Mason County Board of Commissioners Resolution NO. 124-99

Whereas, the provision of public health services and activities within Mason County requires the collection of fees to compliment other sources of revenue,

Whereas, it is the role and responsibility of Mason County Board of Commissioners to set policy for Mason County Department of Health Services concerning the funding of public health programs and activities in Mason County and to set fees accordingly,

Whereas, the Mason County Board of Commissioners held a public hearing on November 2, 1999 for the purpose of taking public testimony and to deliberate on the appropriate fees for public health goods and services,

Now therefore be it resolved, the fee schedule as shown in Attachment "A" is hereby adopted as the Mason County Department of Health Fee Schedule, effective January 1, 2000.

Dated this 2nd day of November, 1999.

Mason County Board of Commissioners
Mason County, Washington

Attest:

Clerk of the Board

Approved as to Form:

Mason County Prosecuting Attorney

Chair

Commissioner

Commissioner

Mason County Board of Commissiners Resolution 124-99

Attachment "A"

2000 Environmental Health Fees

Solid Waste Fees		
Permit Type		
Municipal Landfill	Application	Hrly cost
	Renewal	\$250
	Closure	\$250
Transfer Station	Application	\$320
	Renewal	\$220
	Per Ton	\$1.50
Monofill, Inert Disposal	Application	\$320
	Renewal	\$200
Construction Demolition Landfill	Application	\$320
(Inert)	Renewal	\$220
	Closure	\$200
Construction Demolition Landfill	Application	\$515
(Non-Inert)	Renewal	\$220
Woodwaste, Woodwaste Recycling	Application	\$500
Limited Purpose Landfill	Renewal	\$320
Medical Incinerator, Waste-to-	Closure	\$220
Energy, Treatment Facility		\$0
Biosolids (Sludge/Septage) Utilization Site		
(Shelton)>	Site Review and Approval	\$450
(WCC)>	Site Review and Approval	\$1,000
(Biorecycling)>	Site Review and Approval	\$3,500
	Inactive	\$50
Drop Box	Application	\$320
	Renewal	\$220
Piles, Surface Impoundments	Application	\$220
	Renewal	\$155
Tire Pile, Recycling, Composting,	Application	\$320
Soil Treatment	Renewal	\$155
Waste Utilization Projects (ie tires)	Application	\$320
	Renewal	\$220
	Per hour (>3hrs)	\$50
Hazardous Collection Disposal	Per Hour	\$50
Approvals, Permitting		\$0
Storage Tank Disposal, Other		\$0
Consultation, Site Monitoring		\$0
Waiver	Per Waiver Request	\$150
Monitoring Fee (1)		Hrly Cost
Appeal	Per Appeal	\$0
Hazardous Material Cleanup	Certified Contractor	\$150
Illegal Lab	Homeowner	\$150
•	Per hour (>3hrs)	\$50

⁽¹⁾ EH staff time conduction program is charged to sites at hourly rate

The only change to the Solid Waste Fee Schedule from 1999 is the addition of fees for Hazardous Materials / Illegal Drug Lab Cleanup.

Annual Food Service Permit Fee Proposal

		¥	CIIIIII I CC		·
Establishment	Menu	Size	Other	Cert. Fee	Stnd. Fee
Restaurants	Complex	Large		\$172	\$515
		Small		\$116	\$350
	Non-Comp	Large		\$52	\$155
		Small	Restr Serv	\$34	\$103
			Non-Restr	\$26	\$77
Markets	Complex	Large		\$172	\$515
		Small		\$90	\$268
	Non-Comp	Large		\$34	\$103
		Small	Fee	\$26	\$77
			No Fee	\$0	\$0
Taverns	Complex	Large		\$172	\$515
		Small		\$52	\$155
	Non-Comp	Large		\$52	\$155
		Small		\$26	\$77
Mobiles	Complex			\$64	\$191
	Non-Comp			\$38	\$113
Kitchens		Large	Fee	\$34	\$103
		•	No Fee	\$0	\$0
		Small	Fee	\$26	\$77
			No Fee	\$0	\$0
Temporaries	Complex		Profit	\$44	\$133
•	,		Non-Profit	\$11	\$32
	Non-Comp		Profit	\$10	\$30
			Non-Profit	\$0	\$0
	Single Event	Permit	1/2 Fee	·	·
Confectionary	1			\$10	\$30
		,			
Reinspections	Initial		\$0		
	Follow-Up		\$100		
Off Premises Vend	ling for License	ed Restaurant	\$30	1 - -	
Appeal			\$0		
Hourly Rate			\$50		
Food Service Education (per student)		\$206			
Food handler Card	•••	<u>,</u> 	\$8		

The only change to the Food Service Permit Fee Schedule from 1999 is the addition of a single event permit fee at 1/2 the annual temporary fee.

