



OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION

HPC INDUSTRIAL
SERVICES

POSTED FROM

11/13/2025 to 11/28/2025

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 # 2526955	ODM Receipt # 78417
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DATE: 10-15-25

PERMIT TYPE:

☐

One Time

☐

Limited Time

☒

Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: yes

CORPORATION/BUSINESS NAME HPC Industrial Services

78 N. Dynamics Dr. Pueblo West CO 81007
Mailing Address (Street, R.F.D., Box No.) City State Zip

78 N. Dynamics Dr. Pueblo West, CO 81007
Physical Address of Business (Location where blasting records are held for review)

02-0795740 719-647-8888 719-647-8986
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.

Breanna Peterson	15564 cedarbay dr.	Bullard	TX	75757	manager
Name	Address	City	State	Zip	Position

Fred Anderson	4694 cantina dr	Tyler	TX	75708	supervisor
Name	Address	City	State	Zip	Position

Monica Webb	78 N. Dynamics dr	Pueblo west	CO	81007	manager
Name	Address	City	State	Zip	Position

Rick Holm	78 N. Dynamics dr.	Pueblo West	CO	81007	manager
Name	Address	City	State	Zip	Position

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
------	----------	------

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

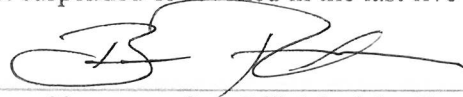
In accordance with 460:25-5-8 of the State of Oklahoma Blasting Regulations this is verification that the information contained in this application is true and correct to the best of my information and belief; and the applicant has not had a permit suspended or revoked in the last five years.

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ATTEST:

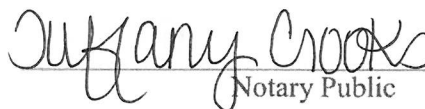


Signature of an Official of the Company

Explosive manager

Title of Official

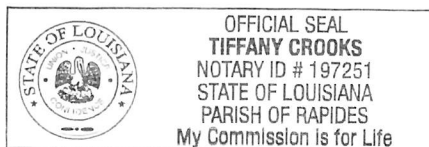
Subscribed and sworn to before me this 15 day of October 20 25


Notary Public

My Commission Expires:

Lifetime

Updated 9/2023



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

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: NM 24-010

ISSUED DATE: 06/20/2024 EXPIRATION DATE: 06/30/2026

Name of Certified Blaster: Breanna Peterson Telephone Number: (120) 233-5039

BLASTER'S STATE CERTIFICATION NUMBER: 1498

ISSUED DATE: 02/28/2025 EXPIRATION DATE: 02/28/2027

Name of Certified Blaster: Fred Anderson Telephone Number: (903) 570-8335

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: _____

BLASTER'S STATE CERTIFICATION NUMBER: _____

ISSUED DATE: _____ EXPIRATION DATE: _____

Name of Certified Blaster: _____ Telephone Number: _____

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



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 3

DATE (MM/DD/YYYY)
10/29/2025

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 Willis Towers Watson Northeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center	
	PHONE (A/C No, Ext): 1-877-945-7378	FAX (A/C, No): 1-888-467-2378
	E-MAIL ADDRESS: certificates@wtwco.com	
INSURED HPC Industrial Services, LLC HPC Industrial Group, LLC 42 Longwater Drive Norwell, MA 02061	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Starr Indemnity & Liability Company	
	INSURER B: Lloyd's	
	INSURER C: ACE American Insurance Company	
	INSURER D:	
	INSURER E:	
INSURER F:		
		NAIC #
		38318
		B7874
		22667

COVERAGES

CERTIFICATE NUMBER: W41485811

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	Y	Y	1000090736251	11/01/2025	11/01/2026	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> XCU						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> Contractual						PERSONAL & ADV INJURY \$ 2,000,000
GENVL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 4,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 4,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY	Y	Y	1000679502251 (AOS)	11/01/2025	11/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> MCS-90	<input type="checkbox"/> SCHEDULED AUTOS		\$				
<input type="checkbox"/> NON-OWNED AUTOS ONLY			\$				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	Y	Y	1000095587251	11/01/2025	11/01/2026	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	1000005137 (AOS)	11/01/2025	11/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
							E.L. DISEASE - POLICY LIMIT \$ 2,000,000
B	Excess Business Auto Liability			B080126749U25	11/01/2025	11/01/2028	Per Occurrence \$5,000,000
							Aggregate \$10,000,000

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

Umbrella is follow form over the General Liability, Excess Auto Liability, and Employer's Liability.
SEE ATTACHED

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CERTIFICATE HOLDER**CANCELLATION**

Oklahoma Department of Mines Attn: Nicole Webster 2915 North Classen Blvd. 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 <i>Patricia A. Jones</i>

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ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED HPC Industrial Services, LLC HPC Industrial Group, LLC 42 Longwater Drive Norwell, MA 02061	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Oklahoma Department of Mines is named as an Additional Insured for General Liability, Auto Liability and Umbrella as their interests may appear if required by written contract but only with respect to liability arising out of operations of the Named Insured. It is further agreed that the General Liability, Auto liability and Umbrella policies shall be Primary and Non-contributory with any other insurance in force for or which may be purchased The Additional Insureds. It is understood and agreed that the company waives its right of subrogation which may arise by reason of a payment of claim under the General Liability, Auto Liability and Umbrella policies as required by written contract.

INSURER AFFORDING COVERAGE: Starr Indemnity & Liability Company

NAIC#: 38318

POLICY NUMBER: 1000005140 EFF DATE: 11/01/2025 EXP DATE: 11/01/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation & Empl Liab	E.L. EACH ACCIDENT	\$2,000,000
(AK, AZ, IA, NJ, NY, NC, VT, CT)	E.L. DISEASE - EA EMP	\$2,000,000
Per Statute	E.L. DISEASE-POL LMT	\$2,000,000

INSURER AFFORDING COVERAGE: Starr Indemnity & Liability Company

NAIC#: 38318

POLICY NUMBER: 1000005138 (MA, FL) EFF DATE: 11/01/2025 EXP DATE: 11/01/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Workers Compensation	E.L. EACH ACCIDENT	\$2,000,000
& Employers Liability	E.L. DISEASE - EA EMP	\$2,000,000
Per Statute	E.L. DISEASE-POL LMT	\$2,000,000

INSURER AFFORDING COVERAGE: Starr Indemnity & Liability Company

NAIC#: 38318

POLICY NUMBER: 1000679513251 (MA) EFF DATE: 11/01/2025 EXP DATE: 11/01/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Auto Liability (MA)	CSL (Ea accident)	\$5,000,000
Any Auto, Owned Autos only,	MCS-90	
Hired Autos only, Non-owned Autos only		

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ADDITIONAL REMARKS SCHEDULE

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AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED HPC Industrial Services, LLC HPC Industrial Group, LLC 42 Longwater Drive Norwell, MA 02061	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: ACE American Insurance Company NAIC#: 22667
 POLICY NUMBER: COO G27416603 011 EFF DATE: 11/01/2025 EXP DATE: 11/01/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Contractor's Pollution Liability	Per Poll'n Condition	\$10,000,000
	Aggregate Limit	\$10,000,000
	SIR	\$250,000

INSURER AFFORDING COVERAGE: ACE American Insurance Company NAIC#: 22667
 POLICY NUMBER: COO G27416603 011 EFF DATE: 11/01/2025 EXP DATE: 11/01/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Professional Liability	Per Wrongful Act	\$10,000,000
	Aggregate Limit	\$10,000,000
	SIR	\$250,000

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