



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

**AUSTIN POWDER CS, LLC**

**POSTED FROM**

**06/11/2025 to 06/25/2025**

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.*

Check # 4117	ODM Receipt # 77592
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DATE: 6-5-25

**PERMIT TYPE:**

☐ One Time      ☐ Limited Time      ☒ Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: P-050

CORPORATION/BUSINESS NAME Austin Powder CS, LLC

6901 S. HIGHWAY 253      HUNTINGTON      AR      72940

Mailing Address (Street, R.F.D., Box No.)      City      State      Zip

6901 S. HIGHWAY 253      MIDLAND      AR      72945

Physical Address of Business (Location where blasting records are held for review)

20-2062352      479-639-2231      NA

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.**

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**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.

**Marty Dake**

Location Mgr

Name	Address	City	State	Zip	Position
Thomas C. O'Donnell					Treasurer

Name	Address	City	State	Zip	Position
Kevin E. Jones					Secretary

Name	Address	City	State	Zip	Position
Jason Madewell					President

Name	Address	City	State	Zip	Position
Scott Plourde					Board of Mgrs

### 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 # \_\_\_\_\_ Date of Issuance \_\_\_\_\_

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

What is the current status of the permit involved?

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

What is the current status of these proceedings?

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**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.

*Maty Dale*

Signature of an Official of the Company

*MANAGER*

Title of Official

ATTEST:

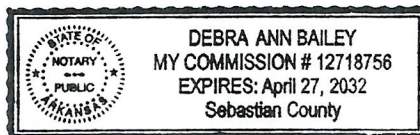
Subscribed and sworn to before me this 5th day of June 2025

*Debra Ann Bailey*  
Notary Public

My Commission Expires:

April 27th 2032

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

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: 1112 Oklahoma  
ISSUED DATE: 2/28/25 EXPIRATION DATE: 2/28/27  
Name of Certified Blaster: EDWARD S. McBRIDE Telephone Number: 479-461-5001

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BLASTER'S STATE CERTIFICATION NUMBER: 1400 Oklahoma  
ISSUED DATE: 2/28/25 EXPIRATION DATE: 2/28/27  
Name of Certified Blaster: BRENT K. McBRIDE Telephone Number: 479-461-5004

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BLASTER'S STATE CERTIFICATION NUMBER: 1897 Oklahoma  
ISSUED DATE: 2/28/25 EXPIRATION DATE: 2/28/27  
Name of Certified Blaster: JACOB TAYLOR Telephone Number: 479-255-9656

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BLASTER'S STATE CERTIFICATION NUMBER: 1935 Oklahoma  
ISSUED DATE: 5/23/25 EXPIRATION DATE: 5/31/27  
Name of Certified Blaster: WYATT LEDBETTER Telephone Number: 501-604-3436

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BLASTER'S STATE CERTIFICATION NUMBER: \_\_\_\_\_  
ISSUED DATE: 6/28/25 EXPIRATION DATE: \_\_\_\_\_  
Name of Certified Blaster: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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BLASTER'S STATE CERTIFICATION NUMBER: \_\_\_\_\_ JUN - 9 2025  
ISSUED DATE: \_\_\_\_\_ EXPIRATION DATE: DEPT. OF MINES  
Name of Certified Blaster: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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Date: 02/28/2025  
Expires: 02/28/2027

OMTID: 2836  
Certificate NO: 1112



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

*Michael Reed*  
Director

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Date: 02/28/2025  
Expires: 02/28/2027

OMT ID: 2935  
Certificate NO: 1460



This certifies that BRENT K. MCBRIDE  
has completed 8 Recertification hours for Certified Blaster  
as prescribed by the Oklahoma Department of Mines.

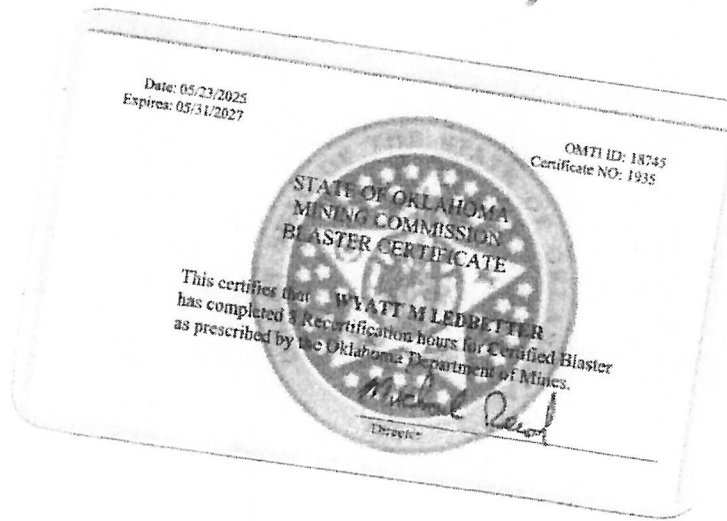


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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/30/2024

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 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).

PRODUCER The James B. Oswald Company 1100 Superior Avenue East Suite 1500 Cleveland OH 44114	CONTACT NAME: Lucy Jorz PHONE (A/C, No, Ext): (216) 367-1828 FAX (A/C, No): (216) 367-1829 E-MAIL ADDRESS: ljorz@oswaldcompanies.com
INSURED Austin Powder Company 25800 Science Park Drive Beachwood OH 44122	INSURER(S) AFFORDING COVERAGE INSURER A: Lancer Insurance Company NAIC # 26077 INSURER B: Insurance Company Of The State Of Pa 19429 INSURER C: AIU Insurance Company 19399 INSURER D: INSURER E: INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 24/25 #1 Austin Powder

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			GL803261#22	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BA803260#22	8/1/2024	8/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XS803262#22	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC 016440120	8/1/2024	8/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C	Workers' Compensation - CA			WC 016440121	8/1/2024	8/1/2025	E.L. Ea Accident 2,000,000
C	Workers' Compensation - WI			WC 016440122	8/1/2024	8/1/2025	Disease Ea Emp / Policy Limit 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The noted general liability policy includes blasting/blaster operations.

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## CERTIFICATE HOLDER

## CANCELLATION

marysue.martin@mines.ok.gov OK Dept of Mines 2915 N. Classen Blvd., Ste 213 Oklahoma City, OK 73106	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 Lucy Jorz/JORLUC
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