



# 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 0002 1633 0461**  
**Return Receipt Requested**

December 10, 2001

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**  
**License Number SUA 1548, Docket 40-8964**  
**Notification of Spill**

Dear Mr. Hunter:

Please find enclosed a Spill Report, pursuant to Wyoming DEQ requirements, for an incident that occurred on December 5, 2001. The spill has been reported by telephone and e-mail 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)  
S. Ingle (WDEQ/Cheyenne)  
J. Lusher (NRC/Rockville) **Certified Mail - 7099 3220 0002 1633 0478**  
Document Control Desk (NRC/Washington) **Cert. Mail-7099 3220 0002 1633 0485**  
Region IV Uranium Recovery Chief (NRC/Arlington) **Cert. Mail-7099 3220 0002 1633 0492**

file

*NMSSolPublic*

RIO ALGOM MINING CORP.  
SPILL NOTIFICATION

On December 5, 2001 at approximately 3:30 a.m., an unplanned release occurred from wells 3-I-44 and 3-I-53 in the NE quarter of the SW quarter of Section 26, T. 36 N., R. 74 W. An estimated 3,600 gallons of water was released. The spill stayed within the permit area and did not threaten any waters of the state.

The spill resulted when an operator turned on two wells without realizing surface piping had been disconnected in order to carry out maintenance. The piping had been taped shut but the tape was insufficient to prevent flow.

The natural uranium concentration of the injection fluid was about 0.8 ppm. The minor erosion resulting from the spill will be repaired and the area will be reseeded in the spring.

After a review and determination of the facts, notifications were made to the DEQ/WQD Spill Hotline and the NRC. The report was given by telephone to DEQ/WQD representative Connie Osborne at 14:52 on December 5, 2001. Mr. John Lusher and Mr. Charles Cain, of the Nuclear Regulatory Commission, were notified by e-mail on December 5, 2001.

# WQD Initial Pollution Incident Report

 **Complaint**
 **Release**

 Incident number: 011205-252  
 Date and Time (YYMMDD-0000)

 Report taken by: Connie Osborn

Report Date: <u>12/5/01</u>	Time of Report:
Reported by Name: <u>John Cash</u>	Responsible Party Name: <u>John Cash</u>
Title: <u>Manager EHS &amp; Reg. Affairs</u>	Title:
Company: <u>Rio Algom Mining LLC</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>12/5/01</u>	Time of incident: <u>3:30 a.m.</u>
Nature of Incident: <u>An operator started two wells which were disconnected at surface</u>	
Location of incident: County <u>Converse</u>	Legal <u>1/4, 1/4 NE SW S 26 T 36 N R 74 W</u>
Street address: <u>762 Ross Rd Douglas, WY 82633</u>	
Additional location info (mile post, highway, county road, tank battery, well #, etc.): <u>3-I-44 and 3-I-53</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>3,570</u> UoM: <input checked="" type="checkbox"/> gallons <input type="checkbox"/> barrels Other _____
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

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: Allowed to evaporate

**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>NRC Project Manager John Lusher also notified</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

\_\_\_\_\_  
Date