



Duquesne Light

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

Telephone (412) 456-6000

August 2, 1982
NDIMSL:1832

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

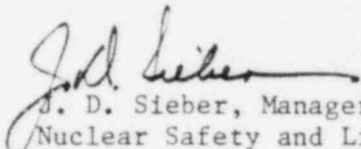
Gentlemen:

Enclosed are two procedures to be added to the Beaver Valley Power Station, Unit 1 Emergency Plan Procedure EPP/IP 7.1 and EPP/IP 2.6, Tab 11, Page 2, Control Copy No. 6 for your files. These are Operating Manual Change Notice (OMCN) Number 82-312 and 82-306.

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 and Licensing

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Beaver Valley Power Station, Unit No. 1
Docket No. 50-334, License No. DPR-66
Implementing Procedures - Control Copy No. 6
Page Two

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Attachments

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

ANNEX X
DUQUESNE LIGHT COMPANY
Beaver Valley Power Station
Emergency Preparedness Plan
Records Transmittal for
Controlled Copies of EPP

Date 7 126 182

| Title | Section(s) or Annexes | Issue or Revision Number | Record Date | Number of Pages | Transfer & Receipt |
|--|-----------------------|--------------------------|----------------|-----------------|--------------------|
| <i>Emergency Equipment Checklist & Maintenance Procedure</i> | | <i>OMCN-12-12</i> | <i>7-22-82</i> | <i>28</i> | |
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(/) - records transmitted (N) - records received

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

Diana Jean Miller 7/26/82
(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)