

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: _____	

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Mount Bethel, PA 18343  
570-897-6127

**Well Utilization Requirements: required to obtain a Well Utilization Permit and Certificate of Occupancy:**

1. Facility Type: \_\_\_\_\_ (residential or commercial)
2. Well Type: \_\_\_\_\_
3. Well Drill date: \_\_\_\_\_
4. Completion date: \_\_\_\_\_
5. Well Diameter: \_\_\_\_\_
6. Well Depth: \_\_\_\_\_
7. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_
8. Casing Depth: \_\_\_\_\_
9. Casing material: \_\_\_\_\_
10. GPM: \_\_\_\_\_

**Copy of CDNR Well Completion Report**