

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

07/21/2024

***** *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 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="Methane Flaring"/> |

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

Contact Information

Your First Name *

Kathy

Your Last Name *

Kemper

Your Address *

524 Nesting Crane Lane

Your City *

Longmont

Your State

CO

Your Zip Code *

Maximum of 10 digits. (Example) 80202

80504

Email Address *

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

coloradohigherground@gmail.com

Your Phone Number

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

720-600-3144

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.

knight well pad

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

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

Sunday July 21 530 am methane flaring on south side of well.

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

1876

Did you contact the oil and gas company? *

☐ Yes ☒ No

Well or Facility Name

Please provide if known

knight well pad

Well or Facility Number

Please provide if known

ADDITIONAL INFORMATION**Are there supporting documents you wish to upload? ***

☐ Yes ☒ No