

ASSOCIATED WIRE LINE SERVICES, INC.

**P. O. BOX 906
HEALDTON, OKLAHOMA 73438
PHONE - (580) 229-0731
FAX - (580) 229-0340**

**Mr. Jack Whitten
US NRC
611 Ryan Plaza Dr., Ste. 400
Arlington, TX 76011-4005**

Mr. Whitten,

During the inspection conducted by Mr. Anthony Gaines on 8/21/07, we were instructed to submit a letter to your office addressing the use of tongs as a handling tool for the vials of I-131 used in tracer surveys. This procedure, as described on page 12 of our Operating and Emergency Procedures Manual, was outlined by a consultant who assisted us in compiling the manual as well as license renewal and radiation safety training. With extensive experience we have found the use of tongs to be clumsy and more susceptible to accidental spills. Handling the small vials of R/A material with the use of protective rubber gloves has proven to be an adequate and safer method. In an effort to comply with all NRC regulations, we wish to have the use of tongs as a handling tool, as described in our OEPM, omitted and replaced by the use of protective rubber gloves. If any additional information is required to achieve full compliance in this matter please contact me at 580-229-0731.

Sincerely,
Merte Callis
RSO



1-8-08

12/6/07

license # 42-11649-01
Docket # 030-06432

FACSIMILE COVER SHEET

NOV 20 2007

ASSOCIATED WIRE LINE SERVICES, INC.

**P. O. BOX 906
HEALDTON, OKLAHOMA 73438**

**Telephone 580-229-0731
Fax 580-229-0340**

DATE: 11/20/07

TO: Jackie Cook

FROM: Merle Callis

Number of pages (Including Cover Page) 1

COMMENTS: This is to verify that the mailing address for Associated Wire Line Services, Inc. is : P. O. Box 906, Healdton, Oklahoma, 73438.

11-26-07

DATE

This is to acknowledge the receipt of your letter/application dated 11-20-07, and to inform you that the initial processing, which includes an administrative review, has been performed.

There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 471571.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Munnahan
Licensing Assistant

BETWEEN:
License Fee Management Branch, ARM
and
Regional Licensing Sections

: (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
: Program Code: _____
: Status Code: 3 _____
: Fee Category: _____
: Exp. Date: 0 _____
: Fee Comments: _____
: Decom Fin Assur Reqd: _____
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ASSOCIATED WIRE LINE SERVICES, INC.
Received Date: 20071120
Docket No: 3037581
Control No.: 471571
License No.:
Action Type: New License

2. FEE ATTACHED

Amount:
Check No.: /

3. COMMENTS

no fee

Signed *Colleen Murnahan*
Date *11-26-07*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____