Application for WELL permit

McIntosh County Building & Zoning
912-437-6603
P.O. Box 2694 • 100 Madison Street
Darien, GA 31305

Date: _____ Map & Parcel# _____

Homeowner:
Name: _____

Telephone #: _____ Email: _____

Address where work is being done: _____

_____

***** It is the responsibility of the landowner to request a Water Quality Assessment from the Dept. of Public Health (912-832-5473). This report must be turned in to our office before the Final Inspection can be performed. *****

(♦This is not necessary for Irrigation-only wells♦)

[ ] Check if well is for irrigation only.

Contractor:
Name: _____

Address: _____

_____

Telephone #: _____

License #: _____

AMOUNT DUE: **$50.00** Permit Fee

_____ **PERMIT#** _____
Applicant's Signature **(Office Use Only)**

Revised 2.23.2026