

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.: WT618
Address: P.O. Box 608 Person preparing report: Danny Lee
Canton, Ms 39046-0608 Telephone Number: 601-855-5533
Request period: From 2/01/2019 To 5/31/2019

- 1. Amount of this payment request: \$ 8,792.50
- 2. Total amount of grant: \$ 50,000.00
- 3. Total prior payments approved: \$ 0.00
- 4. Total funds requested to date (line 1 plus line 3): \$ 8,792.50
- 5. Balance of grant funds remaining after this request (line 2 minus line 4): \$ 41,207.50

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
Trey Baxter, President Madison County Board of Supervisors
Typed Name and Title of Authorized Official
6/17/2019
Date

\$ 50,000.00 \$ 41,207.50

January - May

Tires	
1/28/2019	\$ 294.00
1/28/2019	\$ 471.50
3/8/2019	\$ 978.50
3/27/2019	\$ 727.50
4/10/2019	\$ 774.00
4/10/2019	\$ 855.00
4/16/2019	\$ 308.00
5/2/2019	\$ 2,057.00
5/9/2019	\$ 1,063.50
5/20/2019	\$ 363.50
	<u>\$ 7,892.50</u>

Container Rental	
2/1/2019	\$ 300.00
4/1/2019	\$ 300.00
5/1/2019	\$ 300.00
	<u>\$ 900.00</u>

Payment #1 \$ 8,792.50



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
14962	01/28/2019	\$294.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
01/28/2019	WASTE CAR TIRES	98	3.00	294.00

Camden BALANCE DUE **\$294.00**

APPROVED
By danny.lee at 11:02 am, Feb 19, 2019

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 (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: 99 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: *John Kelle* Date: 1/28/19
 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: 1-28-19
 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.

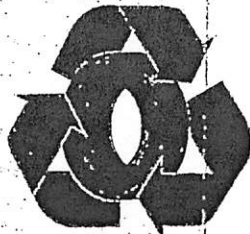
Signed: *Steve Williamson* Date: 1-28-19
 Collector/Processor/Disposer

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

14962



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

INVOICE

RECEIVED
 FEB 07 2019
 BY:

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

INVOICE #	DATE	TOTAL DUE	ENCLOSED
14961	01/28/2019	\$471.50	

DATE	ACTIVITY	QTY	RATE	AMOUNT
01/28/2019	WASTE CAR TIRES	58	3.00	174.00
01/28/2019	WASTE TRUCK TIRES	35	8.50	297.50

BALANCE DUE **\$471.50**

APPROVED
 By danny.lee at 11:01 am, Feb 19, 2019

105-340-587

01/28/2019 WASTE CAR TIRES 58 3.00 174.00
 01/28/2019 WASTE TRUCK TIRES 35 8.50 297.50

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: 58 cars 35 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: Walter Kalla Date: 1/28/19
 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: 1-28-19
 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.

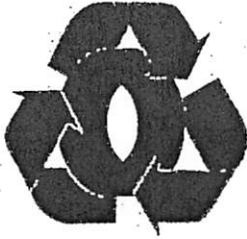
Signed: Steve Williamson Date: 1-28-19
 Collector/Processor/Disposer

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

03/08

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

14961



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

Invoice

RECEIVED
MAR 13 2019
BY:

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

INVOICE #	DATE	TOTAL DUE		ENCLOSED
15183	03/08/2019	\$978.50		

DATE	ACTIVITY	QTY	RATE	AMOUNT
03/08/2019	WASTE CAR TIRES	176	3.00	528.00
03/08/2019	WASTE TRUCK TIRES	53	8.50	450.50

BALANCE DUE

\$978.50

APPROVED

By Helen Keller at 8:52 am, Mar 19, 2019

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: 176 (on tires) 53 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: Shelby Panner Date: 3-8-2019
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

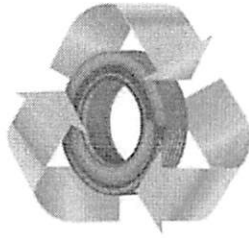
I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.
Signed: Steve Williamson Date: 3-8-2019
Waste Tire Hauler

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: 3-8-2019
Collector/Processor/Disposer

