

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:

403963029

Date Received:

10/18/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10749

Name of Operator: SIMCOE LLC

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

General

sjninspections@ikavenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001144

Inspection Date: 08/23/2024

FIR Submit Date: 09/03/2024

FIR Status: _____

Inspected Operator Information:

Company Name: SIMCOE LLC

Company Number: 10749

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 326612

Location Name: MONTGOMERY FEDERAL GU-N35N7W Number: 28SESW County: _____

Qtrqtr: SESW Sec: 28 Twp: 35N Range: 7W Meridian: N

Latitude: 37.268106 Longitude: -107.644833

FACILITY - API Number: 05-067-00 Facility ID: 326612

Facility Name: MONTGOMERY FEDERAL GU-N35N7W Number: 28SESW

Qtrqtr: SESW Sec: 28 Twp: 35N Range: 7W Meridian: N

Latitude: 37.268106 Longitude: -107.644833

CORRECTIVE ACTIONS:

1 CA# 198289

Corrective Action: Comply with rule 1002 Install or repair required BMPs. Storm water BMPs and erosion controls (ie: ecofiber, straw mulch, erosion control blankets, etc.) need to be installed and maintained on portions of the project area sparse and bare soils until soils are stabilized with desirable perennial vegetation.

Date: _____

Response: CA COMPLETED

Date of Completion: 10/15/2024

Operator
Comment:

Repaired erosion areas on location. Bare soils have been reseeded within location.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: CA complete. See attached photos.

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

Print Name: Grace Bryson

Signed: _____

Title: Permitting Specialist I

Date: 10/18/2024 12:34:38 PM

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>
------------------------	--------------------

403963035	Montgomery Federal 2 CA Photos
-----------	--------------------------------

Total Attach: 1 Files