



CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
98 WASHINGTON STREET, 3RD FLOOR
SALEM, MA 01970
TEL. (978) 741-1800
health@salem.com



Public Health
Prevent. Promote. Protect.

DOMINICK PANGALLO
MAYOR

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