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|  **MARINE WETLAND SUPPLEMENTAL FORM (EML ver. 29Oct15) Incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page\_\_\_\_\_ of \_\_\_\_\_**  |
|  **1. GENERAL INFORMATION (EML)** | **Date** (dd/mmm/yyyy) | **Time** (24h standard/daylight)\_\_\_\_\_:\_\_\_\_\_ to \_\_\_\_\_:\_\_\_\_\_ | Tide Height (m)Low:\_\_\_\_\_\_\_\_ High:\_\_\_\_\_\_\_\_\_( H / M / L ) - (R / F /LS / HS ) |
|  **Segment ID**: |  **Segment Name:** |
|  **Ops Zone:**  |  **Team #** |  **Survey Type:** |  **STR:** |
|  Survey By: Foot \_\_ ATV\_\_ Boat\_\_ Helicopter\_\_ Other \_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_ | Weather: Sun / Clouds / Fog / Rain / Snow | Windy / Calm |
|  **6. OILING DESCRIPTION*:***Identify oil on vegetation vs. substrate by adding a V (for Vegetation) or an S (for sediment) after the Zone ID (e.g.  AV, BV). Indicate **100%** overlapping zones in different tidal zones by numbering them (e.g. AV1, AV2) |
| Zone ID | WP ZoneStart  | WP ZoneEnd | **Tidal Zone** | **Oil Cover** | **Oil Thickness** | **Oil Character** | Height of Oil on Plants (cm) |
| **Area**  |  **Distribution** | **Size** |
| LI | MI | UI | SU | Length(m) | Width(m) | Dist % (> 1)or |  Number per unit area | Avg Size (cm) | Large Size(cm) | TO | CV | CT | ST | FL | FR | MS | TB | PT | TC | SR | AP | NO |
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|  **7. SUBSURFACE OILING CONDITIONS:** *Format: Indicate Zone ID in Pit #, e.g., AV-1, BV-2, BV-3, (use only number if not in zone e.g. 4 , 5)* |
| Pit # | WP # | Substrate TypeSurface/Subsurface | **Tidal Zone** | Pit Depth (cm) | Oiled Interval(cm-cm) | **Subsurface Oil Character** | Water Table (cm) | Sheen ColorB,R,S,N | Clean BelowYes / No |
| LI | MI | UI | SU | AP | OP | PP | OR | OF | TR | NO | % |
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|  **8. COMMENTS:** Cleanup Recommendations; Ecological/Recreational/Cultural/Economic Issues; Wildlife Observations; Other Descriptions |
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|  Secondary Photographer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ : PHOTOS / VIDEO: ( - )  Secondary GPS: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ : TRACKLINE: Yes / No | WAYPOINTS: Yes / No |  Supplemental Form Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |