

State of Colorado  
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:  
403784611

Date Received:  
05/09/2024

**FIR RESOLUTION FORM**

**Overall Status:**

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed  
0 Factual Review Request

**OPERATOR INFORMATION**

ECMC Operator Number: 10699  
Name of Operator: OWN RESOURCES OPERATING LLC  
Address: 305 S RIDGE STREET #6279  
City: BRECKENRIDGE State: CO Zip: 80424

Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Dolezal, Pat</u>	<u>970-332-3585</u>	<u>pat.dolezal@ownresources.com</u>

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 688312138  
Inspection Date: 02/14/2022 FIR Submit Date: 02/22/2022 FIR Status: \_\_\_\_\_

**Inspected Operator Information:**

Company Name: OWN RESOURCES OPERATING LLC Company Number: 10699  
Address: 38 PALMER CREST CT  
City: SPRING State: TX Zip: 77381

**LOCATION** - Location ID: 303519

Location Name: JONES-61N44W Number: 19NWNE County: YUMA  
Qtrqtr: NWNE Sec: 19 Twp: 1N Range: 44W Meridian: 6  
Latitude: 40.044870 Longitude: -102.328680

**FACILITY** - API Number: 05-125- -00 Facility ID: 253225

Facility Name: JONES Number: 2  
Qtrqtr: NWNE Sec: 19 Twp: 1N Range: 44W Meridian: 6  
Latitude: 40.044870 Longitude: -102.328680

**CORRECTIVE ACTIONS:**

**1** CA# 159814

Corrective Action: Install sign to comply with Rule 605.h. Date: 01/28/2022

Response: CA COMPLETED Date of Completion: 04/17/2024

Operator Comment: Sign has been ordered

ECMC Decision: \_\_\_\_\_

ECMC  
Representative:

2 CA# 159815

Corrective Action: Install or repair required BMPs per Rule 1002.f(2)C.

Date: 01/28/2022

Response: CA COMPLETED

Date of Completion: 04/17/2024

Operator  
Comment:

Redressed berms and filled in washouts

ECMC Decision:

ECMC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Pat Dolezal

Signed: \_\_\_\_\_

Title: Regulatory Specialist

Date: 5/9/2024 7:31:49 AM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
403784611	FIR RESOLUTION SUBMITTED
403784615	photo
403784616	photo
403784617	photo
403784618	photo

Total Attach: 5 Files