



# 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 - 7001 2510 0008 1946 3670**  
**Return Receipt Requested**

January 11, 2002

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 January 4, 2002. The spill has been reported by telephone and e-mailed 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 - 7001 2510 0008 1946 3663**  
Document Control Desk (NRC/Washington) **Cert. Mail - 7001 2510 0008 1946 3656**  
Region IV Uranium Recovery Chief (NRC/Arlington) **Cert. Mail - 7001 2510 0008 1946**  
**3649**

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*Rec'd  
02/12/02*

**RIO ALGOM MINING CORP.  
SPILL NOTIFICATION**

On January 4, 2002 at approximately 7:00 a.m., an unplanned release occurred from well 3-P-163 in the NE quarter of the SW quarter of Section 26, T. 36 N., R. 74 W. An estimated 1,800 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 a galvanized nipple at the wellhead corroded through and allowed water to escape. The nipple was removed and replaced with a stainless steel nipple which is resistant to corrosion. Galvanized nipples are no longer used for this application and previously used galvanized nipples are being replaced.

The natural uranium concentration of the production fluid was about 18 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 Joe Hunter at 14:15 on January 4, 2002. Mr. Steve Ingle of WDEQ/LQD and Mr. John Lusher and Mr. Charles Cain of the Nuclear Regulatory Commission, were notified by e-mail on January 4, 2002.

# WQD Initial Pollution Incident Report

Complaint

Release

Incident number: 020104-1415  
Date and Time (YYMMDD-0000)

Report taken by: Joe Hunter

Report Date: <u>1/4/02</u>	Time of Report:
Reported by Name: <u>John Cash</u>	Responsible Party Name: <u>SAME</u>
Title: <u>Manager EHS &amp; Regulatory Affairs</u>	Title: <u>"</u>
Company: <u>Rio Algom Mining LLC</u>	Company: <u>"</u>
Address: <u>P.O. Box 1390</u>	Address: <u>"</u>
<u>C, S &amp; Z</u> <u>Glenrock, WY 82637</u>	<u>C, S &amp; Z</u> <u>"</u>
Phone: <u>307-358-3744</u>	Phone: <u>"</u>
Date of incident: <u>1/4/02</u>	Time of incident:
Nature of Incident: <u>Water spilled from well 3-P-163 when a corroded wellhead fitting broke</u>	
Location of incident: County <u>Converse</u> Legal <u>1/4, 1/4 NE SW S 26 T 36N R 74W</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 3-P-163</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 checked="" type="checkbox"/> Equipment failure <input 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>1,800</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>Allowed to evaporate</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>Also contacted NRC</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"/> Watershed                | <input type="checkbox"/> SHWD                     | <input type="checkbox"/> WEMA        |
| <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