



TOWN OF WESTFORD
Health Department
TOWN HALL (Second Floor)
55 Main Street
WESTFORD, MASSACHUSETTS 01886
978-692-5509 Fax 978-399-2558



Per- and polyfluoroalkyl substances (PFAS) Private Drinking Water Well Test-Project Application

Date:

Homeowner's Name: _____

Westford Address:

Phone Number: _____

Email Address: _____

Well Location _____

(Attach a sketch of well location)

1. Type of well (check one)

Drilled _____

Dug _____

Shallow _____

Unsure _____

2. Have you read the sample procedure instructions? Yes or No?

3. This well is used for private drinking water, not irrigation. Yes or No?

***Please Note: Residents will not be reimbursed for previous PFAS testing. This application does not guarantee testing approval. All testing results will be considered public record and may be shared.**

Health Department Use Only

Approved or Not Approved (circle one)

Signature _____ Date:



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Public Health
Prevent. Promote. Protect.

**Westford Health
Department**