



**OKLAHOMA**  
**NON-MINING BLASTING PERMIT**  
**APPLICATION**

**EXPLOSIVES & DRILLING**  
**SERVICES**

**POSTED FROM**

**05/21/2026 to 06/05/2026**

State of Oklahoma  
Department of Mines  
2915 N. Classen Blvd., Ste. 213  
Oklahoma City, OK 73106  
Phone: (405) 427-3859

**The Oklahoma Explosives and Blasting Regulation Act**  
**REQUEST FOR NON-MINING**  
**BLASTING PERMIT**

In accordance with Title 63 O.S (1995) Section 123.1 et. Seq.

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MAY 20 2026  
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Check # 3652	ODM Receipt # 79364
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DATE: 5-6-2026

PERMIT TYPE:

One Time       Limited Time       Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: P-110

CORPORATION/BUSINESS NAME Explosives & Drilling Services, LLC

2809 Hwy A      Washington      MO      63090  
Mailing Address (Street, R.F.D., Box No.)      City      State      Zip

2809 Hwy A      Washington      MO      63090  
Physical Address of Business (Location where blasting records are held for review)

862225758      636-239-4762      none  
Federal Tax ID#      Business Telephone Number      Fax Number

I hereby make application for a permit to use explosives or engage in blasting in the State of Oklahoma.

**NOTE: ANSWER ALL QUESTIONS ON THIS FORM. (If no answer, write "none").  
PROPERLY IDENTIFY AND SECURE ANY ATTACHED EXHIBITS, IF USED.  
PLEASE REFER TO THE SPECIFIC ITEM NUMBER OF THIS FORM.**

**IDENTIFICATION OF INTERESTS:** In compliance with section 460:25-5-5 of the Rules and Regulations for Blasting, the APPLICANT is required to furnish the following:

1. Please provide the names of every officer, partner, director, or other person performing similar to director of the applicant.

Name	Address	City	State	Zip	Position
Andrew Herbst	2809 Hwy A	Washington	MO	63090	Managing Member
Name	Address	City	State	Zip	Position
Name	Address	City	State	Zip	Position
Name	Address	City	State	Zip	Position
Name	Address	City	State	Zip	Position

**COMPLIANCE INFORMATION**

**460:25-5-6**

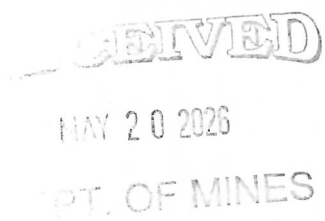
1. Has the applicant for the permit, or any subsidiary, affiliate or by or under common control with the applicant had a suspended or revoked permit in the last five (5) years?  Yes  No
2. If the answer to the above question was yes, applicant should provide the following information:

**460:25-5-6(2)(A)**

Permit Identification # P-110 Date of Issuance 6-2-2025

**460:25-5-6(2)(B)**

What is the current status of the permit involved?  
Active



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**460:25-5-6 (2)(C)**

Provide the date, location and type of any administrative or judicial proceedings initiated concerning the suspension, revocation or forfeiture:

Date	Location	Type
<i>None</i>		

**460:25-5-6(2)(D)**

What is the current status of these proceedings?

*n/a*

**PLEASE ATTACH COPIES OF THE FOLLOWING:**

- Copy of current Blasters Certificates
- Any information concerning administrative or judicial proceedings in which the applicant is involved and the current status; notification of permit suspension or revocation (460:25-6)
- Proof of Liability Insurance (460:25-11-3)

**VERIFICATION OF BLASTING PERMIT APPLICATION**

In accordance with 460:25-5-8 of the State of Oklahoma Blasting Regulations this is verification that the information contained in this application is true and correct to the best of my information and belief; and the applicant has not had a permit suspended or revoked in the last five years.

*[Signature]*  
 \_\_\_\_\_  
 Signature of an Official of the Company

*MANAGING MEMBER*  
 \_\_\_\_\_  
 Title of Official

ATTEST:

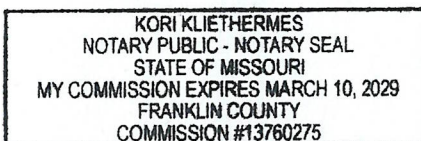
Subscribed and sworn to before me this 11<sup>th</sup> day of May 20 26

*[Signature]*  
 \_\_\_\_\_  
 Notary Public

My Commission Expires:

3.10.29

Updated 9/2023



State of Oklahoma Department of Mines  
2915 N. Classen Blvd., Ste. 213  
Oklahoma City, OK 73106  
Phone: (405) 427-3859

**CERTIFIED BLASTERS\***  
FOR INFORMATIONAL PURPOSES ONLY

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OAC 460:25-13-6 (b) states "The blaster certification shall be carried by the blaster or shall be on file at the blasting area during the blasting operation."

