



**OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION**

**EXPLOSIVES AND
DRILLING SERVICES**

POSTED FROM

06/19/2024 to 07/03/2024

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 # 36472	ODM Receipt # 75783
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DATE: 05/30/2024

PERMIT TYPE:

One Time Limited Time Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: None

CORPORATION/BUSINESS NAME Explosives & Drilling Services

2809 Hwy A Washington MO 63090

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

Same as above

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

86-2225758 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.**

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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.

Andy Herbst 2809 Hwy A Washington Mo 63090 Owner

Name	Address	City	State	Zip	Position
Andy Herbst	2809 Hwy A	Washington	Mo	63090	Owner
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 # None Date of Issuance None

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

What is the current status of the permit involved?
None

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I swear that the facts and information contained in this exemption request are true and correct and this document is executed under penalty of perjury.

The name appearing on the OSBI background check or on the blaster certificate MUST BE THE SAME PERSON appearing on the signature line below.

If executing under a Corporate Name, document must be signed by the President. If executing under a Partnership, document must be signed by the Managing Partner.

EXPLOSIVES & DRILLING SERVICES LLC

Name of Company (or Individual)

[Handwritten Signature]

MANAGING MEMBER

Signature of Individual or Corporate President/Managing Partner

Title

2809 HIGHWAY A

Mailing Address

Physical Address (location of your explosives storage facility)

636-239-4762

Phone Number

636-239-9020

Fax Number

WASHINGTON

City

MO

State

63090

Zip

Subscribed and sworn before me:

June 11

Month and Day

2024

Year

My Commission expires:

November 3

Month and Day

2026

Year

[Handwritten Signature: Justin Phillips]

Signature of Notary Public

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JUSTIN PHILLIPS
Notary Public - Notary Seal
STATE OF MISSOURI
Newton County
My Commission Expires Nov. 3, 2026
Commission #14628964

Date: 11/18/2022
Expires: 11/30/2024

OMTI ID: 18289
Certificate NO: 1926



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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Date: 11/18/2022
Expires: 11/30/2024

OMTI ID: 18208
Certificate NO: 1925



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

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Date: 11/18/2022
Expires: 11/30/2024

OMTI ID: 18211
Certificate NO: 1928



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

Michael Reed
Director

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Date: 11/18/2022
Expires: 11/30/2024

OMTI ID: 18210
Certificate NO: 1927



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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/10/2024

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 J M Miller, Inc. 301 Airport Road Indiana PA 15701		CONTACT NAME: Liv Stossel PHONE (A/C No, Ext): (724) 349-8850 E-MAIL ADDRESS: ostossel@jmmillerinc.com FAX (A/C, No):	
INSURED Explosives & Drilling Services, LLC 2809 Highway A, Suite A Washington MO 63090		INSURER(S) AFFORDING COVERAGE INSURER A: Lancer Insurance Company NAIC # 26077 INSURER B: Carolina Casualty Insurance Company 10510 INSURER C: Travelers Casualty & Surety Co Am 31194 INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 23-24 Explosives **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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GL803767#5	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Unmanned Aircraft \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> 19 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA803729#5	08/01/2023	08/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist BI \$ 50,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XS803845#5	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
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 Y N/A			BIN900405163	08/01/2023	08/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Employment Practices Liability / Cyber			107882589	08/01/2023	08/01/2024	EPL \$1,000,000 Cyber \$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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CERTIFICATE HOLDER

CANCELLATION

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
[Signature]