

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

04/14/2024

***** *Indicates a Required Field*

Complaint Type *

Select all that apply

- | | |
|--|--|
| <input checked="" type="checkbox"/> Air Quality/ Odor | <input checked="" type="checkbox"/> Dust |
| <input checked="" type="checkbox"/> Ground Water/ Water Well | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Noise | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Royalties Payment/ Missing Production | <input checked="" 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 *

Boulder County

Connection to Incident *

Select all that apply

- | | |
|---|--|
| <input 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

Contact Information

Your First Name *

Sara

Your Last Name *

Amodio

Your Address *

340 Simmons Street

Your City *

Erie

Your State

CO

Your Zip Code*

Maximum of 10 digits. (Example) 80202

80516

Email Address*

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

drsaraamodio@me.com

Your Phone Number

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

303-585-1535

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.

Per ECMC records, Well 1-24 in Boulder County stopped working. It is located in the open space in a densely populated neighborhood of Country Fields/Country Meadows in Erie.

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

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

Per ECMC records, Well 1-24 in Boulder County stopped working. In September 2023, a historic and massive leak was detected. The initial excavation soil testing in November 2023 revealed benzene, ethylbenzene, xylene, naphthalene, 1, 2, 4- Trimethylbenzene, 1,3,5-trimethylbenzene & total volatile petro-hydrocarbons in extreme excess for residential locations. I have eosinophilic granulomatosis with polyangiitis with severe asthma which up to recently required chemotherapy and steroids. Due to increased asthma symptoms following the November excavation, I was required to change medication to target the eosinophilic asthma associated with my disease, medication that costs \$20K/dose/month. My doctors at Vanderbilt have noted the high correlation between my symptoms and the environmental impact of this excavation. I would like to know how I can seek: (1) additional information on the history of this well and its environmental impact, and (2) how I can pursue remedy. I trust that your oversight of this will be able to provide me with the answers I seek.

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

Civitas

Did you contact the oil and gas company?*

Yes No

Oil and Gas Company Contact Name

Rich Coolidge

Well or Facility Name

Please provide if known

Well 1-24

Well or Facility Number

Please provide if known

Well 1-24

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

Yes No

Upload Supporting Documents

Maximum of 5 files can be uploaded and each file size must be 10mb and under. PDF, JPG, and PNG formats only. To upload a document simply drag and drop it onto this area in your browser or click the Upload button.

Website with consolidated information on the Well 1.pdf

50.14KB

Attachments are accepted for informational purposes only. Action by ECMC requires a direct observation by ECMC staff.