BLASTER'S STATE CERTIFICATION NUMBER: 1543

ISSUED DATE: 7-24-2025 EXPIRATION DATE: 7-31-2027

Name of Certified Blaster: Charles Jacobs Telephone Number: 417-389-3069

BLASTER'S STATE CERTIFICATION NUMBER: 1948

ISSUED DATE: 7-24-2025 EXPIRATION DATE: 7-31-2027

Name of Certified Blaster: James Steward Telephone Number: 918-530-2513

BLASTER'S STATE CERTIFICATION NUMBER: 1563

ISSUED DATE: 7-24-2025 EXPIRATION DATE: 7-31-2027

Name of Certified Blaster: John Ohlhausen Telephone Number: 417-825-1744

BLASTER'S STATE CERTIFICATION NUMBER: 1926

ISSUED DATE: 5-24-2024 EXPIRATION DATE: 5-31-2026

Name of Certified Blaster: Kaleb Clark Telephone Number: 785-331-5541

BLASTER'S STATE CERTIFICATION NUMBER: 1914

ISSUED DATE: 5-24-2024 EXPIRATION DATE: 5-31-2026

Name of Certified Blaster: Zachary Rufenacht Telephone Number: 660-351-4219

BLASTER'S STATE CERTIFICATION NUMBER: 1927

ISSUED DATE: 5-24-2024 EXPIRATION DATE: 5-31-2026

Name of Certified Blaster: Jacob Osborn Telephone Number: 660-492-9097

**\*A current certification is required to conduct blasting.**

State of Oklahoma Department of Mines  
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Oklahoma City, OK 73106  
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**CERTIFIED BLASTERS\***  
FOR INFORMATIONAL PURPOSES ONLY

OAC 460:25-13-6 (b) states "The blaster certification shall be carried by the blaster or shall be on file at the blasting area during the blasting operation."

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BLASTER'S STATE CERTIFICATION NUMBER: 1925  
ISSUED DATE: 5-24-2024 EXPIRATION DATE: 5-31-2026  
Name of Certified Blaster: Thomas Dowler Telephone Number: 816-898-5219

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BLASTER'S STATE CERTIFICATION NUMBER: \_\_\_\_\_  
ISSUED DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
Name of Certified Blaster: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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BLASTER'S STATE CERTIFICATION NUMBER: \_\_\_\_\_  
ISSUED DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
Name of Certified Blaster: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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BLASTER'S STATE CERTIFICATION NUMBER: \_\_\_\_\_  
ISSUED DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
Name of Certified Blaster: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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BLASTER'S STATE CERTIFICATION NUMBER: \_\_\_\_\_  
ISSUED DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
Name of Certified Blaster: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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BLASTER'S STATE CERTIFICATION NUMBER: \_\_\_\_\_  
ISSUED DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
Name of Certified Blaster: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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**\*A current certification is required to conduct blasting.**

Date: 07/24/2025  
Expires: 07/31/2027

OMTI ID: 10153  
Certificate NO: 1543

STATE OF OKLAHOMA  
MINING COMMISSION  
BLASTER CERTIFICATE

This certifies that **CHARLES JACOBS**  
has completed 8 Recertification hours for Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

*Michael Reed*  
Director

Date: 05/24/2024  
Expires: 05/31/2026

OMTI ID: 17485  
Certificate NO: 1914

STATE OF OKLAHOMA  
MINING COMMISSION  
BLASTER CERTIFICATE

This certifies that **ZACHARY J RUFENACHT**  
has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

*Michael Reed*  
Director

Date: 07/24/2025  
Expires: 07/31/2027

OMTI ID: 19081  
Certificate NO: 1948

STATE OF OKLAHOMA  
MINING COMMISSION  
BLASTER CERTIFICATE

This certifies that **JAMES D. STEWARD**  
has completed 8 Recertification hours for Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

*Michael Reed*  
Director

Date: 05/24/2024  
Expires: 05/31/2026

OMTI ID: 18210  
Certificate NO: 1927

STATE OF OKLAHOMA  
MINING COMMISSION  
BLASTER CERTIFICATE

This certifies that **JACOB A. OSBORN**  
has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

*Michael Reed*  
Director

Date: 07/24/2025  
Expires: 07/31/2027

OMTI ID: 10108  
Certificate NO: 1563

STATE OF OKLAHOMA  
MINING COMMISSION  
BLASTER CERTIFICATE

This certifies that **JOHN J. OHLHAUSEN**  
has completed 8 Recertification hours for Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

*Michael Reed*  
Director

Date: 05/24/2024  
Expires: 05/31/2026

OMTI ID: 18208  
Certificate NO: 1925

STATE OF OKLAHOMA  
MINING COMMISSION  
BLASTER CERTIFICATE

This certifies that **THOMAS A. DOWLER**  
has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

*Michael Reed*  
Director

Date: 05/24/2024  
Expires: 05/31/2026

OMTI ID: 18209  
Certificate NO: 1926

STATE OF OKLAHOMA  
MINING COMMISSION  
BLASTER CERTIFICATE

This certifies that **KALEB T. CLARK**  
has completed the requirements of a Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

*Michael Reed*  
Director

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/31/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> J M Miller, Inc. 130 Raymond Drive  Indiana PA 15701		<b>CONTACT NAME:</b> Karen Greene <b>PHONE (A/C, No., Ext):</b> (724) 349-8850 <b>E-MAIL ADDRESS:</b> kgreene@jmmillerinc.com <b>FAX (A/C, No):</b> (724) 349-8852	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Lancer Insurance Company	<b>NAIC #</b> 26077
		<b>INSURER B:</b> Imperium Insurance Company	35408
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** 25-26 Explosives Liab                      **REVISION NUMBER:**

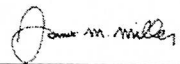
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			GL803767#7	08/01/2025	08/01/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Drone Liability						MED EXP (Anv one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>			BA803729#7	08/01/2025	08/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> 19						Underinsured motorist BI \$ 50,000
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b>			XS803845#7	08/01/2025	08/01/2026	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE \$ 5,000,000
	DED	RETENTION \$					
B	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			MNG-IIC-WC-0000477-00	08/01/2025	08/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N / A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The above General Liability policy includes blasting/blaster operations.

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<b>CERTIFICATE HOLDER</b>  OK Dept. of Mines 2915 N. Classen Blvd., Ste 213  Oklahoma City OK 73106	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
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