

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

Dolezal, Pat

970-332-3585

pat.dolezal@ownresources.com

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: 19NWNW 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: <u>01/28/2022</u> | |
| Response: | CA COMPLETED | Date of Completion: <u>04/17/2024</u> | |
| Operator Comment: | Redressed berms and filled in washouts | | |
| ECMC Decision: | | | |
| ECMC Representative: | | | |

| | |
|--|--|
| <u>OPERATOR COMMENT AND SUBMITTAL</u> | |
| Comment: | |
| <p>I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.</p> <p>Print Name: <u>Pat Dolezal</u> Signed: _____</p> <p>Title: <u>Regulatory Specialist</u> Date: <u>5/9/2024 7:31:49 AM</u></p> | |

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