

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 checked="" 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 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 D

API 05-123-11765

40.098610, -104.944240

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

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

OGI survey from outside facility fence line identified leak from valve adjacent to pump jack stuffing box

Video: <https://drive.google.com/drive/folders/1K4JE3p9mt2Lk3fcAfgdIAicUWEoArE0b?usp=sharing>

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 D

Well or Facility Number

Please provide if known

05-123-11765

ADDITIONAL INFORMATION

Are there supporting documents you wish to upload? *

Yes No

Upload Supporting Documents

Maximum of 5 files can be uploaded and each file size must be 10mb and under. PDF, JPG, and PNG formats only. To upload a document simply drag and drop it onto this area in your browser or click the Upload button.

IMG_3591.JPG

7.2MB

Attachments are accepted for informational purposes only. Action by ECMC requires a direct observation by ECMC staff.