

State of Colorado Energy & Carbon Management Commission



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Document Number:
404457335

Date Received:
12/02/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:
2 of 2 CAs from the FIR responded to on this Form
2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: <u>10775</u>	Contact Name and Telephone:	
Name of Operator: <u>KT RESOURCES LLC</u>	Name: _____	
Address: <u>3381 WESTBROOK LANE</u>	Phone: () _____	Fax: () _____
City: <u>HIGHLANDS RANCH</u> State: <u>CO</u> Zip: <u>80129</u>	Email: _____	
Additional Operator Contact:		
Contact Name <u>Karen Adams</u>	Phone <u>303-916-1170</u>	Email <u>Adams@kt-Res.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 715501444

Inspection Date: 03/20/2025 FIR Submit Date: 03/20/2025 FIR Status: _____

Inspected Operator Information:

Company Name: KT RESOURCES LLC Company Number: 10775

Address: 3381 WESTBROOK LANE

City: HIGHLANDS RANCH State: CO Zip: 80129

LOCATION - Location ID: 316335

Location Name: ANT HILL UNIT RBC WG-62N96W Number: 31SESW County: RIO BLANCO

Qtrqtr: SESW Sec: 31 Twp: 2N Range: 96W Meridian: 6

Latitude: 40.093285 Longitude: -108.209493

FACILITY - API Number: 05-103-00 Facility ID: 266494

Facility Name: ANT HILL UNIT RBC WG Number: 31-42

Qtrqtr: SESW Sec: 31 Twp: 2N Range: 96W Meridian: 6

Latitude: 40.093285 Longitude: -108.209493

CORRECTIVE ACTIONS:

1 CA# 203480	
Corrective Action: <u>Remove and properly dispose of oily waste, stained and/or contaminated soil.</u>	Date: <u>04/05/2025</u>
Response: <u>CA COMPLETED</u>	Date of Completion: <u>04/02/2025</u>
Operator Comment: <u>Treated stains with Gator</u>	
ECMC Decision: _____	

ECMC
Representative:

2 CA# 203481

Corrective Action: Operators will ensure that container and tank labels are well maintained and legible, and will replace damaged or vandalized labels within 10 days of discovery that the label is no longer legible or is damaged.

Date: 03/31/2025

Response: CA COMPLETED

Date of Completion: 04/02/2025

Operator
Comment: Replaced labels

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: Karen Adams

Signed: _____

Title: Manager

Date: 12/2/2025 9:53:41 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files