



Nuclear Division
P.O. Box 4
Shippingport, PA 15077-0004

Telephone (412) 456-6000

May 28, 1982
NDIMSL:1759

Director of Nuclear Regulatory Commission
Attn: Mr. Steven A. Varga,
Chief Operating Reactors Branch No. 1
Division of Licensing
Washington, D. C. 20555

Reference: Beaver Valley Power Station, Unit No. 1
Docket No. 50-334 License No. DPR-66
Beaver Valley Power Station Emergency Preparedness Plan
Implementing Procedures - Control Copy No. 6

Gentlemen:

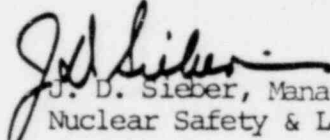
Enclosed is a new procedure to be added to the Beaver Valley Power Station Unit 1 Emergency Preparedness Plan, Procedure EPP/IP 1.1.1. entitled "Monthly Communication/Verification Check", Control Copy No. 6 for your files. This is Operating Manual Change Notice (OMCN) Number 82-174.

In order to maintain current records, we require form Appendix - X (Records Transmittal for Controlled Copies of EPP) be signed by the recipient of the Controlled Copy, and return of the signed transmittal form to Beaver Valley Power Station Unit 1 at the following address:

Duquesne Light Company
Nuclear Division
P. O. Box 4
Shippingport, Pa. 15077

Attn: EPP Supervisor

Very truly yours,


J. D. Sieber, Manager
Nuclear Safety & Licensing

Attachments

cc: Mr. William Troskoski, Resident Inspector
U. S. Nuclear Regulatory Commission
Beaver Valley Power Station
Shippingport, PA 15077

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ANNEX X

EPP/IP
Annex - XDUQUESNE LIGHT COMPANY
Beaver Valley Power Station
Emergency Preparedness PlanPage 1 of 1Records Transmittal for
Controlled Copies of EPPDate 5 / 28 / 82

Title	Section(s) or Annexes	Issue or Revision Number	Record Date	Number of Pages	Transfer & Receipt
Monthly Communication	EPP/IP 1.1.1	OMCN-	5/28/82	8	
Verification Check		82-174			

(/) - records transmitted (\) - records received

I verify that the records transmitted are in agreement with this transmittal document, and are in good condition.

Dana Miller 5/28/82
(Person Transmitting Records) (Date)

I verify that the records received are in agreement with this transmittal document, and are in good condition.

(Recipient) (Date)

This form is to be returned to the BVPS office to be filed in the Records Room.

(Filed By) (Date)