2000 Environmental Health Fees

Land Use Fees

Permit type	1999 Fee	2000 Fee
BIA (Office review)	\$10	\$10
Large Lot Subdivision		
Application Fee	\$105	\$105
Per Parcel Fee	\$10	\$10
Short Subdivision	\$105	\$105
Subdivision		
Application Fee	\$415	\$415
Per Parcel Fee	\$25	\$25
Other Review (per Hour)	\$50	\$50

Water Program Fees

Permit Type		
Plan Review		
2 connections	\$150	\$150
3-14 Connections	\$300	\$300
Re-submittal		\$100
Water System Sanitary Survey	\$150	\$150
Well Construction Permit	\$20	\$20
Well Site Inspection	\$100	\$100
Water Adequacy Review	\$0	\$0
Reinspections	\$50	\$50
Water System Design Renewal	\$100	\$100
Waivers / Variance	\$50	\$50
Appeals	\$0	\$0

Laboratory

Permit Type		
Drinking Water		
Coliform	\$18	\$18
Coliform resample	\$10	\$10
Nitrates	\$15	\$15
Surface Water / Sewage		
Fecal coliform	\$20	\$20
TSS	\$15	\$15
BOD	\$45	\$45

Other Environmental Health Fees

Water Contact Facility		
Year-Round Operation	\$150	\$150
Seasonal Operation	\$75	\$75
Process and Ship Vector Specimen	\$75	\$75
School Inspection		
Plan Review (per Hour)	\$50	\$50
Pre-School	\$150	\$150
Elementary School	\$250	\$250
Middle School	\$300	\$300
High School	\$350	\$350

Liquid Waste Fees

Permit Type	1999 Fee	2000 Fee
Septic Permits		
O&M Surcharge		\$30
Individual	\$395	\$395
Community/Commercial (Base) + \$50hrly > 8	\$435	\$435
Per connection	\$75	\$75
Repairs	\$395	\$395
Maintenance	\$30	\$50
O&M Processing	\$10	\$10
Re-Inspections	\$100	\$100
EH Review		
Septic	\$85	\$85
Water	\$85	\$85
Both	\$100	\$100
Certified Designer		
Test	\$220	\$220
Annual	\$135	\$135
Certified Installer		
Test	\$220	\$220
Annual	\$100	\$100
Certified Pumper		
Test	\$100	\$100
Annual	\$75	\$75
Certified O&M Specialist		
Test	\$220	\$220
Annual	\$150	\$150
Winter Observation		
Designer	\$200	\$200
Homeowner	\$250	\$250
Building Permit Plan review		
Major EH Plan Review	\$50	\$50
Minor EH Plan Review	\$50	\$25
Appeal	\$O	\$0
Waiver/Variance		
Staff/EH Plan Review	\$50	\$50
Health Officer /DOH / Director	\$100	\$100
Board of Health	\$150	\$150
Technical Assistance (per Hour)	\$50	\$50

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No.

