

ECMC Form 18

(Populated from Complaint Intake Tool)

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](#)

Document Number

403826267

Unique ID

403826267

COMPLAINT INFORMATION



Date of Complaint

06/15/2024

*** Indicates a Required Field**

Type of Complaint *

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 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

Your First Name *

Mitchel

Your Last Name *

Buller

Your Address *

980 Hitch Horse Dr.

Your City *

Windsor

Your State

CO

Your Zip Code*

Maximum of 10 digits. Example 80202

80550

Email Address*

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

mitgin@outlook.com

Your Phone Number

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

303-422-0143

Alternate Phone Number

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

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.

Weld County, just north of crossroads Blvd and Co road 15 between between Raindance and pelican farms neighborhoods in water valley.

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

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

A machine motor runs all the time and its pretty loud.

Is this an ongoing issue(s)*

Yes No

Do you know who the oil and gas company is?*

Yes No

ADDITIONAL INFORMATION



Are there supporting documents you wish to upload?*

Yes No

What is your preferred method for the ECMC to communicate with you throughout the investigation?

Select all that apply

Phone E-mail US Mail

ECMC - COMPLAINT TEAM

Complaint Taken By*

Adamczyk, Megan

Method Received*

Online Tool

Letter

Phone

Paper Form

Email

Other

Assign Complaint Type

Add as many complaints as submitted from the complaint intake form by clicking on the Add Complaint button. You will be required to enter all required fields for each complaint type.

Complaint Type *

Noise

Is this an ECMC or other State Agency issue? *

(Routed Outside ECMC)

ECMC BLM CDPHE Law Enforcement LGD Other

Location ID or Unknown *

Location ID Unknown

Location ID *

433139

Location Name

Milkshake Pad

County

WELD

Facility Location QtrQtr

SWSW

Section

32

Township

6N

Range

67W

Latitude

40.43917

Longitude

-104.92439

Meridian

6

Operator Number

10459

Operator Name

J. VAN HORN

Company Name

EXTRACTION OIL & GAS INC

Select Staff *

Gomez, Jason

Laserfiche Username

This field is only used for the demo of this form. The user listed here is the user that will be assigned the task. Use this username to log into forms and view the assigned task(s).

OGCC_TEMPFORMS