

COGCC Form 18

(Populated from Complaint Intake Tool)

Note: Please provide as much detail related to location and issue as possible. Without enough detail, the COGCC will not be able to process or investigate the complaint and, therefore, the COGCC will have no choice but to discard the complaint.

File a written complaint via e-mail instead. -- [Email OGCC Complaint](#)

Document Number

403198343

Unique ID

403198343

COMPLAINT INFORMATION



Date of Complaint

10/15/2022

*** Indicates a Required Field**

Type of Complaint *

Select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Air Quality/ Odor | <input type="checkbox"/> Dust |
| <input type="checkbox"/> Ground Water/ Water Well | <input type="checkbox"/> Lighting |
| <input checked="" type="checkbox"/> Noise | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Royalties Payment/ Missing Production | <input type="checkbox"/> Spills/ Soil Contamination |
| <input type="checkbox"/> Traffic | <input type="checkbox"/> Waste Management/ Dumping |
| <input type="checkbox"/> Notice Letters | <input type="checkbox"/> Other <input type="text"/> |

Incident County *

Weld County

Connection to Incident *

Select all that apply

- | | |
|---|--|
| <input checked="" type="checkbox"/> Land Owner | <input type="checkbox"/> Royalty Owner |
| <input checked="" type="checkbox"/> Nearby Resident | <input type="checkbox"/> Observed Incident |
| <input type="checkbox"/> Other <input type="text"/> | |

Will you provide your personal information for this complaint? *

- Yes No

Your First Name *

MELLISA

Your Last Name *

Roberts

Your Address *

1418 COUNTY ROAD 49

Your City *

commerce city

Your State

CO

Your Zip Code *

Maximum of 10 digits. Example 80202

80642

Email Address *

Enter a valid email address in this field to receive a confirmation e-mail and copy of your Complaint form.

303derrick@gmail.com

Your Phone Number

Used only to follow up. Please enter phone number in this format: (Example) 123-456-7890

303-961-3483

Alternate Phone Number

Used only to follow up. Please enter phone number in this format: (Example) 123-456-7890

DESCRIPTION OF COMPLAINT



(Please be as specific as possible)

Location of Concern *

Please provide as much detail as possible. It is important to narrow down the location.

Noise coming from northeast direction, you can see frack site with black smoke coming from site. unknow how to enter site. the vibration noise comes from the west. there is a major pipe line running through the property but we cant pin point if the vibration is coming from that or not.

Detailed description of the issue(s) * (?)

Please provide as much detail as possible. It is important to narrow down the issue(s).

Loud noise outside and vibration that you can hear and feel inside the house everyday. You can see black smoke and hear the noise coming from the north east direction of our property. Feeling bass noise / vibration in the ground around 23 hours a day from unknow location. You can hear it outside but laying in bed / feeling the vibration in the floor.

Is this an ongoing issue(s)? *

Yes No

Do you know who the oil and gas company is? *

Yes No

ADDITIONAL INFORMATION



Are there supporting documents you wish to upload? *

Yes No

What is your preferred method for the COGCC to communicate with you throughout the investigation?

Select all that apply

Phone E-mail US Mail

COGCC - COMPLAINT TEAM

Complaint Taken By *

Adamczyk, Megan

Method Received *

Online Tool

Letter

Phone

Paper Form

Email

Other

Assign Complaint Type

Add as many complaints as submitted from the complaint intake form by clicking on the Add Complaint button. You will be required to enter all required fields for each complaint type.

Complaint Type *

Noise

Is this an OGCC or other State Agency issue? *

(Routed Outside COGCC)

OGCC BLM CDPHE Law Enforcement LGD Other

Location ID or Unknown *

Location ID Unknown

Location ID *

440176

Location Name

Minimal Information Complaints

County

DENVER

Facility Location QtrQtr

Section

Township

Range

4S

68W

Latitude

Longitude

Meridian

6

Operator Number

5

Operator Name

Company Name

COLORADO OIL & GAS CONSERVATION COMMISSION

Select Staff *

Gomez, Jason

Laserfiche Username

This field is only used for the demo of this form. The user listed here is the user that will be assigned the task. Use this username to log into forms and view the assigned task(s).

OGCC_TEMPFORMS