

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 10/01/2019 To 12/31/2019

- 1. Amount of this payment request: \$ 4,803.00
- 2. Total amount of grant: \$ 50,000.00
- 3. Total prior payments approved: \$ 20,162.00
- 4. Total funds requested to date (line 1 plus line 3): \$ 24,965.00
- 5. Balance of grant funds remaining after this request (line 2 minus line 4): \$ 25,035.00

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.

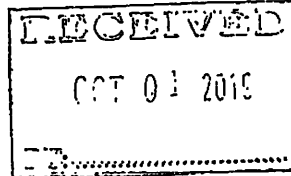
NOTE: Please attach appropriate documentation that supports this payment request (for example, payroll records for Enforcement officer, billing records, volume of tires disposed, volume of solid wastes disposed, location of solid waste sites cleaned-up, etc.)

Signature of Authorized Official
Gerald Steen, President Madison County Board of Supervisors
Typed Name and Title of Authorized Official
1/22/2020
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	ENCLOSED
16450	09/26/2019	\$720.00	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
09/26/2019	WASTE CAR TIRES	96	3.00	288.00
09/26/2019	WASTE TRUCK TIRES	42	8.50	357.00
09/26/2019	WASTE TRACTOR TIRES	1	75.00	75.00

BALANCE DUE

\$720.00

APPROVED
 By danny.lee at 11:54 am, Oct 09, 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: 96 carstire 42 trucks, 1 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: 09-26-2019
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: 09-26-2019
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): _____

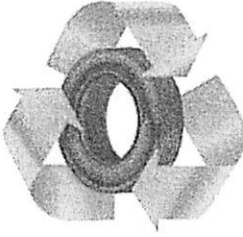
I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

Signed: [Signature] Date: 09-26-2019
Collector/Processor/Disposer

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

APPROVED

By Helen Keller at 11:35 am, Oct 28, 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
16570	10/16/2019	\$842.50	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
10/16/2019	WASTE CAR TIRES	134	3.00	402.00
10/16/2019	WASTE TRUCK TIRES	43	8.50	365.50
10/16/2019	WASTE TRACTOR TIRES	1	75.00	75.00
			BALANCE DUE	\$842.50

APPROVED

By danny.lee at 11:14 am, Oct 29, 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: 1311 - Cars - 43 - Trucks - 1 - Trailer
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 Stone Date: 10-16-2019
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: Steve Williamson Date: 10-16-2019
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: Steve Williamson Date: 10-16-2019
Collector/Processor/Disposer

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

16571
10/16/19



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 9:05 am, Nov 25, 2019

INVOICE #	DATE	TOTAL DUE			ENCLOSED
16685	11/07/2019	\$754.00			

DATE	DESCRIPTION	QTY	RATE	AMOUNT
11/07/2019	WASTE CAR TIRES	37	3.00	111.00
11/07/2019	WASTE TRUCK TIRES	58	8.50	493.00
11/07/2019	WASTE TRACTOR TIRES	2	75.00	150.00

BALANCE DUE

\$754.00

APPROVED

By danny.lee at 10:20 am, Nov 25, 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: 58-TIRMS - 37-CARS
Volume of processed tires (cut, shredded, etc) to be transported: _____
Destination of tires: Name: 2-TIRE TOPS
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. D. Jordan Date: 11-7-2019
Waste Tire Generator

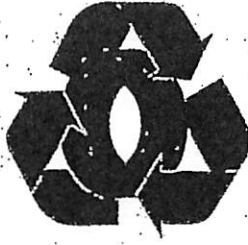
Part II: Certification by Waste Tire Transporter/Hauler

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: 11-7-2019
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: 11-7-2019
Collector/Processor/Disposer

16685



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

Invoice

RECEIVED
 NOV 27 2019
 BY:

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

INVOICE.#	DATE	TOTAL DUE	ENCLOSED
16775	11/21/2019	\$400.00	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
11/21/2019	WASTE CAR TIRES	54	3.00	162.00
11/21/2019	WASTE TRUCK TIRES	28	8.50	238.00

BALANCE DUE **\$400.00**

APPROVED
 By danny.lee at 10:14 am, Dec 06, 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: 54 CAR, 28 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: 11-21-2019
 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: 11-21-2019
 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: 11-21-2019
 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

RECEIVED
 DEC 11 2019
 BY:

Invoice

APPROVED
 By Helen Keller at 7:12 am, Dec 13, 2019

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

INVOICE #	DATE	TOTAL DUE	ENCLOSED
16854	12/05/2019	\$849.50	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
12/05/2019	WASTE CAR TIRES	142	3.00	426.00
12/05/2019	WASTE TRUCK TIRES	41	8.50	348.50
12/05/2019	WASTE TRACTOR TIRES	1	75.00	75.00

Canton and Camden Locations

BALANCE DUE

\$849.50

APPROVED
 By danny.lee at 10:49 am, Jan 14, 2020

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: 82-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: _____ Date: 12-5-2019
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: 12-5-2019
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: 12-5-2019
Collector/Processor/Disposer

