

# ECMC Complaint Intake Tool

By Submitting this form you are requesting an investigation of compliance with ECMC rules.

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

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

## COMPLAINT INFORMATION

### Date of Complaint

03/23/2024

**\*** *Indicates a Required Field*

### Complaint Type \*

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 type="checkbox"/> Land Owner   | <input checked="" type="checkbox"/> Royalty Owner     |
| <input checked="" type="checkbox"/> Nearby Resident                                   | <input checked="" type="checkbox"/> Observed Incident |
| <input checked="" type="checkbox"/> Other <input type="text" value="On going issue"/> |   |

### Will you provide your personal information for this complaint? \*

Yes  No

## Contact Information

### Your First Name \*

Shane

### Your Last Name \*

Hall

### Your Address \*

120 County Road 39

### Your City \*

Brighton

### Your State

CO

**Your Zip Code\***

Maximum of 10 digits. (Example) 80202

80603

**Email Address\***

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

Cattleman70@gmail.com

**Your Phone Number**

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

720-935-2851

**Alternate Phone Number**

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

**What is your preferred method for the ECMC to communicate with you throughout the investigation?\***

Select all that apply

Phone  E-mail  US Mail

**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.

This is the Verdad Resources site on Countyline Rd. The site is on the north side of County rd 2 between rd 39 and I76

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

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

Around 2 am I was alerted to loud banging coming from the site. This includes pipe banging. This last til approx 0740 am. Around 4 am there was a male party yelling on a loud speaker coming from the site. This noise issue is ongoing from the start in Jan. Of 2024.

**Is this an ongoing issue(s)?\***

Yes  No

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

Yes  No

**Oil and Gas Company Name**

Verdad Resources

**Did you contact the oil and gas company?\***

Yes  No

**Oil and Gas Company Contact Name**

Jeff Berghorn

**Well or Facility Name**

Please provide if known

Countyline Site

**Well or Facility Number**

Please provide if known

**ADDITIONAL INFORMATION**

Are there supporting documents you wish to upload? \*

Yes  No