1518



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
15301	03/27/2019	\$727.50	

DATE	ACTIVITY	QTY	RATE	AMOUNT
03/27/2019	WASTE TRUCK TIRES	15	8.50	127.50
03/27/2019	WASTE TRACTOR TIRES	8	75.00	600.00
	BALANCE DUE			\$727.50

APPROVED
By danny.lee at 3:16 pm, Apr 10, 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: 13 Trucks 8 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: 3-27-19
Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

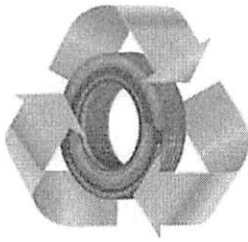
Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
If no Waste Tire Hauler ID No. is required, then provide:
Mailing Address: P. O. BOX 1246
City: FLORENCE State: MS Zip: 39073
Telephone No.: (601) 259-6900
I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.
Signed: Steve Williamson Date: 3-27-19
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: 3-27-19
Collector/Processor/Disposer

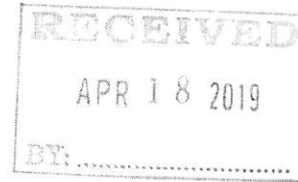
Mississippi Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261, Jackson, MS 39225

15301



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
15379	04/10/2019	\$774.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
04/10/2019	WASTE CAR TIRES	258	3.00	774.00
			BALANCE DUE	\$774.00

APPROVED
By danny.lee at 8:59 am, Apr 24, 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 (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: 258 - CWS
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 Stuck Date: 4-10-2019
Waste Tire Generator

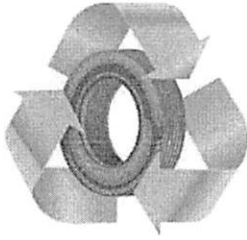
Part II: Certification by Waste Tire Transporter/Hauler

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: 4-10-2019
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: 4-10-2019
Collector/Processor/Disposer

15379



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
15380	04/10/2019	\$855.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
04/10/2019	WASTE CAR TIRES	25	3.00	75.00
04/10/2019	WASTE TRUCK TIRES	30	8.50	255.00
04/10/2019	WASTE TRACTOR TIRES	7	75.00	525.00
BALANCE DUE				\$855.00

APPROVED
By danny.lee at 9:01 am, Apr 24, 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: 30 TANKS - 7 TRACTORS = 25600
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 Stuck Date: 4-10-2019
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: 4-10-2019
Waste Tire Hauler

Part III: Certification by Collector/Processor/Disposer

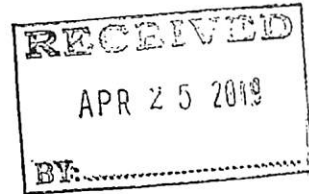
Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
Mailing Address: P. O. BOX 1246
City: FLORENCE State: MS Zip: 39073
Telephone No.: (601) 259-6900
Permit No. (if applicable): _____
I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.
Signed: Steve Williamson Date: 4-10-2019
Collector/Processor/Disposer

15380



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
15413	04/16/2019	\$308.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
04/16/2019	WASTE CAR TIRES	63	3.00	189.00
04/16/2019	WASTE TRUCK TIRES	14	8.50	119.00

BALANCE DUE **\$308.00**

APPROVED
 By danny.lee at 2:02 pm, Apr 29, 2019

105-340-587

THANK YOU FOR YOUR BUSINESS!

B+G

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: 14 Trucks 63 per 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: 4-16-2019
 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: 4-16-2019
 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

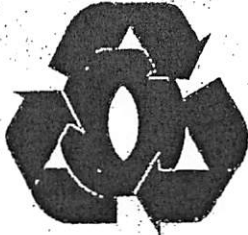
Permit No. (if applicable): _____

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: 4-16-2019
 Collector/Processor/Disposer

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

15413



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

Invoice

RECEIVED
MAY 08 2019
BY:

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

INVOICE #	DATE	TOTAL DUE		ENCLOSED
15525	05/02/2019	\$2,057.00		

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/02/2019	WASTE CAR TIRES	103	3.00	309.00
05/02/2019	WASTE TRUCK TIRES	38	8.50	323.00
05/02/2019	WASTE TRACTOR TIRES	19	75.00	1,425.00

