



Rio Algom

Rio Algom Mining Corp.
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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 0317
Return Receipt Requested

October 19, 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 14, 2001. 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)
P. Goranson (RAMC/OKC)
S. Ingle (WDEQ/Cheyenne)
J. Lusher (NRC/Rockville) **Certified Mail - 7099 3220 0002 1633 0324**
Document Control Desk (NRC/Washington) **Certified Mail - 7099 3220 0002 1633 0331**
Region IV Uranium Recovery Chief (NRC/Arlington)
Certified Mail - 7099 3220 0002 1633 0348
file

NmSSO/Publi

**RIO ALGOM MINING CORP.
SPILL NOTIFICATION**

On October 14, 2001 at approximately 8:30 a.m., an unplanned release occurred from an injection pipeline in the SW quarter of the SE 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 from the failure of an injection fluid pipeline connecting Wellfield III and the Central Processing Plant. The cause of the failure is unknown at this time because the pipeline has not been excavated yet. No fittings would be associated with the location where leakage from the pipeline occurred. Before and during the spill, all pipeline pressures were normal and below the rated limits of the piping material. The pipeline was not in use at the time of the spill and all valves that would have prevented flow were in the closed position. However, water passed between a valve disc and the valve seat which were seated but were not leak tight. The valve was immediately tightened upon discovery of the leak.

The U_3O_8 concentration of the injection fluid was 0.9 ppm. The minor erosion resulting from the spill will be repaired.

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 a DEQ/WQD representative on the morning of October 15, 2001. Mr. John Lusher and Mr. Charles Cain, of the Nuclear Regulatory Commission, were notified by e-mail on the morning of October 15, 2001.

WQD Initial Pollution Incident Report

Complaint

Release

Incident number: 011015-0954
Date and Time (YYMMDD-0000)

Report taken by: _____

Report Date: <u>10/15/01</u>	Time of Report:
Reported by Name: <u>John Cash</u>	Responsible Party Name: <u>John Cash</u>
Title: <u>Manager EHS & Regulatory Affairs</u>	Title: <u>Same</u>
Company: <u>Rio Algom Mining Corp.</u>	Company: <u>Same</u>
Address: <u>P.O. Box 1390</u>	Address: <u>Same</u>
C, S & Z <u>Glenrock, WY 82637</u>	C, S & Z <u>Same</u>
Phone: <u>(307) 358-3744</u>	Phone: <u>Same</u>
Date of incident: <u>10/14/01</u>	Time of incident: <u>8:30 a.m.</u>
Nature of Incident: <u>Spill of water resulting from a broken pipeline</u>	
Location of incident: County <u>Converse</u>	Legal <u>1/4, 1/4 SW SE 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.):	
Source: <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Transportation <hr/> <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 checked="" type="checkbox"/> Pipeline incident <input 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>3,600</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: Water will be vacuumed.

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.):

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 _____