

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:

403925899

Date Received:

09/18/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 7 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 46290

Name of Operator: KP KAUFFMAN COMPANY INC

Address: 1700 LINCOLN ST STE 4550

City: DENVER State: CO Zip: 80203

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Victoria Dizghinjili

303-825-4822

vdizghinjili@kpk.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 710100245

Inspection Date: 09/05/2024

FIR Submit Date: 09/10/2024

FIR Status: _____

Inspected Operator Information:

Company Name: KP KAUFFMAN COMPANY INC

Company Number: 46290

Address: 1700 LINCOLN ST STE 4550

City: DENVER State: CO Zip: 80203

LOCATION - Location ID: _____

Location Name: _____ Number: _____ County: _____

Qtrqtr: SWNE Sec: 29 Twp: 2N Range: 68W Meridian: 6

Latitude: 40.110337 Longitude: -105.024372

FACILITY - API Number: 05-123- -00

Facility ID: 487690

Facility Name: Facility 3 @ Rasmussen
Flowline

Number: _____

Qtrqtr: SWNE Sec: 29 Twp: 2N Range: 68W Meridian: 6

Latitude: 40.110337 Longitude: -105.024372

CORRECTIVE ACTIONS:

5 CA# 198531

Corrective Action: Operator shall properly dispose of oily waste in accordance with Rule 905.e and attach all waste manifests, gate tickets/receipts to the next Supplemental Form 19 or Form 27 per Rule 905.b.(3). Additionally, Operator shall manage waste in compliance with Rule 913.b.(5)B and ECMC Guidance 913.b.(5)B i.-v.

Date: _____

Response: CA COMPLETED

Date of Completion: 09/16/2024

Operator
Comment:

KPK submitted Forms 19 to ECMC. Please see DOC #403900023 & #403906299.

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: Victoria Dizghinjili

Signed: _____

Title: ET

Date: 9/18/2024 10:31:37 AM

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files