BALANCE DUE **\$2,057.00**

APPROVED
By danny.lee at 2:48 pm, May 15, 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: 2137 SOUTH LIBERTY STREET
 City: CANTON State: MS Zip: 39046
 Street Address: _____ County: _____
 Telephone No.: _____
 Number of whole waste tires to be transported: 103-CARS - 38-TRUCKS - 19-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: [Signature] Date: 5-2-2019
 Waste Tire Generator

Part II: Certification by Waste Tire Transporter/Hauler

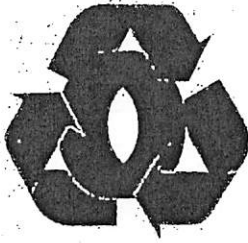
Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC
 Waste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398
 If no Waste Tire Hauler ID No. is required, then provide: _____
 Mailing Address: P.O. BOX 1246
 City: FLORENCE State: MS Zip: 39073
 Telephone No.: (601) 259-6900
 I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form.
 Signed: [Signature] Date: 5-2-2019
 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: 5-2-2019
 Collector/Processor/Disposer

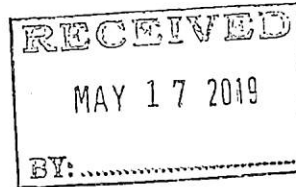
APPROVED

By Helen Keller at 9:58 am, May 21, 2019



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
15558	05/09/2019	\$1,063.50		

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/09/2019	WASTE CAR TIRES	176	3.00	528.00
05/09/2019	WASTE TRUCK TIRES	63	8.50	535.50

BALANCE DUE

\$1,063.50

APPROVED

By danny.lee at 4:50 pm, May 28, 2019

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: 176-CARS - 63-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: R. J. Jander Date: 5-9-2019
 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: 5-9-2019
 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: 5-9-2019
 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

15558



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

Invoice

RECEIVED
MAY 24 2019
BY:

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

APPROVED
By Helen Keller at 7:06 am, May 30, 2019

INVOICE #	DATE	TOTAL DUE		ENCLOSED
15644	05/20/2019	\$363.50		

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/20/2019	WASTE CAR TIRES	56	3.00	168.00
05/20/2019	WASTE TRUCK TIRES	23	8.50	195.50

BALANCE DUE **\$363.50**

APPROVED
By danny.lee at 10:04 am, May 30, 2019

105-340-581

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: 56 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 Stull Date: 5-20-2019
 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: 5-20-2019
 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: 5-20-2019
 Collector/Processor/Disposer

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

15694



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
14940	02/01/2019	\$300.00	

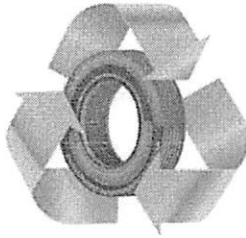
DATE	ACTIVITY	QTY	RATE	AMOUNT
02/01/2019	CONTAINER RENTAL	2	150.00	300.00

~~CONTAINER RENTAL~~ BALANCE DUE **\$300.00**
~~LOCATIONS - CANTON / CAMDEN~~

APPROVED
By danny.lee at 11:02 am, Feb 19, 2019

105-340-556

THANK YOU FOR YOUR BUSINESS!



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

RECEIVED
 APR 09 2019
 BY:

Invoice

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

INVOICE #	DATE	TOTAL DUE	ENCLOSED
15286	04/01/2019	\$300.00	

DATE	ACTIVITY	QTY	RATE	AMOUNT
04/01/2019	CONTAINER RENTAL	2	150.00	300.00
	CONTAINER RENTAL LOCATIONS- CANTON / CAMDEN		BALANCE DUE	\$300.00

APPROVED
 By danny.lee at 3:15 pm, Apr 10, 2019

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

RECEIVED
 MAY 06 2019
 BY:

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

INVOICE #	DATE	TOTAL DUE		ENCLOSED
15502	05/01/2019	\$300.00		

DATE	ACTIVITY	QTY	RATE	AMOUNT
05/01/2019	CONTAINER RENTAL	2	150.00	300.00

CONTAINER RENTAL
 LOCATIONS- CANTON / CAMDEN

BALANCE DUE **\$300.00**

APPROVED
 By danny.lee at 2:47 pm, May 15, 2019

105-340-581

THANK YOU FOR YOUR BUSINESS!