

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

06/10/2024

***** *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 checked="" type="checkbox"/> Other <input type="text" value="backup alarm from loader"/> |

Incident County *

Weld County

Connection to Incident *

Select all that apply

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

Shane

Your Last Name *

Hall

Your Address *

120 County Rd. 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.

Weld County Rd 2 site for Verdad Resources
I-76 County Rd 2

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

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

Constant backup alarm the past 2 nights lasting more than 5 hours total out of the night.

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

Road 2

Well or Facility Number

Please provide if known

ADDITIONAL INFORMATION**Are there supporting documents you wish to upload? ***

☐ Yes ☒ No

