

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

04/13/2024

***** *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 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 type="checkbox"/> Royalty Owner |
| <input checked="" type="checkbox"/> Nearby Resident | <input 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 *

Ron

Your Last Name *

Wood

Your Address *

17123 County Road 5

Your City *

Mead

Your State

CO

Your Zip Code*

Maximum of 10 digits. (Example) 80202

80542

Email Address*

Enter a valid email address in this field to receive a confirmation e-mail and copy of your Complaint form.

ronwood10@icloud.com

Your Phone Number

Used only to follow up. Please enter phone number in this format: (Example) 123-456-7890

720-771-2193

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.

Road 5 and 34 3/4. Sec 8 T3N R68 W. Litzenburger 4-22

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

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

There seems to be an increase in the lower frequencies in the lower C band. This has been a recurring issue. My last complaint of 2/24/2023 resulted in backfill the base of the sound wall to lessen the transmission of these frequencies. It could be that this needs to be redressed. Thank you.

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

Cub Creek

Did you contact the oil and gas company?*

Yes No

Well or Facility Name

Please provide if known

Litzenburger 4-22

Well or Facility Number

Please provide if known

ADDITIONAL INFORMATION**Are there supporting documents you wish to upload?***

Yes No