

# 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

07/08/2024

**\*** *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 type="checkbox"/> Noise                                 | <input type="checkbox"/> Property Damage                       |
| <input type="checkbox"/> Royalties Payment/ Missing Production | <input checked="" 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 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 \*

Andrew

### Your Last Name \*

Klooster

### Your Address \*

1705 Gaylord St

### Your City \*

Denver

### Your State

CO

**Your Zip Code\***

Maximum of 10 digits. (Example) 80202

80206

**Email Address\***

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

aklooster@earthworksaction.org

**Your Phone Number**

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

231-942-8074

**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.

KPK

Frederick Unit A

API 05-123-11449

40.098830, -104.944170

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

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

Visual inspection of the surface of the pad from outside the fence line identified what appeared to be a dried spill on the surface of the pad by the pump jack stuffing box

**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**

KP Kauffman

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

Yes  No

**Well or Facility Name**

Please provide if known

Frederick Unit A

**Well or Facility Number**

Please provide if known

05-123-11449

**ADDITIONAL INFORMATION**

**Are there supporting documents you wish to upload? \***

Yes  No