

# Nebraska Public Power District

GENERAL OFFICE  
P.O. BOX 499, COLUMBUS, NEBRASKA 68601-0499  
TELEPHONE (402) 564-8561

July 31, 1985

50-298

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

Dear Mr. Varner:

On July 31, 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

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

8508090599 850731  
PDR ADOCK 05000298  
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PERMITEE NAME:

Nebraska Public Power District  
Cooper Nuclear Station  
NE Quarter, NW Quarter, Section 32  
Township 5N, Range 16E, Nemha 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	7	1	6
YEAR		MONTH		DAY	

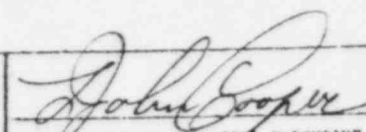
005 Discharge

INSTRUCTIONS FOR COMPLETION ARE ON BACK.

084-61-001

PARAMETER		QUANTITY (KG/DAY)				CONCENTRATION (MG/L)				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS		AVERAGE	MAXIMUM	UNITS			
	REPORTED	2.20		kg/day	2	50		mg/l	2	1/31	Grab
	PERMIT CONDITION	1.14	1.71		X	30	45		X	1/90	24 hour Comp.
	REPORTED				X				X		
	PERMIT CONDITION				X				X		
	REPORTED				X				X		
	PERMIT CONDITION				X				X		
	REPORTED				X				X		
	PERMIT CONDITION				X				X		
FLOW	REPORTED				X	0.0116		MGD	X		
					X				X		

Description and  
cause of  
Non Compliance.

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
L. John Cooper	Environmental Manager	8	5	0		
LAST FIRST MI	TITLE	YEAR	MONTH	DAY		