

CALIFORNIA STATE LANDS COMMISSION
MINERAL RESOURCES MANAGEMENT DIVISION

File # _____
Control # _____

Santa Barbara Field Office

7127 Hollister Avenue, Suite 3

Phone: (805) 685-8502

Fax: (805) 968-0776

SUMMERLAND BEACH SEEP/SHEEN REPORT

NOTIFICATION TO MRMD:

DATE: _____ TIME: _____ NOTIFIER: _____

ORGANIZATION: _____ PHONE: _____

METHOD OF NOTIFICATION: FAXED TO MRMD PHONED TO MRMD ROUTINE INSPECTION

SOURCE OF INFORMATION:

DATE: _____ TIME REPORTED _____ REPORTER _____

ORGANIZATION: _____ PHONE: _____

OCCURRENCE DATA:

DATE OF OCCURRENCE: _____ TIME OF OCCURRENCE: _____

SITE NAME _____

N/A WATER BODY _____

LATITUDE _____

LONGITUDE _____

DATUM _____

SUBSTANCE: CRUDE OIL DEGRADED OIL/TAR OIL EMULSION FUGITIVE SHEEN OTHER

TOTAL AFFECTED AREA _____ IN WATER _____ ON BEACH _____

AFFECTED WILDLIFE _____

WEATHER _____

SOURCE _____

REMARKS _____

SLC ACTION TAKEN:

MRMD RESPONDED

PHOTOS

NOTIFICATION: _____

REPORT TAKEN BY: _____

REPORT DATE: _____