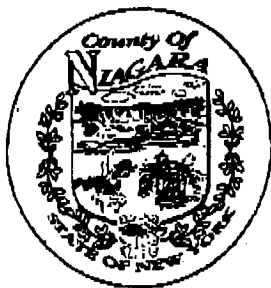




ENVIRONMENTAL DIVISION



**NIAGARA COUNTY
HEALTH DEPARTMENT**
5467 UPPER MOUNTAIN ROAD
LOCKPORT, NEW YORK 14094-1899

(716) 439-7444
(716) 439-7440 Fax

August 4, 2000

Mr. Jerry Castiglione
Sevenson Environmental
2749 Lockport Road
Niagara Falls, NY 14305
FAX: (716) 284-1763 -and-
Fax: (716) 754-2404

Re: Burning Permit #2000-05
Crystalline (TNT)
CWM at
1550 Balmer Road, Model City.

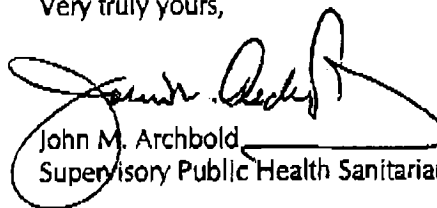
Dear Mr. Castiglione:

Enclosed is your original application which serves as your Restricted Burning Permit. Please keep it available at the time of burning. Once an exact date of burning is known, you must notify this department. Make considerations to the conditions listed on the application:

1. All burning must adhere to Municipality Codes.
2. No smoke, fume or odor shall interfere with any receptor or cause a health problem.
3. The fire Department must be notified **ONE DAY BEFORE THE BURNING** of the EXACT time, applicant must comply with Fire Department requirements.
4. Niagara County and the Niagara County Health Department are not liable for any damages as a result of the fire.
5. The permit holder must comply with all other State and Municipal regulations.
6. This permit is issued for **ONE DAY ONLY** and expires 30 days from the date issued.

Feel free to call me at 439-7515 if you have any other questions regarding this permit.

Very truly yours,



John M. Archbold
Supervisory Public Health Sanitarian

JMA:acm
Enclosures:

Burning Permit (copy faxed; original in the mail)
Letter from Town of Lewiston dated August 3, 2000