

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 1/01/2020 To 3/31/2020

1. Amount of this payment request: \$ 4,614.00  
2. Total amount of grant: \$ 50,000.00  
3. Total prior payments approved: \$ 24,965.00  
4. Total funds requested to date (line 1 plus line 3): \$ 29,579.00  
5. Balance of grant funds remaining after this request (line 2 minus line 4): \$ 20,421.00

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**TO BE COMPLETED ONLY IF GRANTEE IS PROVIDING FUNDS TO THE GRANT PROJECT.**

6. Total funds to be contributed by grantee: \$ \_\_\_\_\_  
7. Amount contributed by grantee to date: \$ \_\_\_\_\_  
8. Balance to be contributed by grantee (line 6 minus line 7): \$ \_\_\_\_\_

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

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

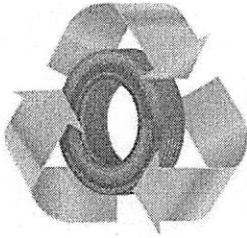
\_\_\_\_\_  
Signature of Authorized Official

Gerald Steen, President Madison County Board of Supervisors

\_\_\_\_\_  
Typed Name and Title of Authorized Official

4/20/2020

\_\_\_\_\_  
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
17054	01/16/2020	\$848.00	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
01/16/2020	WASTE CAR TIRES	66	3.00	198.00
01/16/2020	WASTE TRUCK TIRES	50	8.50	425.00
01/16/2020	WASTE TRACTOR TIRES	3	75.00	225.00
BALANCE DUE				<b>\$848.00</b>

**APPROVED**  
*By danny.lee at 1:56 pm, Apr 16, 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: 66 cars 50 Trucks 3 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: 1/16/20  
 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 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: [Signature] Date: 1-16-20  
 Waste Tire Hauler

### Part III: Certification by Collector/Processor/Disposer

Name 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: [Signature] Date: 1-16-20  
 Collector/Processor/Disposer

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

03/08

17054

**APPROVED**

*By Helen Keller at 9:38 am, Feb 24, 2020*



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

**Invoice**

RECEIVED  
FEB 19 2020  
BY: .....

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

INVOICE #	DATE	TOTAL DUE	ENCLOSED
17198	02/11/2020	\$481.00	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
02/11/2020	WASTE CAR TIRES	30	3.00	90.00
02/11/2020	WASTE TRUCK TIRES	46	8.50	391.00

BALANCE DUE

**\$481.00**

**APPROVED**

*By danny.lee at 1:49 pm, Feb 27, 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: 46 trucks 30 car tires  
 Volume of processed tires (cut, shredded, etc) to be transported: \_\_\_\_\_  
 Destination of tires: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 I hereby certify that the above indicated waste tires were collected in the normal course of business in \_\_\_\_\_  
 County, \_\_\_\_\_ (State) and are destined to be transported to the facility indicated above.  
 Signed: X. V. Baker Date: 2-11-2020  
 Waste Tire Generator

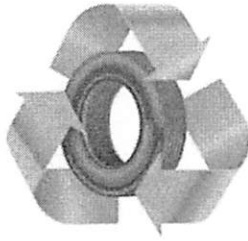
## Part II: Certification by Waste Tire Transporter/Hauler

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: 2-11-2020  
 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: 2-11-2020  
 Collector/Processor/Disposer

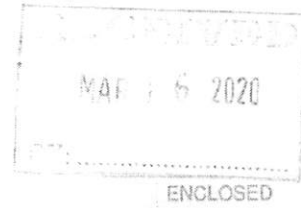
Mississippi Department of Environmental Quality, Office of Pollution Control  
 P.O. Box 2261, Jackson, MS 39225



