

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

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

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

## Well Drilling Application

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: \_\_\_\_\_

Date Work Scheduled to Begin: \_\_\_\_\_ Date Work Scheduled to be completed: \_\_\_\_\_

**A Plot plan must be submitted with this application.\*** Plan must include, at a minimum, property boundaries, all existing and proposed structures, sanitary sewage disposal facilities and building setback lines.

\*An application for a well reconstruction or re-drilling, which does not alter the existing well location, is not subject to the requirement for a plot plan. However, the well location shall be documented to the satisfaction of the well permitting authority.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_