



OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION

DUANE HOUKOM, INC.

POSTED FROM

11/21/2024 to 12/06/2024

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 # 3155	ODM Receipt # 76594
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DATE: 11-18-2024

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 Houkom, 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)

76-6026221 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:

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

Kris Hecht	2 Windsong	Friendswood	TX	77546	Owner/Pres
Name	Address	City	State	Zip	Position
G.S. Rainwater	32125 S 220 Rd	Henryetta	OK	74437	Owner/VP
Name	Address	City	State	Zip	Position

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

- 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

- 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?

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.

[Handwritten Signature]

Signature of an Official of the Company

Owner / VP

Title of Official

ATTEST:

Subscribed and sworn to before me this 18th day of November 2024

[Handwritten Signature]
Notary Public

My Commission Expires:

5-20-2028

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

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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: 1648

ISSUED DATE: 2-17-2023 EXPIRATION DATE: 2-28-2025

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

BLASTER'S STATE CERTIFICATION NUMBER: NM 24-001

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: 2-17-2023 EXPIRATION DATE: 2-28-2025

Name of Certified Blaster: Barry 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: _____

Name of Certified Blaster: _____ Telephone Number: _____

BLASTER'S STATE CERTIFICATION NUMBER: _____

ISSUED DATE: _____ EXPIRATION DATE: _____

Name of Certified Blaster: _____ Telephone Number: _____

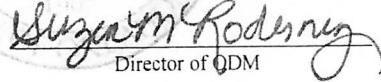
***A current certification is required to conduct blasting.**

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.


Director of QDM

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Date: 02/17/2023
Expires: 02/28/2025

OMTI ID: 2013
Certificate NO: 1710

STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

This certifies that **BARRY D. GROSSCUP**
has completed the requirements of a Certified Blaster
as prescribed by the Oklahoma Department of Mines.

Michael Reed
Director

Date: 02/17/2023
Expires: 02/28/2025

OMTI ID: 2032
Certificate NO: 1648

STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

This certifies that **KRISTOFER E. HECHT**
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)
10/14/2024

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 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 NAME: 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 ADDRESS: shannon@selzercompany.com
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 & Fire Ins 20052
	INSURER C : Texas Mutual Insurance Company 22945
	INSURER D : Westfield Specialty Insurance Company 16992
	INSURER E : INSURER F :

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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 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 <input checked="" type="checkbox"/> Blasting <input checked="" type="checkbox"/> XCU Coverage GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LHA114873	10/24/2024	10/24/2025	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 \$
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			73APS119136	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			LHA603213	10/24/2024	10/24/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	0013168400	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Excess Liab			XSL-00019J1-02	10/24/2024	10/24/2025	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**

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