

ECMC Form 18

(Populated from Complaint Intake Tool)

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](#)

Document Number

403764751

Unique ID

403764751

COMPLAINT INFORMATION



Date of Complaint

04/23/2024

*** 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 type="checkbox"/> Noise | <input checked="" 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 checked="" type="checkbox"/> Other <input type="text" value="no removal of old abandoned equipment"/> |

Incident County *

Weld County

Connection to Incident *

Select all that apply

- | | |
|---|--|
| <input checked="" type="checkbox"/> Land Owner | <input type="checkbox"/> Royalty Owner |
| <input 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 *

Donald

Your Last Name *

Sack

Your Address *

PO Box 1091

Your City *

Brighton

Your State

CO

Your Zip Code*

Maximum of 10 digits. Example 80202

80601

Email Address*

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

dscow2010@hotmail.com

Your Phone Number

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

720-685-9158

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.

Jordan#1: N/2 Sec34 IN 67 W
One Sec34-TIN-R65W 4/45

Jordan 34-3
NESW Sec 34 Tin R65U
R2 &45

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

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

They have a big open pit with a sign with contaminated soil that is blowing. They have an old tank battery that has been abandoned and equipment that is just been left. This is a complete environmental mess and I can not even get a call from the oil company.

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

KP Kaufman

Did you contact the oil and gas company?*

Yes No

Oil and Gas Company Contact Name**Well or Facility Name**

Please provide if known

Well or Facility Number

Please provide if known

Jordan 34-3

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

Yes No

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

Select all that apply

Phone E-mail US Mail

ECMC - 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 *

Property_Damage

Is this an ECMC or other State Agency issue? *

(Routed Outside ECMC)

ECMC BLM CDPHE Law Enforcement LGD Other

Location ID or Unknown *

Location ID Unknown

Location ID *

323108

Location Name

JORDAN, IVAR-61N65W

County

WELD

Facility Location QtrQtr

NESW

Section

34

Township

1N

Range

65W

Latitude

40.00510

Longitude

-104.65377

Meridian

6

Operator Number

46290

Operator Name

R. Gorka

Company Name

KP KAUFFMAN COMPANY INC

Select Staff *

Graber, Nikki

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

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 *

Spills_Soil_Contamination

Is this an ECMC or other State Agency issue? *

(Routed Outside ECMC)

ECMC BLM CDPHE Law Enforcement LGD Other

Location ID or Unknown *

Location ID Unknown

Location ID *

323108

Location Name

JORDAN, IVAR-61N65W

County

WELD

Facility Location QtrQtr

NESW

Section

34

Township

1N

Range

65W

Latitude

40.00510

Longitude

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Complaint Type *

_other

Is this an ECMC or other State Agency issue? *

(Routed Outside ECMC)

ECMC BLM CDPHE Law Enforcement LGD Other

Location ID or Unknown *

Location ID Unknown

Location ID *

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