

# 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

06/28/2024

**\*** *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 checked="" type="checkbox"/> Traffic                    | <input type="checkbox"/> Waste Management/ Dumping  |
| <input type="checkbox"/> Notice Letters                        | <input type="checkbox"/> Other <input type="text"/> |

### 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 Weld 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.

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.

Verdad Resources site on Weld County Rd 2 at I-76.

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

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

The consistent nightly noise from the generators used at the site. None of the property owners can keep there windows open at night because of the noise. On-going issues with Verdad. Jeff Berghorn stated this was suppose to be quieter than when they used diesel engines, that has not been the case.

**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

Countyline Rd.

**Well or Facility Number**

Please provide if known

**ADDITIONAL INFORMATION**

**Are there supporting documents you wish to upload? \***

☐ Yes ☒ No