OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION

NAES NORTHEAST, LLC

POSTED FROM

07/13/2022 to 07/27/2022
STATE OF OKLAHOMA
DEPARTMENT OF MINES

APPLICATION FOR BLASTING PERMIT
IN ACCORDANCE WITH 63 O.S., (1995) 123.1 et seq.
(SECTION 1)

DATE: 5-24-22

PERMIT TYPE: _____ One Time _____ Limited Time X Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: P-103

CORPORATION/BUSINESS NAME NAES Northeast LLC.
1240 Saragato Rd. Ballston Spa NY 12020
Mailing Address (Street, R.F.D., Box No.) City State Zip
402 S Big Run Rd. Ashland KY 41102
Physical Address of Business (Location where blasting records are held for review)

26-1537350 / 518-885-1820 518-885-7638
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.

PLEASE ATTACH COPIES OF THE FOLLOWING: (For all Certified Blasters)
• Copy of the Blaster’s Certificate
• Any information concerning administrative or judicial proceedings in which the applicant is involved and the current status; notification of permit suspension or revocation (460:25-5-6)
• Verification of application
• Proof of Liability Insurance (460:25-11-3)

OFFICIAL USE ONLY

DATE RECEIVED: __________________________
DATE APPLICATION WAS APPROVED: ______
STATE PERMIT NUMBER: _______
RENEWAL DATE FOR PERMIT: __________________________

NMODM06/28/2017
STATE OF OKLAHOMA
DEPARTMENT OF MINES

OKLAHOMA APPLICATION FOR A BLASTING PERMIT
Compliance and Related Information
(Section 2)

Date 5-24-22

NAES Northeast LLC.
Name of company

1240 Slaughter Road          Baliston Spg          NY       13020
Company address       Street, RFD or Box  City          State       Zip Code

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.

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:

460:25-5-5
1a. Applicant is an Individual or Single Proprietorship (    ) If yes, provide Social Security #:

1b. Applicant is a: ( )Corporation ( )Joint Venture ( )Partnership (X)Other LLC.

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

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<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Position</th>
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<tbody>
<tr>
<td>Scott Nolan</td>
<td>P.O. Box 851/206 High St.</td>
<td>Ceredo</td>
<td>WV</td>
<td>25507</td>
<td>COO</td>
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NMODM05/29/14
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 has a suspended or revoked permit in the last five (5) years? Yes X 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(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(D)

What is the current status of these proceedings? ____________________________________________

________________________________________
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

GM / COO
Title of Official

ATTEST:

Subscribed and sworn to before me this 5th day of July 2022

Tonya Graham
Notary Public

My Commission Expires:

3/7/2024

Tonya Graham
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01GR6100936
Qualified in Saratoga County
Commission Expires March 7 2024
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 #:** 1915

**ISSUED DATE:** 11-16-21 **EXPIRATION DATE:** 11-30-23

NAME OF CERTIFIED BLASTER: Charles G. Ruff

**Telephone Number:** 518-885-1820

**BLASTER’S STATE CERTIFICATION #:**

**ISSUED DATE:** ____________ **EXPIRATION DATE:** ____________

NAME OF CERTIFIED BLASTER ________________________________

**Telephone Number** ________________________________

**BLASTER’S STATE CERTIFICATION #:**

**ISSUED DATE:** ____________ **EXPIRATION DATE:** ____________

NAME OF CERTIFIED BLASTER ________________________________

**Telephone Number** ________________________________

**BLASTER’S STATE CERTIFICATION #:**

**ISSUED DATE:** ____________ **EXPIRATION DATE:** ____________

NAME OF CERTIFIED BLASTER ________________________________

**Telephone Number** ________________________________

**BLASTER’S STATE CERTIFICATION #:**

**ISSUED DATE:** ____________ **EXPIRATION DATE:** ____________

NAME OF CERTIFIED BLASTER ________________________________

**Telephone Number** ________________________________

*A current certification is required to conduct blasting.*
STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

This certifies that CHARLES G. REFFETT has completed the requirements of a Certified Blaster as prescribed by the Oklahoma Department of Mines.

Michael Reed
Director
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/13/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRMS 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 conferr rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LIC #0829370
Edgewood Partners Insurance Center (EPIC)
[Alabama Branch - Branch ID 15491]
2720 3rd Avenue South
Suite 100
Birmingham, AL 35233

INSURED
NAES Northeast, LLC
1240 Saratoga Road
Ballston Spa, NY 12020

CONTACT
NAME: Kelly Chapple
PHONE: (205) 581-3340
FAX: (205) 581-3340
EMAIL ADDRESS: kelly.chapple@epicbrokers.com

INSCRIBER/S AFFORDING COVERAGE
INSURER A: NAUTILIUS INS CO 17370
INSURER B: GREAT DIVIDE INS CO 25224
INSURER C:
INSURER D:
INSURER E:
INSURER F:

NAIC #: 06/13/2022

COVERAGES
CERTIFICATE NUMBER: 65763138

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.

