

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:
404626417

Date Received:
04/20/2026

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: 10749
Name of Operator: SIMCOE LLC
Address: 1199 MAIN AVE SUITE 101
City: DURANGO State: CO Zip: 81301
Contact Name and Telephone:
Name:
Phone: () Fax: ()
Email:

Additional Operator Contact:

Contact Name	Phone	Email
Silver, Randy		randy.silver@state.co.us
Labowskie, Steve		steve.labowskie@state.co.us
McDonough, Corey		corey.mcdonough@state.co.us
Mach EH&S		ehsinspections@machnr.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 719001519
Inspection Date: 03/04/2026 FIR Submit Date: 03/04/2026 FIR Status:

Inspected Operator Information:

Company Name: SIMCOE LLC Company Number: 10749
Address: 1199 MAIN AVE SUITE 101
City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 326149

Location Name: TALIAFERRO TRUST GU A- N34N7W Number: 1NWSE County: LA PLATA
Qtrqr: NWSE Sec: 1 Twp: 34N Range: 7W Meridian: N
Latitude: 37.240984 Longitude: -107.584104

FACILITY - API Number: 05-067-00 Facility ID: 215950

Facility Name: TALIAFERRO TRUST A Number: 1
Qtrqr: NWSE Sec: 1 Twp: 34N Range: 7W Meridian: N
Latitude: 37.240984 Longitude: -107.584104

CORRECTIVE ACTIONS:

1 CA# 211342

Corrective Action: Replace/install labels/placards per Rule 605 Date: 04/04/2026

Response: CA COMPLETED Date of Completion: 04/20/2026

New tank signs installed.

Operator Comment: _____

ECMC Decision: _____

ECMC Representative: _____

2 CA# 211343

Corrective Action: Stormwater management Erosion Control Install or repair required BMPs per Rule 1000 SERIES RULES

Date: 05/04/2026

Response: CA COMPLETED

Date of Completion: 04/20/2026

Operator Comment: Stormwater corrected.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: All corrective actions completed.

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

Print Name: Matthew Baca

Signed: _____

Title: Regulatory/Compliance

Date: 4/20/2026 11:47:04 AM

ATTACHMENT LIST

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

Document Number	Description
404626423	Tank Signs/Stormwater

Total Attach: 1 Files