

# 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

07/03/2024

**\*** *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 checked="" type="checkbox"/> Other <input type="text" value="Vibrations"/> |

### Incident County \*

Weld County

### Connection to Incident \*

Select all that apply

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

Shane

### Your Last Name \*

Hall

### Your Address \*

120 County Road 39

### Your City \*

Brighton

### Your State

CO

**Your Zip Code \***

Maximum of 10 digits. (Example) 80202

80603

**Email Address \***

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

Cattleman70@gmail.com

**Your Phone Number**

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

720-935-2851

**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.

Verdad Countyline Rd 2 site

On Weld County Rd. 2 just east of I76, Brighton, CO.

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

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

This vibration has occurred numerous times, latest events was 070324 at 0437 am. A large vibration can be felt in the house. It literally sounds/feels like an airplane landing in our living room. This has occurred at least 3 other times over the past month.

**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**

Verdad Resources

**Did you contact the oil and gas company? \***

☒ Yes ☐ No

**Oil and Gas Company Contact Name**

Jeff Berghorn

**Well or Facility Name**

Please provide if known

Countyline Site

**Well or Facility Number**

Please provide if known

**ADDITIONAL INFORMATION**

Are there supporting documents you wish to upload? \*

☐ Yes ☒ No