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 GeneratorName of Waste Tire Generator: MADISON COUNTY ROAD DEPTMailing Address: 3137 SOUTH LIBERTY STREETCity: CANTON State: MS Zip: 39046

Street Address: _____ County: _____

Telephone No.: _____

Number of whole waste tires to be transported: 60 cars - 11 TRUCKSVolume of processed tires (cut, shredded, etc) to be transported: 1 TRUCKDestination of tires: Name: 1 TRUCKAddress: 48 TRUCKS

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. Darter Date: 12-5-2019

Waste Tire Generator

Part II: Certification by Waste Tire Transporter/HaulerName of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLCWaste Tire Hauler ID No.: STEVE WILLIAMSON WTH 398

If no Waste Tire Hauler ID No. is required, then provide: _____

Mailing Address: P. O. BOX 1246City: FLORENCE State: MS Zip: 39073Telephone 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: 12-5-2019

Waste Tire Hauler

Part III: Certification by Collector/Processor/DisposerName of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLCMailing Address: P. O. BOX 1246City: FLORENCE State: MS Zip: 39073Telephone 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: 12-5-2019

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

16854

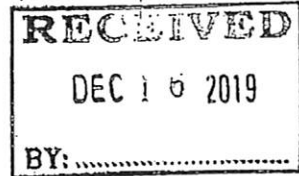
APPROVED

By Helen Keller at 2:24 pm, Dec 20, 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
16880	12/11/2019	\$125.00	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
12/11/2019	WASTE CAR TIRES	36	3.00	108.00
12/11/2019	WASTE TRUCK TIRES	2	8.50	17.00

BALANCE DUE

\$125.00

APPROVED

By danny.lee at 10:50 am, Jan 14, 2020

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: 36 cart tires, 2 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: [Signature] Date: 12-11-19
 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: [Signature] Date: 12-11-19
 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): _____

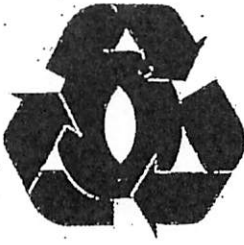
I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.
 Signed: [Signature] Date: 12-11-19
 Collector/Processor/Disposer

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

16980



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

Invoice

APPROVED

By Helen Keller at 1:27 pm, Jan 06, 2020

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

INVOICE #	DATE	TOTAL DUE	ENCLOSED
16939	12/19/2019	\$212.00	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
12/19/2019	WASTE CAR TIRES	31	3.00	93.00
12/19/2019	WASTE TRUCK TIRES	14	8.50	119.00

BALANCE DUE

\$212.00

APPROVED

By danny.lee at 10:51 am, Jan 14, 2020

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: 31 CAR TIRES, 14 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: 12-19-2019
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: 12-19-2019
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.

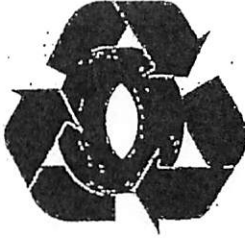
Signed: [Signature] Date: 12-19-2019
Collector/Processor/Disposer

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

16340

APPROVED

By Helen Keller at 3:05 pm, Oct 08, 2019



SOUTHERN TIRE RECYCLING LLC

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

Invoice

RECEIVED
OCT 04 2019
BY:.....

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

INVOICE #	DATE	TOTAL DUE	ENCLOSED
16463	10/01/2019	\$300.00	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
10/01/2019	CONTAINER RENTAL	2	150.00	300.00

CONTAINER RENTAL
LOCATIONS- CANTON / CAMDEN

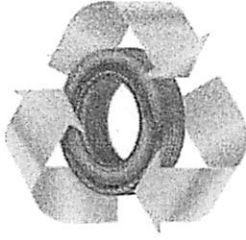
BALANCE DUE **\$300.00**

APPROVED

By danny.lee at 11:55 am, Oct 09, 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

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

APPROVED
By Helen Keller at 7:19 am, Nov 14, 2019

INVOICE #	DATE	TOTAL DUE	ENCLOSED
16636	11/01/2019	\$300.00	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
11/01/2019	CONTAINER RENTAL	2	150.00	300.00
	CONTAINER RENTAL LOCATIONS- CANTON / CAMDEN		BALANCE DUE	\$300.00

APPROVED
By danny.lee at 1:44 pm, Nov 20, 2019

105-340-581

THANK YOU FOR YOUR BUSINESS!

RECEIVED

DEC 04 2019

BY:



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

Invoice

APPROVED

By Helen Keller at 7:11 am, Dec 13, 2019

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

INVOICE #	DATE	TOTAL DUE	ENCLOSED
16787	12/01/2019	\$300.00	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
12/01/2019	CONTAINER RENTAL	2	150.00	300.00

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

APPROVED

By danny.lee at 10:51 am, Jan 14, 2020

105-340-581

THANK YOU FOR YOUR BUSINESS!