

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 | Phone | Email |
| <u>HERRING, PAUL</u> | <u>(303) 727-9915</u> | <u>paul.herring@topoperating.com</u> |

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:

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: 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.

Document Number **Description**

| | |
|-----------|--------------------------|
| 404075059 | FIR RESOLUTION SUBMITTED |
|-----------|--------------------------|

Total Attach: 1 Files