

State of Colorado Energy & Carbon Management Commission



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Document Number:
403816184

Date Received:
06/06/2024

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: 10699
Name of Operator: OWN RESOURCES OPERATING LLC
Address: 305 S RIDGE STREET #6279
City: BRECKENRIDGE State: CO Zip: 80424

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Abdul Elnajdi</u>		<u>abdul.elnajdi@state.co.us</u>
<u>Kilian Collins</u>		<u>kilian.collins@state.co.us</u>
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<u>Krystal Heibel</u>		<u>krystal.heibel@state.co.us</u>
<u>Kyle Waggoner</u>		<u>kyle.waggoner@state.co.us</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 709100288
Inspection Date: 04/24/2024 FIR Submit Date: 05/07/2024 FIR Status: _____

Inspected Operator Information:

Company Name: OWN RESOURCES OPERATING LLC Company Number: 10699
Address: 305 S RIDGE STREET #6279
City: BRECKENRIDGE State: CO Zip: 80424

LOCATION - Location ID: 337807

Location Name: KNODEL-64S42W Number: 16NWSW County: _____
Qtrqtr: NWS Sec: 16 Twp: 4S Range: 42W Meridian: 6
W
Latitude: 39.709570 Longitude: -102.082530

FACILITY - API Number: 05-125- -00 Facility ID: 337807

Facility Name: KNODEL-64S42W Number: 16NWSW
Qtrqtr: NWS Sec: 16 Twp: 4S Range: 42W Meridian: 6
W
Latitude: 39.709570 Longitude: -102.082530

CORRECTIVE ACTIONS:

1 CA# 194954

Corrective Action: Repair or install berms or other secondary containment devices per Rule 603.o.

Date: 08/07/2024

Response: CA COMPLETED

Date of Completion: 05/10/2024

Operator Comment: One burrow hole outside of location fencing was filled with surrounding topsoil.

ECMC Decision: _____

ECMC Representative: _____

2 CA# 194955

Corrective Action: Comply with Rule 606

Date: 08/07/2024

Response: CA COMPLETED

Date of Completion: 05/10/2024

Operator Comment: Metal post was reset for location fencing

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: Pat Dolezal

Signed: _____

Title: Regulatory Specialist

Date: 6/6/2024 1:30:11 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>

Total Attach: 0 Files