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

# Invoice

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



INVOICE #	DATE	TOTAL DUE
17353	03/10/2020	\$1,710.00

DATE	DESCRIPTION	QTY	RATE	AMOUNT
03/10/2020	WASTE CAR TIRES	109	3.00	327.00
03/10/2020	WASTE TRUCK TIRES	48	8.50	408.00
03/10/2020	WASTE TRACTOR TIRES	13	75.00	975.00
			BALANCE DUE	<b>\$1,710.00</b>

**APPROVED**

*By danny.lee at 3:36 pm, Mar 31, 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: 103-CARS - 48-TRUCKS - 13-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: 3-10-2020  
 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: 3-10-2020  
 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: 3-10-2020  
 Collector/Processor/Disposer

**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: 6-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: R. Sarker Date: 3-10-2020  
 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: 3-10-2020  
 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): \_\_\_\_\_

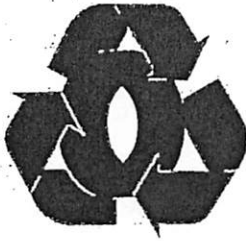
I hereby certify that I am authorized to receive waste tires and that I have received the above indicated waste tires in Part I in accordance with that authorization.

Signed: Steve Williamson Date: 3-10-2020  
 Collector/Processor/Disposer

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

17353





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

**Invoice**

RECEIVED  
 MAR 30 2020  
 BY: .....

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

INVOICE #	DATE	TOTAL DUE		ENCLOSED
17437	03/25/2020	\$675.00		

DATE	DESCRIPTION	QTY	RATE	AMOUNT
03/25/2020	WASTE CAR TIRES	56	3.00	168.00
03/25/2020	WASTE TRUCK TIRES	42	8.50	357.00
03/25/2020	WASTE TRACTOR TIRES	2	75.00	150.00

BALANCE DUE **\$675.00**

**APPROVED**  
 By Helen Keller at 11:50 am, Apr 01, 2020

**APPROVED**  
 By danny.lee at 1:40 pm, Apr 02, 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 Rd Dept.  
 Mailing Address: 3137 S. Liberty St.  
 City: Canton State: MS Zip: 39046  
 Street Address: \_\_\_\_\_ County: Madison  
 Telephone No.: \_\_\_\_\_  
 Number of whole waste tires to be transported: 56 cars 42 trucks 2 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: Michael Steele Date: 3-25-2020  
 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: 3-25-2020  
 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: 3-25-2020  
 Collector/Processor/Disposer

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

17437

**APPROVED**

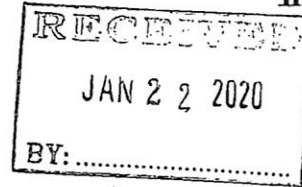
*By Helen Keller at 7:14 am, Jan 27, 2020*



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
16967	01/01/2020	\$300.00	

DATE	DESCRIPTION	QTY	RATE	AMOUNT
01/01/2020	CONTAINER RENTAL	2	150.00	300.00

CONTAINER RENTAL  
LOCATIONS- CANTON / CAMDEN

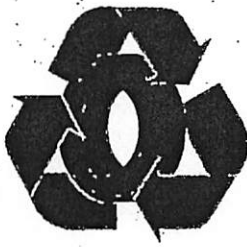
BALANCE DUE **\$300.00**

**APPROVED**

*By danny.lee at 10:16 am, Jan 28, 2020*

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  
FEB 07 2020

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

INVOICE #	DATE	TOTAL DUE		ENCLOSED
17133	02/01/2020	\$300.00		

DATE	DESCRIPTION	QTY	RATE	AMOUNT
02/01/2020	CONTAINER RENTAL	2	150.00	300.00

CONTAINER RENTAL  
LOCATIONS- CANTON / CAMDEN

BALANCE DUE **\$300.00**

**APPROVED**  
*By Helen Keller at 3:01 pm, Feb 10, 2020*

**APPROVED**  
*By danny.lee at 1:20 pm, Feb 13, 2020*

105-340-581

THANK YOU FOR YOUR BUSINESS!

