

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

12/29/2024

***** *Indicates a Required Field*

Complaint Type *

Select all that apply

- ☒ Air Quality/ Odor
- ☐ Ground Water/ Water Well
- ☒ Noise
- ☐ Royalties Payment/ Missing Production
- ☐ Traffic
- ☐ Notice Letters

- ☐ Dust
- ☐ Lighting
- ☒ Property Damage
- ☐ Spills/ Soil Contamination
- ☐ Waste Management/ Dumping
- ☐ Other

Incident County *

Adams County

Connection to Incident *

Select all that apply

- ☒ Land Owner
- ☐ Nearby Resident
- ☐ Other
- ☐ Royalty Owner
- ☐ Observed Incident

Will you provide your personal information for this complaint? *

☒ Yes ☐ No

Contact Information

Your First Name *

Andrew

Your Last Name *

Brody

Your Address *

16881 E 121st Circle Drive

Your City *

Brighton

Your State

CO

Your Zip Code *

Maximum of 10 digits. (Example) 80202

80603

Email Address *

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

andrew.brody88@gmail.com

Your Phone Number

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

561-324-8466

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.

Well operation and construction close to the property

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

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

House rattles and shakes, especially late night/early morning. Cracks developing in multiple areas of home from shaking. Issue started with new well construction. Shaking especially noticeable recently. Wakes up everyone in house in the middle of the night. Air quality especially bad early morning and causing breathing issues and irritated lungs

Is this an ongoing issue(s)? *

☒ Yes ☐ No

Do you know who the oil and gas company is? *

☐ Yes ☒ No

Well or Facility Name

Please provide if known

Well or Facility Number

Please provide if known

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

☐ Yes ☒ No