

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:

402730609

Date Received:

06/25/2021

FIR RESOLUTION FORM

Overall Status: CAC

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: 31250

Name of Operator: FRITZ & DIGMAN INC

Address: PO BOX 70024

City: ALBUQUERQUE State: NM Zip: 87197-0024

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Andrews, Vern</u>		<u>vern@walsheng.net</u>
<u>Fields, Vanessa</u>	<u>505-787-9100</u>	<u>vanessa@walsheng.net</u>
<u>Digman, Bernie</u>	<u>575-640-1867</u>	<u>berniekdigman@gmail.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 700300138

Inspection Date: 05/06/2021

FIR Submit Date: 05/13/2021

FIR Status: _____

Inspected Operator Information:

Company Name: FRITZ & DIGMAN INC

Company Number: 31250

Address: PO BOX 70024

City: ALBUQUERQUE State: NM Zip: 87197-0024

LOCATION - Location ID: 325092

Location Name: GRIFFITH, DELLA-N33N12W Number: 27SWSW County: LA PLATA

Qtrqr: SWS Sec: 27 Twp: 33N Range: 12W Meridian: N

Latitude: 37.070027 Longitude: -108.144256

FACILITY - API Number: 05-067- -00 Facility ID: 213982

Facility Name: GRIFFITH, DELLA Number: 1

Qtrqr: SWS Sec: 27 Twp: 33N Range: 12W Meridian: N

Latitude: 37.070027 Longitude: -108.144256

CORRECTIVE ACTIONS:

1 CA# 150952

Corrective Action: remove or store with adequate spill prevention if necessary for ongoing operations

Date: 04/19/2021

Response: CA COMPLETED

Date of Completion: 06/04/2021

adequate spill prevention was established for ongoing operations

Operator
Comment:

ECMC Decision:

ECMC
Representative:

2 CA# 150953

Corrective Action: use or remove unused equipment or explain why it is necessary to remain on site for ongoing operations per Rule 606

Date: 06/14/2021

Response: CA COMPLETED

Date of Completion: 06/04/2021

Operator
Comment:

Unused equipment was removed

ECMC Decision:

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: completed requiments completed for inpsection

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

Print Name: Vanessa Fields

Signed:

Title: Reg Manager

Date: 6/25/2021 2:48:01 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>
------------------------	--------------------

402730609	FIR RESOLUTION SUBMITTED
-----------	--------------------------

Total Attach: 1 Files