ATTACHMENT A

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY P. O. BOX 2369 JACKSON, MS 39225-2369

ATTN: GRANTS AND CONTRACTS

REQUEST FOR PAYMENT

Name of Grante	Madison County Board of Supervisors Grant	Agreement No.: WT618
Address:	P.O. Box 608 Perso	on preparing report:
	Canton, Ms 39046-0608 Telep	ohone Number: 601-855-5533
	Requ	nest period: From 7/01/2020 To 12/11/2020
1.	Amount of this payment request:	\$9,692.50
2.	Total amount of grant:	\$_50,000.00
3.	Total prior payments approved:	\$ 35,539.00
4.	Total funds requested to date (line 1 plus line 3):	\$ <u>45,231.50</u>
5.	Balance of grant funds remaining after this request (line 2 n	minus line 4): \$ 4,768.50
	PLETED ONLY IF GRANTEE IS PROVIDING FUNDS Total funds to be contributed by grantee:	S TO THE GRANT PROJECT.
		\$
	Amount contributed by grantee to date:	
8.	Balance to be contributed by grantee (line 6 minus line 7):	\$
agreement, that herein do not e	by that the amount requested is for reimbursement of allowing trequest for reimbursement of these costs has not previous exceed budgeted amounts stipulated in the award. The attach appropriate documentation that supports this part officer, billing records, volume of tires disposed, volumed-up, etc.)	asly been made, and that the amounts requested by been made, and the amounts requested by been made, and the amounts requested by been made and the amounts requested by the amounts requested by the amounts requested by the amounts requested by the amount of
Signa	ture of Authorized Official	
Karl Banks, Pr		
Typed Nan	ne and Title of Authorized Official	
1/19/21		
	Date	



Invoice

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

INVOICE#	DATE	TOTAL DUE		ENCLOSED
18203	08/07/2020	\$804.00		

DATE	DESCRIPTION	QTY	RATE	AMOUNT
08/07/2020	WASTE CAR TIRES	166	3.00	498.00
08/07/2020	WASTE TRUCK TIRES	36	8.50	306.00

BALANCE DUE

\$804.00

APPROVED

By danny.lee at 2:13 pm, Aug 20, 2020

105-340-581

RDC 2012 0 12 12 2020

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Manifest#

Form SW-03

(optional)

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 (6 Road Dept.
Mailing Address: 3137 S. Liberty Street
City: (191401) State! M5 Zip: 39046
Street Address: County:
Telephone No.:
Number of whole waste tires to be transported: 166 Cors 36 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: Male Tire Generator Date: 8-7-20
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:
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: Date: 8-7-20
Collector/Processor/Disposer

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



Invoice

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

INVOICE #	DATE	TOTAL DUE		ENCLOSED
18305	08/26/2020	\$741.00		

DATE	DESCRIPTION	1 2	QTY	RATE	AMOUNT
08/26/2020	WASTE CAR TIRES	;	247	3.00	741.00

Camden Location

BALANCE DUE

\$741.00

APPROVED

By danny.lee at 10:25 am, Sep 21, 2020

Form S	SW-03
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Manifest #

(optional)

WASTE TIRE TRANSPORTATION CERTIFICATION

25

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. Contilication by Waste Tire Generator
Name of Waste Tire Generators MA ALSONI (S. RYGN DEDT. (AMDE))
Mailing Address: 3137 South Liberry Street
City: $O(N+O(A))$ State: $M \le Zip$: 39.046
Street Address: County:
Telephone No.:
Number of whole waste tires to be transported:
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: 18 26 - 26 - 26
Waste Tire Generator
Part II. Certification by Waste Live Transporter/Haulei
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: Date: S-26-9)
Waste Tire Hauler
Part III: Certification by Collector Processor/Disposer
Part III: Certification by Collector/Processor/Disposer Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING LLC
Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC
Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC Mailing Address: P. O. BOX 1246
Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC Mailing Address: P. O. BOX 1246 City: FLORENCE State: MS Zip: 39073
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
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):
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
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: Date: -26-20-20-20-20-20-20-20-20-20-20-20-20-20-
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:

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



Invoice

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

INVOICE#	DATE	TOTAL DUE		ENCLOSED
18306	08/26/2020	\$364.50		!

