



# Columbia County Department of Health

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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: \_\_\_\_\_