

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:

404040898

Date Received:

12/26/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

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

3 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: 697010494

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: 322579

Location Name: LOEFFLER-64N66W Number: 1NWNW County: _____

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

Latitude: 40.346580 Longitude: -104.732469

FACILITY - API Number: 05-123- -00 Facility ID: 322579

Facility Name: LOEFFLER-64N66W Number: 1NWNW

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

Latitude: 40.346580 Longitude: -104.732469

CORRECTIVE ACTIONS:

1 CA# 200821

Corrective Action: Install sign to comply with Rule 605.d.

Date: 01/10/2025

Response: CA COMPLETED

Date of Completion: 12/26/2024

Operator
Comment: WH sign has been updated.

ECMC Decision: _____

ECMC
Representative:

2 CA# 200822

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 WH and TB. Please see attached pictures.

ECMC Decision: _____

ECMC
Representative:

3 CA# 200823

Corrective Action: Install sign to comply with Rule 605.e.

Date: 01/10/2025

Response: CA COMPLETED

Date of Completion: 12/26/2024

Operator
Comment:

TB sign has been updated.

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: Victoria Dizghinjili

Signed: _____

Title: ET

Date: 12/26/2024 2:15:40 PM

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>
404040898	FIR RESOLUTION SUBMITTED
404040912	Removed weeds PIC1
404040913	Removed weeds PIC2

Total Attach: 3 Files