

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

403818323

Unique ID

403818323

COMPLAINT INFORMATION



Date of Complaint

06/09/2024

*** Indicates a Required Field**

Type of Complaint *

Select all that apply

- ☐ Air Quality/ Odor
- ☐ Ground Water/ Water Well
- ☒ Noise
- ☐ Royalties Payment/ Missing Production
- ☒ Traffic
- ☐ Notice Letters

- ☐ Dust
- ☐ Lighting
- ☐ Property Damage
- ☐ Spills/ Soil Contamination
- ☐ Waste Management/ Dumping
- ☐ Other

Incident County *

Weld County

Connection to Incident *

Select all that apply

- ☒ Land Owner
- ☐ Nearby Resident
- ☐ Other
- ☐ Royalty Owner
- ☐ Observed Incident

Will you provide your personal information for this complaint? *

☒ Yes ☐ No

Your First Name *

Cliff

Your Last Name *

Hergemueller

Your Address *

795 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.

jrdad5588@gmail.com

Your Phone Number

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

303-829-7491

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.

Verdan well on road 2

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

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

Truck traffic on road 39 and back up beeping in the middle 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

Verdan/haliburton

Did you contact the oil and gas company?*

☐ Yes ☒ No

Well or Facility Name

Please provide if known

Verdan road 2

Well or Facility Number

Please provide if known

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*

Noise

Is this an ECMC or other State Agency issue?*

(Routed Outside ECMC)

- ☐ ECMC ☐ BLM ☐ CDPHE ☐ Law Enforcement ☒ LGD ☐ Other

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).

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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*

Traffic

Is this an ECMC or other State Agency issue?*

(Routed Outside ECMC)

- ☐ ECMC ☐ BLM ☐ CDPHE ☐ Law Enforcement ☒ LGD ☐ Other

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).

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