

State of Colorado  
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

404040923

Date Received:

12/26/2024

## FIR RESOLUTION FORM

**Overall Status:**

**CA Summary:**

2 of 3 CAs from the FIR responded to on this Form

2 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

ECMC Operator Number: 46290

Name of Operator: KP KAUFFMAN COMPANY INC

Address: 1700 LINCOLN ST STE 4550

City: DENVER State: CO Zip: 80203

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) Fax: ( )

Email: \_\_\_\_\_

**Additional Operator Contact:**

Contact Name

Victoria Dizghinjili

Phone

303-825-4822

Email

vdizghinjili@kpk.com

**ECMC INSPECTION SUMMARY:**

FIR Document Number: 697010496

Inspection Date: 12/04/2024

FIR Submit Date: 12/04/2024

FIR Status: \_\_\_\_\_

**Inspected Operator Information:**

Company Name: KP KAUFFMAN COMPANY INC

Company Number: 46290

Address: 1700 LINCOLN ST STE 4550

City: DENVER State: CO Zip: 80203

**LOCATION - Location ID: 322693**

Location Name: LOEFFLER-64N66W Number: 1SWNW County: \_\_\_\_\_

Qtrqtr: SWN Sec: 1 Twp: 4N Range: 66W Meridian: 6  
W

Latitude: 40.342820 Longitude: -104.732560

**FACILITY - API Number: 05-123- -00 Facility ID: 322693**

Facility Name: LOEFFLER-64N66W Number: 1SWNW

Qtrqtr: SWN Sec: 1 Twp: 4N Range: 66W Meridian: 6  
W

Latitude: 40.342820 Longitude: -104.732560

**CORRECTIVE ACTIONS:**

2 CA# 200825

Corrective Action: Comply with Rule 606.

Date: 01/10/2025

Response: CA COMPLETED

Date of Completion: 12/26/2024

Operator  
Comment:

Dead weeds have been removed within location. Please see attached picture.

ECMC Decision: \_\_\_\_\_

ECMC Representative:			
<b>3</b>	<b>CA# 200826</b>		
Corrective Action:	Install sign to comply with Rule 605.d.		Date: <u>01/10/2025</u>
Response:	<u>CA COMPLETED</u>	Date of Completion: <u>12/26/2024</u>	
Operator Comment:	Sign has been updated. Please see attached picture.		
ECMC Decision:			
ECMC Representative:			

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	
<p>I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.</p> <p>Print Name: <u>Victoria Dizghinjili</u>      Signed: _____</p> <p>Title: <u>ET</u>      Date: <u>12/26/2024 2:29:05 PM</u></p>	

### 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>
404040923	FIR RESOLUTION SUBMITTED
404040927	Weeds removed PIC1
404040929	Sign updated PIC2

Total Attach: 3 Files