



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF PLANNING AND NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL PROTECTION

45 MARS HILL

FREDERIKSTED, ST. CROIX, VI 00840

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WELL DRILLER'S REPORT

(Well drilling Permit No.; Drillers License No.)

(Name of Property Owner)

(Mailing Address, Telephone)

(Location; Latitude; Longitude)

Type: Drilled ()
Driven ()
Other: ()

Started: Finished:

Total Depth: Casing Type: () Galv. () Black () Other

Depth: feet Diameter: inch Water Level:
Flowing: () yes () no If not, how far down? Feet

Yield: Flow GPM Pump GPM or GPH

Drawdown from pumping: feet or vac.

Use: Taste: Odor: Hardness: Iron:

Permanent Pump Installation: Manufacture:

Type: HP: Capacity: GPM

Installed by: Date:

Person Filling Out Form:

Address:

DRILLE'S LOG

From	To	Material Description

Remark: Well log shall be completed and delivered to the Office of the Commissioner of Planning and Natural Resources within thirty (30) days after the completion of the well drilling operation, for each hole.