Iason County Personal Heal Y2K Fee Schedule

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· ·	1999	2000		1999	2000
OFFICE AND DESCRIPTION OF THE PROPERTY OF THE	HEE!	FEE	HIVAIDS GERT, TRAINING	HEE	FEE
Minimal (5)	15.00	++	2.5 hr. cert. training (Per person)	**15.00	**15.0
Problem Focused (20)(new)	25.00	++	4 hr. cert. training (Per person)	**30.00	**30.0
(estblished)	20.00	++	SOREENING/OTHER	FEE	Proceedings of the Control of the Co
Expanded Problem (60)(new)	40.00	++	Initial TB Exam	34.00	*
(established)	30.00	++	Follow-up TB Exam	20.00	*
Detailed (new)	50.00	++	PPD (same as Immunization Admin fee)	5.00	*
(established)	45.00	++	X-Ray, 1 view	50.00	*
Travel Clinic	35.00	45.00	Radiologist	20.00	*
ADMINISTRATION	FEE	FEE	Blood Pressure Check	1.00	*
Off-site Clinic Rate (Per Hour)	65.00	65.00	Liquid Nitrogen/Warts	52.00	. *
Copy medical record (1st page)	1.00	1.00	Pre / Post Couseling	50.00	*
each additional page of record	0.15	0.15	Case Management (Full month)	163.00	*
IMMUNIZATIONS	FEE	FEE	Case Management (Partial month)	82.00	¥
DTP 1 - 2 - 3 - 4 - 5 - B	5.00	#	Comprehensive Assessment	130.00	*
DT (Ped) 1-2-3-4-5	5.00	#	MEDICATIONS/SUPPLIES	FEE	FEE
Td 1-2-B-Adult	5.00	#	Doxycyline 14	2.00	*
OPV 1-2-3-4-B	5.00	#	Doxycyline 28	3.00	*
IPV 1-2-3-4-B	5.00	# (+)	Erythromycin 408	4.00	**
HIB 1-2-3-4	5.00	#	Metronidazole 14/500 mg	2.00	*
MMR 1-2	5.00	#	Amox/Prob 500 mg ea	2.00	*
HEB-B 1 - 2 - 3 - B	5.00	#	Rocephin Inj 250 mg	13.00	*
Infant / Adolescent			Suprax (Cefixime)400 mg	5.00	*
Varicella (Chicken Pox) 0-18	5.00	#	Zithromax 250 mg	21.00	۱k
HEB-B 1 - 2 - 3 - B (Adult)	30.00	#	Tetracycline 28/500 mg	3.00	*
HBIG (\$22/cc)(.02ml/kg)		*/cc) #	Bacetracin Ointment	1.00	str
Immune Globulin ISG	5.00	#	Monistat/7	12.00	*
HEP A (Havrix)	22.00	#	Nystatin Cream	3.00	ntr
Adolescent HAVRIX	18.00	#	Lindane Lotion	6.00	16
Oral Typhoid	27.00	#	NIX	3.00	¥r
Injectable Typhoid	33.00	#	INH 300 mg 30	3.00	W.
Rabies (3 doses - PRE-PAID)	238.00	#	Rifamate 60	37.00	*
Influenza	10.00	#	Rifampin 30/300 mg	17.00	*
Pneumonia	18.00	#	Rifampin 60/300 mg	32.00	*
Varicella (Chicken Pox) Adult	47.00	#	PZA 60/500 mg	39.00	*
Yellow Fever	56.00	#	Ethambutol 60/400 mg	52.00	*
Meningococcal	68.00	#	B6 Pyridoxine 50 mg	2.00	**
Unlisted medication/vaccines-aquisition cost	Cost	Cost	LABORATORY	FEE	FEE
GERTIFIEDS	FEE	FEE	Pregnancy Test	10.00	*
Birth Certificates (each copy)	13.00	###	Hematocrit	4.00	*
Death Certificates (first copy)	13.00	###	Blood Draw	3.00	* (##)
Additional Copies	8.00	###	KOH/Wet Mount	7.00	. ***
Research Fee	8.00	+++	Pap Smear	10.00	* (##)
Corrections to Death Certs (1st copy)	8.00	+++	UA (W/O) Micro	3.00	* (##)
Additional corrected copies	3.00	+++	RPR/VDRL	3.00	* (##)
MATIERNITY SUPPORT SERVICES	FEE	FEE	HSV	30.00	* (##)
Nursing Office Visit	57.00	*	GC	3.00	* (##)
Nursing Home Visit	86.00	*	СТ	3.00	* (##)
Psy Office Visit	57.00	*	IgM Anti-HAV (Hep A)	13.00	* (##)
Psy Home Visit	86.00	**	Anti-HAV (Hep A Total)	18.00	* (##)
DNA testing for Probation Services*	22.00	thr .	HbsAB (Hep B Titer)*** +	16.00	* (##)
BLOODBORNE PATHOGEN TRNG	FEE	FEE	HBsAg (surface antigen)	13.00	* (##)
2 Hour prep time/2 hour class	*120.00	**120.00	Anti-HBc (core antibody)	14.00	* (##)
* Aquisition/reimbursement fee rounded up to n	earest \$1		Hep Screen***	26.00	* (##)
** Minimum 4 persons per class (slide scale available)		Hep Panel***	37.00	* (##)	
*** Perinatal Hep B Program - No Fee		Hep Panel (acute)	39.00	* (##)	
	# Acquisition/reimbursemt cost rounded up to nearest \$1 + \$5		Anti-HCV (Hep C)	16.00	* (##)
## S & H cost included (rounded up to the near		*	Liver Profile	30.00	* (##)
### State set fee	'/		Sputum	3.00	* (##)
+ Infant only in the Perinatal Hep-B Prog. No Fe	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Varicella-zoster virus antibody (IgG)	18.00	* (##)
++ Based on Medicaid reimbursement, rounder		earest \$5		11.00	* (1111°)
+++ Based on County portion of state set fee	10 11C	USL WU	Tomponotare (morr)	11.00	
Dadda off County portion of State Set ICC				and a succession of the succes	*