

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:

402752328

Date Received:

08/07/2023

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: 97730

Name of Operator: WYMAN* LOUIS M DBA WYMAN INC

Address: P O BOX 278

City: CRAIG State: CO Zip: 81626

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

wyman, David

Phone

970-701-9388

Email

brokenbox6431@yahoo.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 689805969

Inspection Date: 06/29/2021

FIR Submit Date: 07/09/2021

FIR Status: _____

Inspected Operator Information:

Company Name: WYMAN* LOUIS M DBA WYMAN INC

Company Number: 97730

Address: P O BOX 278

City: CRAIG State: CO Zip: 81626

LOCATION - Location ID: 316761

Location Name: ROBSON-WYMAN-64N89W Number: 16SWSW County: ROUTT

Qtrqtr: SWS Sec: 16 Twp: 4N Range: 89W Meridian: 6
W

Latitude: 40.310120 Longitude: -107.401150

FACILITY - API Number: 05-107- -00 Facility ID: 232681

Facility Name: ROBSON-WYMAN Number: 14-16

Qtrqtr: SWS Sec: 16 Twp: 4N Range: 89W Meridian: 6
W

Latitude: 40.310120 Longitude: -107.401150

CORRECTIVE ACTIONS:

1 CA# 152589

Corrective Action: Install appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2)

Date: 07/19/2021

Response: CA COMPLETED

Date of Completion: 07/20/2021

Operator
Comment:

Fittings were installed

ECMC Decision: _____

ECMC
Representative:

2 CA# 152590

Corrective Action: Install sign to comply with Rule 605.h.

Date: 09/09/2021

Response: CA COMPLETED

Date of Completion: 09/11/2021

Operator
Comment:

Signage was corrected

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: The signage and fittings have been installed. I am not sure if I have all ready responded to this form. If this is a duplicate, I apologize.

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

Print Name: David L Wyman

Signed: _____

Title: Manager

Date: 8/7/2023 11:04:47 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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402752328	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files