

Upper Mount Bethel Township
387 Ye Olde Highway
P.O. Box 520
Mt. Bethel, PA 18343

Well Utilization Permit Application

Phone: 570-897-6127 Fax: 570-897-0108

Date: _____

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Fax: _____

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Fax: _____

Property Tax ID# _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Well Driller: _____ Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Fax: _____

Owner's Signature: _____ Date: _____

<i>Official use only</i>	
Date Rec'd: _____	Rec'd By: _____
Fee: _____	Cash: _____ Check No: _____
Receipt No: _____	
Permit No: _____	