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# Rio Algom

Rio Algom Mining Corp.  
P.O. Box 1390  
Glenrock, Wyoming 82637 307.358.3744 tel  
762 Ross Road 307.266.2449 tel  
Douglas, Wyoming 82633 307.358.9201 fax

**Certified Mail - 7099 3220 0008 5206 1538**  
**Return Receipt Requested**

November 28, 2000

Mr. Joe Hunter  
WDEQ/WQD  
Emergency Response Coordinator  
Herschler Building, 4th Floor West  
122 West 25th Street  
Cheyenne, WY 82002

RE: Smith Ranch Project  
Permit to Mine 633  
Notification of Spill

Dear Mr. Hunter:

Please find enclosed a Spill Report for an incident that occurred on November 22, 2000. The spill has been reported by telephone to the proper agencies as required.

If you need any further information, please feel free to contact me at (307) 358-3744 ext. 62.

Sincerely,

John W. Cash  
Manager EHS and  
Regulatory Affairs

xc: B. Ferdinand (RAMC/SRP)  
M. Freeman (RAMC/OKC)  
W. Goranson (RAMC/OKC)  
J. Lusher (NRC/Rockville) Certified Mail - 7099 3220 0008 5206 1545  
file

AlmssorPublic

RIO ALGOM MINING CORP.  
SPILL NOTIFICATION

On November 22, 2000 at approximately 12:00 noon, an unplanned release occurred from well 4-I-140 in Wellfield 4, NE quarter of the SW quarter of Section 34, T. 36 N., R. 74 W. An estimated 1,870 gallons of injection fluid was released. The spill stayed within the permit area and did not threaten any waters of the state.

The spill resulted from the failure of an employee to re-insert a plug in the gas trap after routine servicing. Upon discovering the leak, the well was shut off and the plug was installed. RAMC is reviewing its training program and protocols to see if improvements can be made in order to prevent similar occurrences in the future. In addition, all wells swabbed since September 1, 2000 have been inspected to confirm the plugs were replaced. The minor surface erosion resulting from the spill will be smoothed and seeded in the spring.

The  $U_3O_8$  concentration of the injection fluid was approximately 2.3 ppm.

After a review and determination of the facts, telephone calls were made to the DEQ/WQD Spill Hotline and the NRC. The report was given by telephone to DEQ Emergency Response Coordinator Joe Hunter at 3:30 p.m. on November 22, 2000. Mr. John Lusher, of the Nuclear Regulatory Commission, was notified by telephone at 2:30 p.m. on November 22, 2000.

# WQD Initial Pollution Incident Report

Complaint

Release

Incident number: 001122-1530  
Date and Time (YYMMDD-0000)

Report taken by: Joe Hunter

Report Date: <u>11/22/00</u>	Time of Report: <u>1530</u>
Reported by Name: <u>John Cash</u>	Responsible Party Name: <u>Same</u>
Title: <u>Manager EHS &amp; Regulatory</u>	Title:
Company: <u>Rio Algom Mining Corp.</u>	Company:
Address: <u>P.O. Box 1390</u>	Address:
<u>C, S &amp; Z</u> <u>Glenrock, WY 82637</u>	<u>C, S &amp; Z</u>
Phone: <u>307-358-3744</u>	Phone:
Date of incident: <u>11/22/00</u>	Time of incident: <u>12:00 noon</u>
Nature of Incident: <u>The vent plug was left out of well 4-I-140 after swabbing</u> <u>resulting in a leak after start-up.</u>	
Location of incident: County <u>Converse</u> Legal <u>1/4, 1/4 NESW S 34 T 36 R 74</u>	
Street address: <u>762 Ross Rd, Douglas WY 82633</u>	
Additional location info (mile post, highway, county road, tank battery, well #, etc.): <u>well 4-I-140</u>	
Source: <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Transportation ----- <input type="checkbox"/> Refinery <input type="checkbox"/> Vehicle <input type="checkbox"/> O&G <input type="checkbox"/> Train <input checked="" type="checkbox"/> Mine <input type="checkbox"/> Government <input type="checkbox"/> Business/Industry <input type="checkbox"/> LAUST - FAC ID _____ <input type="checkbox"/> Other _____	Cause: <input type="checkbox"/> Accident <input type="checkbox"/> Pipeline incident <input type="checkbox"/> Equipment failure <input checked="" type="checkbox"/> Human error <input type="checkbox"/> Dumping <input type="checkbox"/> Other

Substance: <input type="checkbox"/> Diesel <input type="checkbox"/> Crude oil <input type="checkbox"/> Condensate <input type="checkbox"/> Oil <input type="checkbox"/> Haz waste <input type="checkbox"/> Gasoline <input checked="" type="checkbox"/> Produced water <input type="checkbox"/> Other _____	Quantity: <u>1870</u> UoM: <input checked="" type="checkbox"/> gallons <input type="checkbox"/> barrels Other _____
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Media affected: <input checked="" type="checkbox"/> Land <input type="checkbox"/> Air <input type="checkbox"/> Other <input type="checkbox"/> Storm sewer <input type="checkbox"/> Sanitary sewer <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface water Name of water _____	Sara Title III release: <input type="checkbox"/> If marked, contact the State Emergency Response Commission at 777-4900
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If water is affected, notify the WQD district supervisor immediately. Contact Game and Fish. If storm sewer, sanitary sewer or surface water is affected, copy the Watershed section. If air is affected, contact AQD. If UST, contact LAUST district supervisor.

Containment, removal, disposal or other actions: <u>water allowed to dissipate.</u>

**If a release, a follow up written report must be sent to the district office within seven (7) days.**

Additional information (i.e., other agencies contacted, etc.): <u>John Lusher of NAC was also notified by telephone.</u>

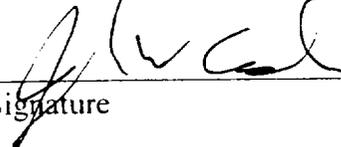
Referred to: (Mark appropriate box and give contact name(s))

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> W&WW District Supervisor | <input type="checkbox"/> Emergency Response Coord | <input type="checkbox"/> WEMA        |
| <input type="checkbox"/> Watershed                | <input type="checkbox"/> SHWD                     |                                      |
| <input type="checkbox"/> GPC                      | <input type="checkbox"/> AQD                      |                                      |
| <input type="checkbox"/> UIC                      | <input type="checkbox"/> LQD                      |                                      |
| <input type="checkbox"/> AUST/LAUST               | <input type="checkbox"/> AML                      | <input type="checkbox"/> Other _____ |

Contact: \_\_\_\_\_

Date of referral: \_\_\_\_\_

This incident has been referred or resolved by:

  
Signature

11/28/00  
Date