DATE	, with the	DESCRIPTION		QTY	RATE	AMOUNT
08/26/2020		WASTE CAR TIRES		28	3.00	84.00
08/26/2020		WASTE TRUCK TIRES	l	33	8.50	280.50

Canton Location

BALANCE DUE

\$364.50

APPROVED

By danny.lee at 10:23 am, Sep 21, 2020

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. Confication by Waste Tire Generator
Name of Waste Tire Generator: Man sou Co Regal Dept (CANTON)
Mailing Address: 31317 5 / Denty 51500
City: 15 15 39046
Street Address: County:
Telephone No.:
Number of whole waste tires to be transported: 22-TBCCBS - 1X-COV
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: 8-2020
Waste Tire Generator
Part II: Certification by Waste Tire Transporter/Hauter
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
Signed: Date: 8-26-2020
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: Date: Date
Collector/Processor/Disposer

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

18306



SOUTHERN TIRE RECYCLING LLC

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

RECEIVED

SEP 2 1 2020

BY:

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

INVOICE#	DATE	TOTAL DUE	3.4	ENCLOSED
18398	09/14/2020	\$1,422.50		

DATE	DESCRIPTION		QTY	RATE	AMOUNT
09/14/2020	WASTE CAR TIRES	1	146	3.00	438.00
09/14/2020	WASTE TRUCK TIRES	-	107	8.50	909.50
09/14/2020	WASTE TRACTOR TIRES		1	75.00	75.00

BALANCE DUE

\$1,422.50

APPROVED

By danny.lee at 11:04 am, Sep 24, 2020

105-340-587

17 (c. 18 fr 18 (c. 18 177) (Carton)

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: //(astison County Road Chept
Mailing Address: 3137 J. Liberty Studet
City: Carton State: 1 MS Zip: 39046
Street Address: County:
Telephone No.:
Number of whole waste tires to be transported: 146-COS - 101-WUKS
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: Mehall Study Date: 4-19-2010
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: Date: 4-14-101() 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.
ID accordance with that outhweighton /
Signed: Date: 1-14-2020 Collector/Processor/Disposer

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

1





Invoice

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

INVOICE#	DATE	TOTAL DUE	141		ENCLOSED
18435	09/21/2020	\$630.00			

DATE	DESCRIPTION	QTY	RATE	AMOUNT
09/21/2020	WASTE CAR TIRES	83	3.00	249.00
09/21/2020	WASTE TRUCK TIRES	36	8.50	306.00
09/21/2020	WASTE TRACTOR TIRES	1	75.00	75.00

Canton Location BALANCE DUE \$630_00

APPROVED

By danny.lee at 4:47 pm, Sep 28, 2020

105-340-587

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SEP 2 8 2020	.s Ja
BY:	·.:

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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: Mashisal Cheuty Roccol Dest.
Mailing Address: 3/37 5 / boxty Street
City: (anton) State: M5 Zip: 39046
Street Address: County:
Telephone No.:
Number of whole waste tires to be transported: 23 cars 36 drucks 1 fra
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:
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: Atme Williamson Date: 9/21/2020
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: Date: 9/21/2020
Collector/Processor/Disposer / /

Mississippi Department of Environmental Quality, Office of Pollution Control P.O. Box 2261, Jackson, MS 39225 1843

03/08



Invoice

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

INVOICE #	DATE	TOTAL DUE		ENCLOSED
18511	10/06/2020	\$775.50		

DATE	DESCRIPTION	QTY	RATE	AMOUNT
10/06/2020	WASTE CAR TIRES	57	3.00	171.00
10/06/2020	WASTE TRUCK TIRES	27	8.50	229.50
10/06/2020	WASTE TRACTOR TIRES	5	75.00	375.00

BALANCE DUE

\$775.50

APPROVED

By danny.lee at 3:50 pm, Oct 21, 2020

REC	E	I	VED
OCT	1	6	2020
BY:			

	Form SW-03
Manifest #	
	(ontional)

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: Marting (o. Pacid Dep.
1 Jesten St.
City: Canton State: Mrs Zip: 39046 Street Address:
Telephone No.:
Number of whole waste tires to be transported: 27 1 / 1/2 5 / 2 5
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: (State) and are destined to be transported to the facility indicated above.
Signed:
<u> </u>
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: Maste Tire Hauler Date: 10/6/Zc.20
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
The second state and prizations of the second secon
Signed: Date: /o/[/2079
Collector/Processor/Disposer

1811

P.O. Box 2261, Jackson, MS

of Environmental Quality, Office of Pollution Control:



Invoice

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

INVOICE #	DATE	TOTAL DUE	1 2	 i alije.	 ENCLOSED	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
18638	10/30/2020	\$1,358.00				

