



# 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 0355**  
**Return Receipt Requested**

October 29, 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 October 22, 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)  
P. Goranson (RAMC/OKC)  
S. Ingle (WDEQ/Cheyenne)  
J. Lusher (NRC/Rockville) **Cert. Mail - 7099 3220 0002 1633 0362**  
Document Control Desk (NRC/Washington) **Cert. Mail - 7099 3220 0002 1633 0379**  
Region IV Uranium Rec. Chief (NRC/Arlington) **Cert. Mail - 7099 3220 0002 1633**  
0386  
file

*Missouri Public*  
*Rec'd*  
*01/17/02*

**RIO ALGOM MINING CORP.  
SPILL NOTIFICATION**

On October 22, 2001 at approximately 10:30 p.m., an unplanned release occurred from Header House 3-2 in the NE quarter of the SW quarter of Section 26, T. 36 N., R. 74 W. An estimated 62,400 gallons of water 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 a six inches (6") Schedule 80 PVC flange. The failure is believed to have been caused by insufficient application of glue to the joint. No abnormal or excessive pressure conditions were experienced at the location of the breakage before the spill so the high-pressure shutoffs did not trip. The low-pressure trips worked to shut down all production wells in Header House 3-2 when the spill caused a pressure drop. However, the spill did not cease immediately due to the difference in elevation between the satellite and Wellfield III and because the pressure did not sufficiently decrease in other header houses to cause shut down of their production pumps.

The  $U_3O_8$  concentration of the injection fluid was 2.7 ppm. The minor erosion resulting from the spill has been 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 Ann DeHoff at 14:10 on October 23, 2001. Mr. John Lusher and Mr. Charles Cain, of the Nuclear Regulatory Commission, were notified by e-mail on October 23, 2001.

# WQD Initial Pollution Incident Report

Complaint

Release

Incident number: 0110231410  
Date and Time (YYMMDD-0000)

Report taken by: ANN DEHOFF

Report Date: <u>10/23/01</u>	Time of Report: <u>1410</u>
Reported by Name: <u>JOHN MCCARTHY</u>	Responsible Party Name:
Title: <u>R50</u>	Title:
Company: <u>RIO ALGONM MINING CORP.</u>	Company:
Address: <u>762 ROSS ROAD</u>	Address:
C, S & Z <u>CONVERSE, WY, DOUGLAS 82633</u>	C, S & Z
Phone:	Phone:
Date of incident: <u>10/22/01</u>	Time of incident: <u>1030 PM</u>
Nature of Incident: <u>SEE ATTACHED.</u>	
Location of incident: County <u>CONVERSE</u>	Legal $\frac{1}{4}, \frac{1}{4}$ <u>NE5W S 26 T 36 N R 74 W</u>
Street address: <u>762 ROSS ROAD, DOUGLAS, WY 82633</u>	
Additional location info (mile post, highway, county road, tank battery, well #, etc.):	
Source: <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Transportation	Cause: <input type="checkbox"/> Accident <input type="checkbox"/> Pipeline incident <input checked="" type="checkbox"/> Equipment failure <input type="checkbox"/> Human error <input type="checkbox"/> Dumping <input type="checkbox"/> Other
<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 _____	

WDEQ - 307-777-7781 >

NRC CASE - 817-860-8186 >

Lusher - EMAIL > JHL@NRC.GOV >

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 type="checkbox"/> Produced water <input type="checkbox"/> Other <u>INJECTION WATER</u>	Quantity: <u>62,400</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 <u>NONE</u>	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: SHUT DOWN Htz, reeling filling began. Fluids soaked INTO SOIL.

**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.):

NRC.

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 \_\_\_\_\_