

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:

404075059

Date Received:

01/30/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 39560

Name of Operator: TOP OPERATING COMPANY

Address: 3609 S WADSWORTH BLVD STE 340

City: LAKEWOOD State: CO Zip: 80235

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

HERRING, PAUL

Phone

(303) 727-9915

Email

paul.herring@topoperating.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 697504002

Inspection Date: 06/09/2022

FIR Submit Date: 06/28/2022

FIR Status: _____

Inspected Operator Information:

Company Name: TOP OPERATING COMPANY

Company Number: 39560

Address: 3609 S WADSWORTH BLVD STE 340

City: LAKEWOOD State: CO Zip: 80235

LOCATION - Location ID: 330147

Location Name: LONGMONT-62N68W Number: 8NWSE County: _____

Qtrqtr: NWSE Sec: 8 Twp: 2N Range: 68W Meridian: 6

Latitude: 40.150376 Longitude: -105.023337

FACILITY - API Number: 05-123- -00 Facility ID: 330147

Facility Name: LONGMONT-62N68W Number: 8NWSE

Qtrqtr: NWSE Sec: 8 Twp: 2N Range: 68W Meridian: 6

Latitude: 40.150376 Longitude: -105.023337

CORRECTIVE ACTIONS:

1 CA# 162975

Corrective Action: Operation shall perform final reclamation activities no later than 11/30/22. This will fulfill the City of Longmont's dormant seeding requirements.

Date: 11/30/2022

Operator shall monitor and manage this site for stormwater and weed management until final reclamation activities commence.

Response: CA COMPLETED

Date of Completion: 01/20/2023

Operator Comment: Reclamation Variance Docket 230100019 was filed on 1/20/2023. Operator continues to work with the City of Longmont, while the Variance is in process.

ECMC Decision: _____

ECMC
Representative:

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OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: Amber Barnett

Signed: _____

Title: Compliance Specialist

Date: 1/30/2025 10:52:15 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>
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Total Attach: 0 Files