DATE	DESCRIPTION	1	QTY	RATE	AMOUNT
10/30/2020	WASTE CAR TIRES		102	3.00	306.00
10/30/2020	WASTE TRUCK TIRES	į	62	8.50	527.00
10/30/2020	WASTE TRACTOR TIRES	-	7	75.00	525.00

BALANCE DUE

\$1,358.00

APPROVED

By danny.lee at 10:06 am, Nov 09, 2020

105-340-587

RECEIVED

NOV 0 5 2020

BY:

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:
Mailing Address: 3137 & Lib. St.
City: State: NS Zip:
Street Address: County: 30066
Telephone No.:
Number of whole waste tires to be transported: 102 (ars 62 tru)
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: \(\lambda \lamb
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: Date: 10/30/2020 Date: 10/30/2020
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:
Collector/Processor/Disposer

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

03/08



1

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

Invoice

NOV 1 8 2020

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

INVOICE#	DATE	TOTAL DUE	b tig :	ENCLOSED
18707	11/12/2020	\$814.00		

DATE	DESCRIPTION	QTY	RATE	AMOUNT
11/12/2020	WASTE CAR TIRES	25	3.00	75.00
11/12/2020	WASTE TRUCK TIRES	34	8.50	289.00
11/12/2020	WASTE TRACTOR TIRES	6	75.00	450.00

BALANCE DUE

\$814.00

APPROVED

By danny.lee at 9:38 am, Dec 03, 2020

(CANTON

Manifest #

Form SW-03

(optional)

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.

Telephone No.: (601) 259-6900	Part I: Certification by Waste Tire Generator
Mailing Address: City: Street Address: Telephone No.: Number of whole waste tires to be transported: Volume of processed tires (cut, shredded, etc) to be transported: Destination of tires: Address: I hereby certify that the above indicated waste tires were collected in the normal course of business in County. Address: I hereby certify that the above indicated waste tires were collected in the normal course of business in County. Address: Date: Part II: Certification by Waste Tire Transporter/Hauler: Name of 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.: Waste Tire Hauler Part II: Certification by Collector/Processor/Disposer Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC 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 Southern Tire Recycling, LLC Mailing Address: P. O. BOX 1246 City: FLORENCE Southern Tire Recycling, LLC Mailing Address: P. O. BOX 1246 City: FLORENCE Southern Tire Recycling, LLC Mailing Address: P. O. BOX 1246 City: FLORENCE Southern Tire Recycling, LLC Mailing Address: P. O. BOX 1246 City: FLORENCE State: MS Zip: 39073 Telephone No.: Good 1 259-6900	Name of Waste Tire Generator: Madison County Read Dept.
Street Address: Telephone No.: Number of whole waste tires to be transported: 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, One (State) and are destined to be transported to the facility indicated above. Signed: Part II: Certification by Waste Tire Transporter/Hauler: Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC 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: Part III: Certification by Collector/Processor/Disposer Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC 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	
Telephone No.: Number of whole waste tires to be transported: Number 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, 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.: Waste Tire Hauler Part III: Certification by Collector/Processor/Disposer Name of Collector/Processor/Disposer: SOUTHERN TIRE RECYCLING, LLC 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.: G(601) 259-6900	City: (OrA+O1) State: 1 MS Zip: 39046
Number of whole waste tires to be transported: 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: 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: 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	Street Address: County:
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Signed: Waste Tire Generator Parf 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: Date: 12-20 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	
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: Date: // 12 - 20 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	11 12 2-
Name of Waste Tire Transporter/Hauler: SOUTHERN TIRE RECYCLING, LLC	Signed: MANACON NOVA Date: 11-12-20
Name of Waste Tire Transporter/Hauler: 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.: I hereby certify that the above indicated waste tires were received from the waste tire generator identified in Part I of this form. Signed: 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	
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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: Date: (1-12-20) 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	
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Name of 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	
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City: FLORENCE State: MS Zip: 39073 Telephone No.: (601) 259-6900	
Telephone No.: (601) 259-6900	
and the second s	
Permit No. (if applicable):	
	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	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	Atomo Mila Danier 11 17 77
Signed: Date: Date: Collector/Processor/Disposer	Cionadi I / I / I / I / I / I / I / I / I / I

Department of Environmental Quality, Office of P 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		ENCLOSED
18848	12/11/2020	\$983.00		1

