

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:

404075016

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: 697504000

Inspection Date: 06/09/2022

FIR Submit Date: 06/21/2022

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: 331060

Location Name: EVANS-62N68W

Number: 7NESE

County: \_\_\_\_\_

Qtrqtr: NESE Sec: 7 Twp: 2N Range: 68W Meridian: 6

Latitude: 40.151406 Longitude: -105.039218

#### FACILITY - API Number: 05-123-

-00

Facility ID: 331060

Facility Name: EVANS-62N68W

Number: 7NESE

Qtrqtr: NESE Sec: 7 Twp: 2N Range: 68W Meridian: 6

Latitude: 40.151406 Longitude: -105.039218

### CORRECTIVE ACTIONS:

1 CA# 162830

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

Operator Comment: Reclamation Variance (Docket #230100021) was filed on 1/20/2023. Operator continues to work with the City of Longmont, while the Variance is in process.

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 10:21:07 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

404075016	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files