



**OKLAHOMA  
NON-MINING BLASTING PERMIT  
APPLICATION**

**DUANE HOUKOM, INC.**

**POSTED FROM**

**01/15/2026 to 01/30/2026**

*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.*

Check #	ODM Receipt #
3254	78671

DATE: 1/9/2026

**PERMIT TYPE:**

One Time       Limited Time       Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: P-085

**CORPORATION/BUSINESS NAME** Duane Houkem, Inc.

P.O. Box 1206      Friendswood, TX      77549  
Mailing Address (Street, R.F.D., Box No.)      City      State      Zip

7 Windsong Lane Friendswood, TX 77546  
Physical Address of Business (Location where blasting records are held for review)

76-0026221      281-996-9199      281-993-5326  
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.

G. S. Rainwater 32125 S. 220 Rd Henryetta, OK 74437 Owner/VP

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Name	Address	City	State	Zip	Position
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Name	Address	City	State	Zip	Position
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Name	Address	City	State	Zip	Position
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## **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?

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

What is the current status of these proceedings?

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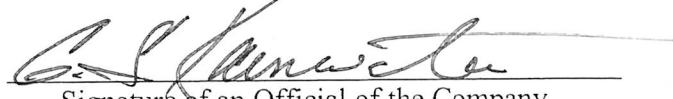
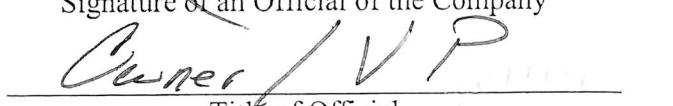
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**PLEASE ATTACH COPIES OF THE FOLLOWING:**

- 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.

  
Signature of an Official of the Company  
  
Title of Official

ATTEST:

Subscribed and sworn to before me this 9th day of January 2026

  
Yvonne McLaughlin  
Notary Public

My Commission Expires:

5-20-2028

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

OMTID: 3913  
Cert. No: 1710

STATE OF OKLAHOMA  
MINING COMMISSION  
BLASTER CERTIFICATE

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

*Michael Reed*  
Director

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

OMTID: 2032  
Cert. No: 1548

STATE OF OKLAHOMA  
MINING COMMISSION  
BLASTER CERTIFICATE

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

*Michael Reed*  
Director

Date: 12/19/2023  
Expires: 12/31/2025

Certification No: NM 24-001

STATE OF OKLAHOMA  
OKLAHOMA DEPARTMENT OF MINES  
NON-MINING BLASTER CERTIFICATE

This certifies that: **GEORGE STEPHEN RAINWATER** has  
completed the requirements of a Certified Blaster as prescribed by  
the Oklahoma Department of Mines Title 63.

*Suzen M. Rodney*  
Director of ODM

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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."

BLASTER'S STATE CERTIFICATION NUMBER: 1648

ISSUED DATE: 2/28/2025 EXPIRATION DATE: 2/28/2027

Name of Certified Blaster: Kristoffer E. Hecht Telephone Number: 281-996-9199

BLASTER'S STATE CERTIFICATION NUMBER: NU24-001

ISSUED DATE: 12/19/2023 EXPIRATION DATE: 12/31/2025

Name of Certified Blaster: G.S. Rainwater Telephone Number: 816 769 8010

BLASTER'S STATE CERTIFICATION NUMBER: 1710

ISSUED DATE: 2/28/2025 EXPIRATION DATE: 2/28/2027

Name of Certified Blaster: Bethy D. Grosscup Telephone Number: 740-398-0218

BLASTER'S STATE CERTIFICATION NUMBER: \_\_\_\_\_

ISSUED DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

Name of Certified Blaster: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

BLASTER'S STATE CERTIFICATION NUMBER: \_\_\_\_\_

ISSUED DATE: \_\_\_\_\_ EXPIRATION DATE: RECEIVED

Name of Certified Blaster: \_\_\_\_\_ Telephone Number: JAN 14 2026

BLASTER'S STATE CERTIFICATION NUMBER: \_\_\_\_\_ DEPT. OF MINES

ISSUED DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

Name of Certified Blaster: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\*A current certification is required to conduct blasting.



DUANHOU-01

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/17/2025

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).

## PRODUCER

The Selzer Company  
975 Easton Road Ste. 100  
Warrington, PA 18976

CONTACT Shannon E. Kelly, CISR, CPIA, CISR Elite

PHONE (A/C, No, Ext): (215) 491-2700 120

FAX (A/C, No): (215) 491-2707

E-MAIL shannon@selzercompany.com

ADDRESS

## INSURED

Duane Houkom, Inc  
PO Box 1206  
7 Windsong Lane  
Friendswood, TX 75549

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Landmark American Insurance Co

33138

INSURER B: National Liability &amp; Fire Ins

20052

INSURER C: Texas Mutual Insurance Company

22945

INSURER D: Westfield Specialty Insurance Company

16992

INSURER E:

INSURER F:

## COVERAGEs

## CERTIFICATE NUMBER:

## 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 SUBR INSD 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		LHA115444	10/24/2025	10/24/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ Excluded MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER					
B	AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		73APS127003	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 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 checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONs		LHA609450	10/24/2025	10/24/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	0013168400	7/1/2025	7/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- ER EL. EACH ACCIDENT \$ 500,000 EL. DISEASE - EA EMPLOYEE \$ 500,000 EL. DISEASE - POLICY LIMIT \$ 500,000
D	Excess Liab		XSL00019J103	10/24/2025	10/24/2026	Occ / Agg \$ 6,000,000

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

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## CERTIFICATE HOLDER

## CANCELLATION

Oklahoma Department of Mines  
2915 N. Classen Blvd., Suite 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