Establish or operate waste tire collection sites	_____	_____
Transportation Costs	_____	_____
Equipment Purchases (Collection Trailers)	_____	_____
Contract for waste tire processing/disposal, recycling service	\$50,000.00	\$50,000.00
Remove or contract for removal of existing stockpile(s) of waste tires	_____	_____
B. Tire-Derived Products Grant		
	_____	_____
TOTAL PROJECT COSTS	_____	_____

3. Please attach a narrative description of the proposed waste tire project or program, indicating how the applicant proposes to conduct the activities or the project with the funds requested.

4. Please provide a copy of all local, state, and federal permits required to conduct the proposed activity.

5. Please provide any additional information necessary to describe the projected total costs of the project and a breakdown of those costs; and the total amount of grant funds requested and a breakdown of how those funds will be used.

6. Please provide a discussion regarding the projects ability to satisfy the preference factors of Sections B.2.(a), and B.2.(c) of the grant regulations.

MADISON COUNTY

LOCAL WASTE TIRE COLLECTION PROGRAM

Madison County operates two waste tire collection sites where citizens can drop off waste tires. One site is in Canton at the Madison County Road Department, and the other is in northeastern Madison County near Camden.

Madison County is under contract with Southern Tire Recycling, LLC for waste tire container rental, pick up and disposal. Madison County is requesting \$50,000 to continue our present operation.

EXAMPLE



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!

Example

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: 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

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

14591

