



COLORADO
Division of Reclamation,
Mining and Safety
Department of Natural Resources

1313 Sherman Street, Room 215
Denver, CO 80203

July 13, 2018

Mike Jones
Teton Drilling Inc.
P.O. Box 550
Henderson, CO 80640

RE: Dixie Mine; DRMS File No. M-2015-028; Notice of Complaint Against Mining Operation

Dear Mr. Jones,

The Division of Reclamation, Mining and Safety (Division) received a complaint against the above referenced operation on July 9, 2018. A copy of the complaint letter has been enclosed for your records. The Division is currently reviewing the permit and will contact you if it is determined that an inspection is warranted.

If you have any questions, please contact me at (303)866-3567 x8116.

Sincerely,

Michael A. Cunningham
Senior Environmental Protection Specialist

Enclosure: Complaint Letter

CC: Peter Hays, DRMS



DRMS Complaint Intake Tool



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By Submitting this form you are requesting an investigation of compliance with DRMS rules.

COMPLAINANT INFORMATION

Date of Complaint

07/09/2018

***** *Indicates a Required Field*

Do you wish to remain anonymous? *

☒ Yes ☐ No

Your First Name *

[REDACTED]

Your Last Name *

[REDACTED]

Your Address *

[REDACTED]

Your City *

[REDACTED]

Your State

[REDACTED]

Your Zip Code *

Maximum of 10 digits. (Example) 80202

[REDACTED]

Email Address *

Enter a valid email address in this field to receive a confirmation e-mail and copy of your Complaint form.

[REDACTED]

Your Phone Number *

Used only to follow up. Please enter phone number in this format: (Example) 123-456-7890

[REDACTED]

Alternate Phone Number

Used only to follow up. Please enter phone number in this format: (Example) 123-456-7890

Connection to Incident *

Select all that apply

☒ Land Owner

☐ Nearby Resident

☐ Other

☒ Mineral Owner

☐ Observed Incident

DESCRIPTION OF COMPLAINT

(Please be as specific as possible)

Note: Please provide as much detail related to location and issue as possible. Without enough detail, DRMS will not be able to process or investigate the complaint and, therefore, DRMS will have no choice but to discard the complaint.

Location of Concern *

Please provide as much detail as possible. It is important to narrow down the location. If available, please include Township, Range and Section, physical address, or GPS location. You may also upload a pdf map below.

Location is the Dixie Mine located off Ute Creek Rd. off Chicago Creek Rd near Idaho Springs, CO. Water troughs buried into ground and a lot of equipment at area.

Incident County *

Clear Creek County

Is this an ongoing issue(s)?

☒ Yes ☐ No

Nature of Complaint *

Select all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Illegal Mining | <input type="checkbox"/> Dust |
| <input type="checkbox"/> Ground Water / Water Well Impact | <input type="checkbox"/> Acid or Toxic Materials/Spills |
| <input type="checkbox"/> Surface Water Impact / Stormwater Management | <input type="checkbox"/> Property Damage |
| <input checked="" type="checkbox"/> Mine Plan Compliance | <input type="checkbox"/> Waste Management / Dumping |
| <input type="checkbox"/> Signs and Markers | <input type="checkbox"/> Overburden / Development Waste |
| <input type="checkbox"/> Financial Warranty | <input type="checkbox"/> Backfilling and Grading |
| <input type="checkbox"/> Processing Waste / Tailings | <input type="checkbox"/> Processing Facilities |
| <input type="checkbox"/> Fish / Wildlife | <input type="checkbox"/> Erosion / Sedimentation |
| <input type="checkbox"/> Off-Site Damage | <input type="checkbox"/> Roads |
| <input type="checkbox"/> Explosives / Blasting | <input type="checkbox"/> Topsoil |
| <input type="checkbox"/> Revegetation | <input type="checkbox"/> Weeds |
| <input type="checkbox"/> Reclamation Plan Compliance | <input type="checkbox"/> Other <input type="text"/> |

Detailed description of the issue(s) * (?)

Please provide as much detail as possible. It is important to narrow down the issue(s).

Possible illegal mining or placement of equipment.

Have you contacted the operator or party conducting the operation? If yes, please provide details. *

☐ Yes ☒ No

If known, please provide the name of the operator or party conducting the operation.

If known, please provide the Permit or NOI Number (ie M1970111 or P1970111).

Must be entered in the following format: M1970111 or P1970111 (No dashes allowed)

Have you contacted any other agencies or local governments related to this issue or issues? If so, please provide details. *

☐ Yes ☒ No

ADDITIONAL INFORMATION

Are there supporting photos, maps, or documents you wish to upload? *

☐ Yes ☒ No

What is your preferred method for DRMS to communicate with you throughout the investigation? *

Select all that apply

- ☒ Phone ☐ E-mail ☐ US Mail

