



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

August 28, 2024

Darren Dever  
Arnolds Custom Seeding, LLC  
4626 County Road 65  
Keenesburg, CO 80643

RE: **Notice of Citizen Complaint, CT-2, Arnold Pit No.1, Permit File No. M-2016-022**

Mr. Dever,

The Division of Reclamation, Mining and Safety (Division/DRMS) received a complaint against the above referenced operation on August 28, 2024. A copy of the complaint letter and associated documentation has been enclosed for your records. Please respond to the items contained within the attached complaint no later than September 11, 2024. The Division is currently reviewing the complaint and the permit and will contact you if it is determined that an inspection is warranted.

If you need additional information or have any questions, please contact me by email at [patrick.lennberg@state.co.us](mailto:patrick.lennberg@state.co.us).

Sincerely,

Patrick Lennberg  
Environmental Protection Specialist

Enclosure: Complaint CT-2

cc: Jared Ebert; DRMS

ec: Darren Dever, Arnolds Custom Seeding, LLC, [ddever@H-2e.com](mailto:ddever@H-2e.com)  
Doug Cook, Arnolds Custom Seeding, LLC, [dcook@H-2e.com](mailto:dcook@H-2e.com)



## **Attachments**

## Report Possible Violation/Illegal Activity



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### COMPLAINANT INFORMATION

Note: You are requesting an investigation of a compliance issue with DRMS rules. This form is not intended for comments or objections on permitting actions under review.

#### Date of Complaint

08/28/2024

**\*** *Indicates a Required Field*

**This form is for requests to investigate compliance issues with DRMS rules. This form is not intended for comments or objections on permitting actions.**

#### Do you wish to remain anonymous? \*

☐ Yes ☒ No

Please note that, if you choose to remain anonymous, the complaint will be investigated but the Division will not contact you to follow up on the complaint.

#### Your First Name \*

Stan

#### Your Last Name \*

Gingerich

#### Your Address \*

34546 cr 16

#### Your City \*

Keenesburg

#### Your State

CO

#### Your Zip Code \*

Maximum of 10 digits. (Example) 80202

80643

#### Email Address \*

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

redfeather@rtebb.net

#### Your Phone Number \*

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

303-434-1782

#### Alternate Phone Number

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

303-434-1792

**Connection to Incident \***

Select all that apply

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Land Owner      | <input type="checkbox"/> Mineral Owner     |
| <input checked="" type="checkbox"/> Nearby Resident | <input type="checkbox"/> Observed Incident |
| <input type="checkbox"/> Other <input type="text"/> |  |

**DESCRIPTION OF COMPLAINT**

(Please be as specific as possible)

Note: You are requesting an investigation of a compliance issue with DRMS rules. This form is not intended for comments or objections on permitting actions under review. 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.

Wc rd 16 East of Keenesburg. Huwa pit or H2

**Incident County \***

Weld County

**Is this an ongoing issue(s)?**

☐ Yes ☒ No

**Nature of Complaint \***

Select all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Illegal Mining                               | <input checked="" 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 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 checked="" type="checkbox"/> Roads               |
| <input type="checkbox"/> Explosives / Blasting                        | <input checked="" 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).

Loading trucks right next to my property. Never have used any water trucks. They changed where they load trucks Please investigate. Thank you

**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.**

H2

**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