



Nebraska Public Power District

GENERAL OFFICE
P.O. BOX 499, COLUMBUS, NEBRASKA 68501-0499
TELEPHONE (402) 564-8561

May 28, 1985

Dick Varner
Nebraska Department of Environmental Control
Permits and Enforcement Section
P. O. Box 94877
301 Centennial Mall South
Lincoln, Nebraska 68509

Subject: Nebraska Public Power District
Cooper Nuclear Station
NPDES Permit No. NE 0001244
Noncompliance Report

Dear Mr. Varner:

On May 24, 1985, you were notified by telephone that a B.O.D. non-compliance had occurred at Cooper Nuclear Station's 005 discharge. Enclosed is the noncompliance report submitted in accordance with requirements of the Station's NPDES permit.

If you have any questions, please contact me.

Sincerely,

L. John Cooper
Environmental Manager

EYC/cl

Enclosure

cc: R. D. Martin w/enclosure
D. B. Vassallo " "
P. V. Thomason " "
R. L. Beilke " "
File CB175 " "

8506070710 850528
PDR ADOCK 05000298
S PDR

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PERMITEE NAME:

Nebraska Public Power District
Cooper Nuclear Station
NE Quarter, NW Quarter, Section 32
Township 5N, Range 16E, Nemaha County

NEBRASKA DEPARTMENT OF ENVIRONMENTAL CONTROL
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
NON COMPLIANCE REPORT



THIS REPORT MUST BE FILED WHEN THE LABORATORY
TEST RESULTS FROM ANY EFFLUENT SAMPLE EXCEEDS
THE LIMITS IN YOUR NPDES DISCHARGE PERMIT.

0001244

PERMIT NUMBER

Date
Sample
Taken

8	5	0	4	1	5
YEAR		MONTH		DAY	

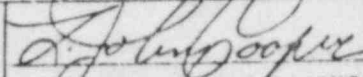
INSTRUCTIONS FOR COMPLETION ARE ON BACK.

100-19-480

PARAMETER		QUANTITY (KG/DAY)				CONCENTRATION (MG/L)				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS		AVERAGE	MAXIMUM	UNITS			
Biochemical Oxygen Demand (5 days)	REPORTED	2.59		kg/day	2	47.5		mg/l	2	1/30	24 hour Comp.
	PERMIT CONDITION	1.14	1.71		X	30	45		X	1/90	24 hour Comp.
	REPORTED										
	PERMIT CONDITION				X				X		
	REPORTED										
	PERMIT CONDITION				X				X		
	REPORTED										
	PERMIT CONDITION				X				X		
FLOW	REPORTED					0.0144		MGD			
					X				X		

Description and
cause of
Non Compliance.

Increased flow due to additional people on site as result of repiping and refueling outage and
flow surges to the treatment plant.

NAME OF PRINCIPAL EXECUTIVE OFFICER			TITLE OF OFFICER			DATE			I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE, AND ACCURATE.			 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
Cooper L. John			Environmental Manager			8 5 0 5 2 8								
LAST	FIRST	MI	TITLE			YEAR	MONTH	DAY						