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Public Health
Prevent. Promote. Protect.

DAVID GREENBAUM, RS, CHO
HEALTH AGENT

Well Pumping Test Report

Name of well owner: _____ Address: _____

Well location (referenced to atleast two permanent structures or landmarks): _____

Date pumping test was performed: _____

Depth at which pump was set for the test: _____

Location of the discharge line: _____

Static water level immediately before pumping commenced: _____

Discharge rate: _____ (if applicable, time the discharge rate changed) _____

Pumping water levels and respective times after pumping commenced: _____

Maximum drawdown during the test: _____

Duration of test: a) pumping time: _____

b) recovery time during which measurements were taken: _____

Recovery water levels and respective times after cessation of pumping: _____

Reference point used for all measurements: _____

Please fill out form completely and return to the Salem Board of Health along with the Water Well Completion Report. Pump test report is a requirement prior to issuing a Water Well Supply Certificate
