

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:

404075074

Date Received:

01/30/2025

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: 39560

Name of Operator: TOP OPERATING COMPANY

Address: 3609 S WADSWORTH BLVD STE 340

City: LAKEWOOD State: CO Zip: 80235

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

HERRING, PAUL

Phone

(303) 727-9915

Email

paul.herring@topoperating.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 697504006

Inspection Date: 06/09/2022

FIR Submit Date: 06/28/2022

FIR Status: _____

Inspected Operator Information:

Company Name: TOP OPERATING COMPANY

Company Number: 39560

Address: 3609 S WADSWORTH BLVD STE 340

City: LAKEWOOD State: CO Zip: 80235

LOCATION - Location ID: 321290

Location Name: RIDER FAMILY TRUST-
63N69W

Number: 36NESE

County: _____

Qtrqr: NESE Sec: 36 Twp: 3N Range: 69W Meridian: 6

Latitude: 40.179100 Longitude: -105.058790

FACILITY - API Number: 05-013-

-00

Facility ID: 321290

Facility Name: RIDER FAMILY TRUST-
63N69W

Number: 36NESE

Qtrqr: NESE Sec: 36 Twp: 3N Range: 69W Meridian: 6

Latitude: 40.179100 Longitude: -105.058790

CORRECTIVE ACTIONS:

1 CA# 162977

Corrective Action: Operation shall perform final reclamation activities no later than 11/30/22. This will fulfill the City of Longmont's dormant seeding requirements.

Date: 11/30/2022

Operator shall monitor and manage this site for stormwater and weed management until final reclamation activities commence.

Response: CA COMPLETED

Date of Completion: 01/20/2023

Reclamation Variance Docket 230100023 was filed on 1/20/2023. Operator continues to work with the City of Longmont, while the Variance is in process.

Operator _____
Comment: _____

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: Amber Barnett Signed: _____

Title: Compliance Specialist Date: 1/30/2025 10:56:26 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>
404075074	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files