

State of Colorado
Energy & Carbon Management Commission



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Document Number:
403815733

Date Received:
06/06/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10699
Name of Operator: OWN RESOURCES OPERATING LLC
Address: 305 S RIDGE STREET #6279
City: BRECKENRIDGE State: CO Zip: 80424

Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Kyle Waggoner		kyle.waggoner@state.co.us
Abdul Elnajdi		abdul.elnajdi@state.co.us
Kilian Collins		Kilian.collins@state.co.us
Krystal Heibel		krystal.heibel@state.co.us
Dolezal, Pat		pat.dolezal@ownresources.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 709100282
Inspection Date: 04/24/2024 FIR Submit Date: 05/07/2024 FIR Status:

Inspected Operator Information:

Company Name: OWN RESOURCES OPERATING LLC Company Number: 10699
Address: 305 S RIDGE STREET #6279
City: BRECKENRIDGE State: CO Zip: 80424

LOCATION - Location ID: 337806

Location Name: KNODEL-64S42W Number: 16NENE County:
Qtrqr: NENE Sec: 16 Twp: 4S Range: 42W Meridian: 6
Latitude: 39.715010 Longitude: -102.067470

FACILITY - API Number: 05-125-00 Facility ID: 337806

Facility Name: KNODEL-64S42W Number: 16NENE
Qtrqr: NENE Sec: 16 Twp: 4S Range: 42W Meridian: 6
Latitude: 39.715010 Longitude: -102.067470

CORRECTIVE ACTIONS:

1 CA# 194942

Corrective Action: Control and contain spills/releases and clean up per Rule 912.a. Date: 07/07/2024

Response: CA COMPLETED Date of Completion: 05/10/2024

Operator Comment: Stained soil was removed and replaced by area foreman

ECMC Decision: _____

ECMC Representative: _____

2 CA# 194943

Corrective Action: Comply with Rule 606.

Date: 08/07/2024

Response: CA COMPLETED

Date of Completion: 05/10/2024

Operator Comment: Unused equipment was re installed

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: _____

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Pat Dolezal

Signed: _____

Title: Regulatory Specialist

Date: 6/6/2024 10:19:06 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
403815733	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files