

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:
404173720

Date Received:
04/22/2025

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: 88370

Name of Operator: TIMKA RESOURCES LTD

Address: 2077 BAYFRONT DR

City: WINDSOR State: CO Zip: 80550

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
Pivonka, Todd	970-590-5617	timkaresources@hotmail.com
PIVONKA, TIMOTHY	970-667-9861	timkaresources@hotmail.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 718700304

Inspection Date: 04/11/2025

FIR Submit Date: 04/15/2025

FIR Status: _____

Inspected Operator Information:

Company Name: TIMKA RESOURCES LTD

Company Number: 88370

Address: 2077 BAYFRONT DR

City: WINDSOR State: CO Zip: 80550

LOCATION - Location ID: 312211

Location Name: KIRK-LYNCH-69N53W Number: 17SWNW County: _____

Qtrqtr: SWN Sec: 17 Twp: 9N Range: 53W Meridian: 6

Latitude: 40.754250 Longitude: -103.323420

FACILITY - API Number: 05-075- -00 Facility ID: 312211

Facility Name: KIRK-LYNCH-69N53W Number: 17SWNW

Qtrqtr: SWN Sec: 17 Twp: 9N Range: 53W Meridian: 6

Latitude: 40.754250 Longitude: -103.323420

CORRECTIVE ACTIONS:

1 CA# 204141

Corrective Action: Conduct maintenance on equipment, cleanup stained material and review self inspection processes per Rule 1002.f.(2).D.

Date: 04/22/2025

Response: CA COMPLETED

Date of Completion: 04/21/2025

Operator Comment: Corrective action completed 4-21-2025

ECMC Decision: _____

ECMC
Representative:

3 CA# 204143

Corrective Action: Immediately install or repair required BMPs per Rule 1002.f. in accordance with good engineering practices.

Date: 04/29/2025

Response: CA COMPLETED

Date of Completion: 04/22/2025

Operator
Comment:

BMP installed

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: FIRR submitted

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

Print Name: Todd Pivonka

Signed: _____

Title: VP

Date: 4/22/2025 3:11:38 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>
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Total Attach: 0 Files