DATE	DESCRIPTION		QTY	RATE	AMOUNT
12/11/2020	WASTE CAR TIRES		67 ¹	3.00	201.00
12/11/2020	WASTE TRUCK TIRES	i	92	8.50	782.00

BALANCE DUE

\$983.00

APPROVED

By danny.lee at 11:07 am, Dec 28, 2020

(Canton)

Form SW-03

Manifest#

(optional)

WASTE TIRE TRANSPORTATION CERTIFICATION

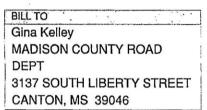
As required by the Mississippi Waste Tire Transportation Regulations, this form shall be completed and signed by a waste tire generator each time that waste tires are provided for transportation to another facility, and shall also be completed and signed by the waste tire transporter/hauler, and the collector, processor, or disposer to whom the tires are delivered.

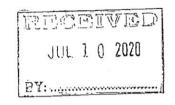
Part I: Certification by Waste Tire Generator						
Name of Waste Tire Generator: Madison County Read Dept.						
Mailing Address: 3137 S. L. bestu SHAECT						
City: 100-tow State: 1115 Zip: 39046						
Street Address: County:						
Telephone No.:						
Number of whole waste tires to be transported: 67 Cars 97 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: Date: 12-11-20 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 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: Date: 13-11-20						
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 fires in Part I in accordance with that authorization. Signed: Date: 12 - 12 - 20						
Collector/Processor/Disposer						

18h



Invoice





INVOICE#	DATE	TOTAL DUE		ENCLOSED
17940	07/01/2020	\$300.00		

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	CONTAINER RENTAL	2	150.00	300.00

CONTAINER RENTAL LOCATIONS- CANTON / CAMDEN **BALANCE DUE**

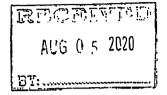
\$300.00

APPROVED

By danny.lee at 3:35 pm, Jul 17, 2020



Invoice



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

INVOICE#	DATE	TOTAL DUE		ENCLOSED
18141	08/01/2020	\$300.00		

DATE DESCRIPTION	QTY	RATE	AMOUNT
CONTAINER RENTAL	2	150.00	300.00

CONTAINER RENTAL LOCATIONS- CANTON / CAMDEN

BALANCE DUE

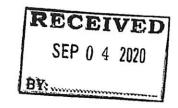
\$300_00

APPROVED

By danny.lee at 10:34 am, Aug 14, 2020



Invoice



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

INVOICE#	DATE	TOTAL DUE	ENCLOSED
18318	09/01/2020	\$300.00	1

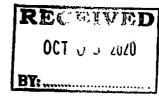
DATE	DESCRIPTION		QTY	RATE	AMOUNT
1	 CONTAINER	RENTAL	2	150.00	300.00

CONTAINER RENTAL LOCATIONS- CANTON / CAMDEN BALANCE DUE

\$300.00



Invoice



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

INVOICE#	DATE	TOTAL DUE		ENCLOSED
18462	10/01/2020	\$300.00		

DATE	DESCRIPTION		QTY	RATE	AMOUNT
	CONTAINER RENTA	L	2	150.00	300.00

CONTAINER RENTAL

BALANCE DUE LOCATIONS- CANTON / CAMDEN

\$300.00

APPROVED

By danny.lee at 11:43 am, Oct 12, 2020



Invoice

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

INVOICE#	DATE	TOTAL DUE		ENCLOSED
18614	11/01/2020	\$300.00	e manuful. Al Antifolio (m. p. page mentrus may not a sent al ay surrent make a sentado	

DATE	4	DES	CRIPTION		: ;	₩?; *	QTY	• •	RATE	AMOUNT
		CON	ITAINER R	ENTAL			2		150.00	300.00

CONTAINER RENTAL LOCATIONS- CANTON / CAMDEN

BALANCE DUE

\$300.00

APPROVED

By danny.lee at 10:05 am, Nov 09, 2020

105-340-581

RECEIVED

NOV 0 5 2020

BY:



Invoice

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

INVOICE#	DATE	TOTAL DUE		ENCLOSED
18765	12/01/2020	\$300.00	 	

DATE		DESCRIPTION		QTY	RATE	AMOUNT
		CONTAINER RENTAL		2	150.00	300.00
CONTAINER RENTAL		BALAI	NCE DUE		\$300,00	
LOCATIO	NS- CANTON	N/CAMDEN				4000200

APPROVED

By danny.lee at 11:06 am, Dec 28, 2020

105-340-581

DEC 1 8 2020

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