INST. LTR INSD. INSURER (Y/N) INSURER (Y/N)(Y/N)(Y/N)
A X COMMERCIAL GENERAL LIABILITY X X BCP203226912 06/17/22 06/17/23 EACH OCCURRENCE $1,000,000
X CLAIMS-MADE OCCUR X
X Cont Pollution (OCC) X
X E&O (Claims Made)
X POLICY X项目经理 X LOC
OTHER:

B AUTOMOBILE LIABILITY X X DAP203227212 06/17/22 06/17/23 COMBINED SINGLE LIMIT (Ex occurrence) $1,000,000
X AN AUTO
X OWNED AUTOS ONLY SCHEDULED AUTOS
X HIRED AUTOS ONLY
X

A UMBRELLA LIAB X OCCUR CLAIMS-MADE X X FFX2032273-12 06/17/22 06/17/23 EACH OCCURRENCE $5,000,000
X EXCESS LIAB CLAIMS-MADE
X

B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X X WCA203227112 06/17/22 06/17/23 RISK PER STATUTE OTHER
X PER STATUTE OTHER
N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 109, Additional Remarks Schedule, may be attached if more space is required)

*See Attached Wording*

RE Blasting Permit: The GL policy provides coverage for the insured’s blasting operations;

CERTIFICATE HOLDER
State of Oklahoma
Department of Mines
Non-Coal/Mineral Division
2915 N. Classen Blvd., Ste 213
Oklahoma City, OK 73106

USA

DECLARATION

DEPT. OF MINES

RECEIVED
JUN 27 2022

ACORD 25 (2016/03)
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JGoing
65763138
Additional Description of Operations/Remarks from Page 1:
Certificate holder is named as additional insured as respects to General Liability, Auto Liability, Pollution Liability and Excess Liability on a Primary and Non-Contributory basis as required by written contract;
Waiver of Subrogation is issued in favor of Certificate holder as respects to General Liability, Auto Liability, Pollution Liability, Excess Liability and Workers Comp/EL as required by written contract;
All policies contain a 30 day notice of cancellation (10 for nonpay) subject to policy terms and conditions;
GL includes a per project aggregate; XCU, Contractual Liability, where required in a written "insured" contract;
Broad Form Property Damage, includes seperation of insureds, and independent contractors;
WC includes alternate employer, Stop Gap for monopolistic states and USL&H;

General, Pollution and Professional Liability policy include 1MM per occ/2MM agg with Nautilus Insurance Company, then an excess 5MM with Nautilus Insurance Company;
Auto Liability includes a 1MM limit with Nautilus Insurance Company, then a 5MM excess with Nautilus Insurance Company;
Employers Liability includes a 1MM/1MM/1MM with Nautilus Insurance Company, then an excess 5MM with Nautilus Insurance Company;

General Liability has a per project aggregate (subject to a 10MM cap)
Additional Named Insureds

Evergreen North America, LLC (Delaware LLC)
Evergreen Environmental Services, L.L.C. (Texas LLC)
Evergreen GEM Holdings, LLC (Delaware LLC)
GEM Mobile Treatment Services, Inc (California Corp.)
Industrial Services Acquisition Parent, LLC (Delaware LLC)
Evergreen North America Acquisitions, LLC (Delaware LLC)
Industrial Services Holdings, LLC (Delaware LLC)
Industrial Services Investments Holdings, L.P. (Delaware LP)
Industrial Services Investments, LLC (Delaware LLC)
Evergreen Industrial Services, Inc.
Mussop, Inc. (Arkansas Corp)
NAES Northeast, LLC (NY LLC)
North American Field Services, LLC (NY LLC)
North American Industrial Services, Inc.
North American Pipeline Services, LLC (NY LLC)
North American Services Group, LLC (Kentucky LLC)
Targhee, Inc. (New York Corp.)
Western Relief LLC (Wyoming LLC)
Evergreen North America Industrial Services
RECEIVED FROM  NAES NORTH EAST LLC
THE SUM OF  one-hundred fifty and 00/100 DOLLARS $150.00
FOR  Non-mining blasting blasting permit Renewal for P-103

AMOUNT OF ACCOUNT $380593
AMOUNT PAID $0
BALANCE DUE $380593

Thank You!  MS Martin

☐ CASH ☑ CHECK ☐ M.O. ☐ CREDIT CARD