

State of Colorado Energy & Carbon Management Commission



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Document Number:
403769272

Date Received:
04/25/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 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: 714000561

Inspection Date: 03/12/2024

FIR Submit Date: 03/15/2024

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: 333823

Location Name: DJ MOORE GAS UNIT A PLA-6-N33N9W Number: 31NENW County: _____

Qtrqr: NENW Sec: 31 Twp: 33N Range: 9W Meridian: N

Latitude: 37.064459 Longitude: -107.869818

FACILITY - API Number: 05-067-00 Facility ID: 333823

Facility Name: DJ MOORE GAS UNIT A PLA-6-N33N9W Number: 31NENW

Qtrqr: NENW Sec: 31 Twp: 33N Range: 9W Meridian: N

Latitude: 37.064459 Longitude: -107.869818

CORRECTIVE ACTIONS:

1 CA# 193125

Corrective Action: Maintain equipment and clean up impacted material and dispose per Rule 906 and 1002.

Date: 03/20/2024

Response: CA COMPLETED

Date of Completion: 04/24/2024

Operator Comment: Impacted surface material cleaned and equipment repaired.

ECMC Decision:

ECMC
Representative:

[Empty text box]

2 CA# 193126

Corrective Action: Comply with rule 1002 Install or repair required BMPs.

Date: 03/22/2024

Response: CA COMPLETED

Date of Completion: 04/24/2024

Operator
Comment:

BMPs repaired and installed.

[Empty text box]

ECMC Decision:

[Empty text box]

ECMC
Representative:

[Empty text box]

OPERATOR COMMENT AND SUBMITTAL

Comment: CA Completed. See attached completion photos.

[Empty text box]

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

Print Name: Gabby Riley

Signed:

Title: Permitting Specialist I

Date: 4/25/2024 10:01:32 AM

ATTACHMENT LIST

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

Document Number **Description**

403769279	DJ Moore A1 & A2; CA completion photos
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Total Attach: 1 Files