

DRMS Complaint Intake Tool

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



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

DRMS Internal Information

Select Permit Type *

Minerals

Permit No List *

M2021069 M1977410 (verified with complainant)

Date of Complaint

12/10/2021

COMPLAINANT INFORMATION

*** Indicates a Required Field**

Do you wish to remain anonymous? *

☒ Yes ☐ No

Connection to Incident *

Select all that apply

- | | |
|--|--|
| <input type="checkbox"/> Land Owner | <input type="checkbox"/> Mineral Owner |
| <input type="checkbox"/> Nearby Resident | <input type="checkbox"/> Observed Incident |
| <input checked="" type="checkbox"/> Other good friend owns land there | |

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.

There is no excuse for this except greed and laziness.

Incident County *

Arapahoe County Boulder County (verified with complainant)

Is this an ongoing issue(s)?

☒ Yes ☐ No

Nature of Complaint *

Select all that apply

- | | |
|---|--|
| <input 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 type="checkbox"/> Mine Plan Compliance | <input checked="" 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).

Dumping heavy metals into the water supply

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 M-1970-111 or P-1970-111).

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