



Columbia County Department of Health

John J. Mabb, MA
Public Health Director

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APPLICATION FOR RECORD SEARCH

Original Applicant Name: _____
(Name of person that had system installed)

Parcel Location: _____

Township: _____ Tax Map# _____ Acreage: _____

Single Lot: _____ Subdivision Name if Applicable: _____ Lot# _____

Contractor Name if Applicable: _____

Is there an existing structure with a septic system on the property? _____

Year: _____

Certification Letter: _____ (if system is installed it would be Certification Letter)

or Requirement Letter: _____ (No system installed it would be Requirement letter)

A research fee of \$25.00 made payable to the Columbia County Department of Health must accompany this research application. Incomplete applications will be returned.

You're requesting this information as a; Contractor/Realtor/Property Owner or Purchaser

Name: _____

Address: _____

Phone Number: _____

Email Address: _____