



Nebraska Public Power District

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

January 25, 1985

Lori Paulsen
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 Ms. Paulsen:

On January 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 " "
J. M. Meacham " "
R. L. Beilke " "
File CB175 " "

8502070598 850125
PDR ADOCK 05000298
S PDR

IE23
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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.

Pipe 005

0001244
 PERMIT NUMBER

Date Sample Taken

8 15	0 11	1 1 6
YEAR	MONTH	DAY

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			
Biochemical Oxygen Demand (5 days)	REPORTED	3.05		kg/day	1	61		mg/l	1	1/30	24 hour Comp.
	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		
FLOW	REPORTED				X	0.0132		MGD	X		
					X				X		

See 2/3/11

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		
Cooper	L.	John	Environmental	Manager	8 5	0 1	2 5	
LAST	FIRST	MI	TITLE		YEAR	MONTH	DAY	

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.

John Cooper
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT