

Mason County Board of Commissioners
Resolution No. 137-04

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 Health held a public hearing on December 9, 2004 for the purpose of taking public testimony and to deliberate on the appropriate fees for public health goods and services, and adopted the fee schedule per Board of Health Resolution 03-04,

Now therefore be it resolved, the fee schedule as shown in Attachment "A" is hereby adopted as the Mason County Department of Health Services Fee Schedule, effective January 1, 2005.

Dated this 28th day of December, 2004

Mason County Board of Commissioners
Mason County, Washington

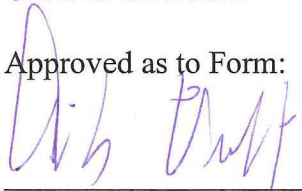
Attest:

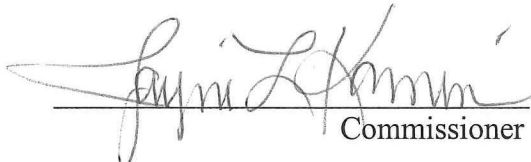

Chair


Clerk of the Board


Commissioner

Approved as to Form:




Commissioner

Mike E. Clift
Mason County Chief Deputy Prosecuting Attorney

Mason County Board of Health
Resolution No. 03-04

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 Health 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,

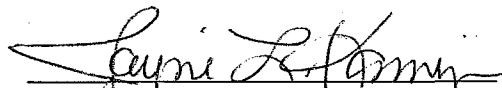
Whereas, the Mason County Board of Health held a public hearing on December 9, 2004 for the purpose of taking public testimony and to deliberate on the appropriate fees for public health goods and services and recommended that they be forwarded to the Mason County Board of Commissioners for adoption,

Now therefore be it resolved, the fee schedule as shown in Attachment "A" is hereby adopted as the Mason County Department of Health Services Fee Schedule, effective January 1, 2005.


Dated this 9th day of December, 2004

Mason County Board of Health
Mason County, Washington

Attest:


Jayni L. Kamin Chair


Clerk of the Board


Herb Baze ~~Commissioner~~
Board Member

Approved as to Form:


Mason County Prosecuting Attorney

Absent
Wes Johnson ~~Commissioner~~
Board Member

“Attachment A”

Environmental Health Fees for 2005

Note: Any work that requires a permit from Environmental Health being done without a permit will be subject to a penalty of a double permit fee and additional inspection fees where applicable. (New 2002)

Land Use Fees

BLA (office review)	\$ 25
Large Lot Subdivision	
<i>Application fee</i>	\$200
<i>Per parcel fee</i>	\$ 15
Short Subdivision	\$200
Subdivision	\$450
<i>Per parcel fee</i>	\$ 25
Other review (per hour)	\$ 50

Water Program Fees

Plan Review	
<i>Private 2 party</i>	\$ 50
<i>Public 2 connections</i>	\$175
<i>3-14 connections</i>	\$350
<i>Existing System Approval</i>	\$200
<i>Re-submittal</i>	\$100
Water system sanitary survey	\$ 50/hr
(Fee for service.)	
Well construction permit	\$ 50
Well decommissioning	\$100
Well site inspection	\$125
Re-inspections	\$100
Letters / WFI or Name Changes	\$ 50/hr
Water system design renewal	\$100
Waivers / variance	\$100
Appeals	\$100
Certified Designer	
<i>Test</i>	\$250
<i>Annual</i>	\$150

Laboratory

Drinking water	
<i>Coliform</i>	\$ 18
<i>Coliform resample</i>	\$ 15
<i>Nitrates</i>	\$ 15
Surface Water / Sewage	
<i>Fecal coliform</i>	\$ 20
<i>TSS</i>	\$ 15
<i>BOD</i>	\$ 45

Other Environmental Health Fee

Water contact facility	
<i>Year-round operation</i>	\$200
<i>Seasonal operation</i>	\$125
Process and ship vector specimen	\$ 25
Fee for copies	\$0.15 each
Document Recording Fee (Set by Auditor's office)	\$19 for 1 st page, \$1 for each additional page

School inspection	
Plan review (per hour)	\$ 50
Pre-school	\$ 50
Elementary School	\$150
Middle School	\$250
High School	\$350
Technical Assistance	\$ 50/hr

Liquid Waste Fees

Septic permit		
O&M surcharge	\$ 30	To be paid at the time of final installation
Individual	\$450	2 part permit – application \$350 - installation \$100
Homeowner install	+ \$150	
<i>In addition to permit-includes exam, pre-construction + 1 extra visit</i>		
Extension (<1 year	\$100	
Through September 30)		
Community/commercial	\$800	
Base + \$50 hourly >8 hours		
Per connection (payable with	\$100	
design application submittal)		
Repairs	\$450	
Maintenance / Tank only	\$100	
O&M Processing	\$ 10	
Re-inspections/Re-submittals	\$100	
EH Review (Non-refundable)		
Water	\$150	
Septic	\$150	
Both	\$250	
Certified Installer		
Test	\$250	
Annual	\$150	
Certified Pumper		
Test	\$100	
Annual	\$150	
Certified O&M Specialist		
Test	\$250	
Annual	\$150	
Winter Observation		
Designer	\$225	
Homeowner	\$275	
Building Permit Plan Review		
Major EH Plan Review	\$ 75	
Minor EH Plan Review	\$ 35	
Appeal	\$100	
Waiver / Variance		
Staff / EH	\$100	
Health Officer/DOH/Director	\$150	
Board of Health	\$200	
Technical Assistance (per hour)	\$ 50	

Annual Food Service Permit Fees 2005

Establishment	Menu	Size	Other	
Restaurants	Complex	Large		\$550
		Small		\$375
	Non-complex	Large		\$175
		Small	Rest Serv	\$125
			Non-Restr	\$100
Markets	Complex	Large		\$550
		Small		\$300
	Non-complex	Large		\$125
		Small	Fee	\$100
			No Fee	\$ 0
Taverns	Complex	Large		\$550
		Small		\$175
	Non-complex	Large		\$175
		Small		\$100
Mobiles	Complex			\$225
	Non-complex			\$125
Kitchens		Large	Fee	\$125
			No Fee	\$ 0
		Small	Fee	\$100
			No Fee	\$ 0
Temporaries	Complex		Profit	\$150
			Non-Profit	\$ 35
	Non-complex		Profit	\$ 35
			Non-Profit	\$ 0
	Single Event		½ Fee	
Confectionery				\$ 35
Espresso Stand				\$125
Re-inspections	Initial			\$ 0
	Follow-up			\$100
Off Premises Vending for Licensed Restaurant				\$ 35
Technical Assistance				\$ 50/hr
Plan Review				\$ 50/hr
Appeal				\$100
Food Service Education (per student)				\$225
Food Handlers Cards (fee set by State)				\$ 10
Duplicate for lost card				\$ 2

(State fee)

Solid Waste Fees 2005

Transfer Station	Application	\$320
	Renewal	\$220
	Per Ton	\$1.50
Limited Purpose Landfill	Application	\$500
	Renewal	\$320
	Closure	\$220
Biosolids (Sludge/Septage)	Inspection & (Shelton) *	
Utilization Site	Monitoring (WCC) *	
Site & Operation Approval	(Biorecycling) *	
	Inactive	\$100
* Fee for Service --- \$400 base + \$50 per hour > 3 hours		
Drop Box	Application	\$320
	Renewal	\$220
Piles, Surface Impoundments	Application	\$220
	Renewal	\$155
Tire Storage Permit	Application	\$320
	Renewal	\$220
Tire Beneficial Use/Utilization	One Time Fee	\$220
Moderate Risk Waste Facility	Inspection	\$220
(household hazardous waste)	Annual Permit	\$220
Hazardous Collection Disposal Approvals,		\$50/hr
Permitting Storage Tank Disposal, Other		
Consultation, Site Monitoring, Technical		
Assistance		
Compost Facility	Application	\$500
	Renewal	\$320
Conditionally Exempt Compost Facility	Application	\$150
	Renewal	\$100
Conditionally Exempt Recycling Facility	Application	\$150
	Renewal	\$100
Other Conditionally Exempt Solid		
Waste Handling Facility	Application	\$150
	Renewal	\$100
Waiver		\$150
Appeal		\$100
Hazardous Material Cleanup	Plan Review	\$250
Illegal Drug Lab Cleanup	Plan Review	\$250
	Per Hour (> 3hrs)	\$ 50
Illegal Drug manufacturing operation inspection,		
Notification, assessment	Per Hour	\$ 50
SEPA Review		\$500

MASON COUNTY PERSONAL HEALTH J5 FEE SCHEDULE

OFFICE	Fee	HIV/AIDS CERT. TRAINING	Fee
Minimal (5)	23.00*	2.5 hr. cert. training (Per person)	**15.00*
Problem Focused (20)(new)	45.00*	4 hr. cert. training (Per person)	**30.00*
(established)	39.00*	SCREENING/OTHER	Fee
Travel Clinic	60.00	Initial TB Exam	39.00*
ADMINISTRATION	Fee	Follow-up TB Exam	25.00*
Off-site Clinic Rate (Per Hour)	65.00	PPD (same as Imms Admin fee)	16.00*
Copy immunization record to pt	1.00	X-Ray, 1 view	cost*
Copy medical records (1st 30 pgs)****	0.83	Radiologist	cost*
each add'l page****	0.63	Blood Pressure Check	1.00
Clerical fee for searching & handling****	19.00	Liquid Nitrogen/Warts	49.00*
Public records-per RCW 42.17.300	0.15	Pre / Post Counseling	56.00*
IMMUNIZATIONS	Fee	Case Management (Full month)	172.00
DTaP 1 - 2 - 3 - 4 - 5 - B	15.60*	Case Management (Partial month)	86.00
DT (Ped) 1 - 2 - 3 - 4 - 5	15.60*	Comprehensive Assessment	137.75
Td 1 - 2 - B - Adolescent	15.60*	MEDICATIONS/SUPPLIES	Fee
OPV 1 - 2 - 3 - 4 - B	15.60*	Doxycycline 14	2.00*
IPV 1 - 2 - 3 - 4 - B	15.60*	Doxycycline 28	3.00*
HIB 1 - 2 - 3 - 4	15.60*	Erythromycin 408	8.00*
MMR 1 - 2	15.60*	Metronidazole 14/500 mg	3.00*
HEP A 1 - 2 Adolescent	15.60*	Amox/Prob 500 mg ea	3.00*
HEB-B 1 - 2 - 3 - B (0-18 yrs old)	15.60*	Rocephin Inj 250 mg	17.00*
Hep A/B Combo	46.00	Zithromax 250 mg	24.00*
Varicella (Chicken Pox) 0-18	15.60*	Tetracycline 28/500 mg	4.00*
HEB-B 1 - 2 - 3 - B (Adult)	37.00	Bacetracin Ointment	4.00*
HBIG (\$174.04/cc)	(/cc)	Monistat/7	15.00
Immune Globulin ISG	9.00	Nystatin Cream	3.00*
HEP A (Havrix) Adult	29.00	Lindane Lotion	6.00*
Prevna (Pneumococcal Conjugate)	15.60*	Lindane Shampoo	6.00*
Oral Typhoid	45.00	Podophyllum Treatment	6.00*
Injectable Typhoid	51.00	INH 300 mg 30	5.00*
Td (Adult)	19.00	Rifamate 60	48.00*
Rabies (3 doses - PRE-PAID)	429.00	Rifampin 30/300 mg	22.00*
Influenza	18.00	Rifampin 60/300 mg	45.00*
Pneumonia	22.00	PZA 60/500 mg	55.00*
Varicella (Chicken Pox) Adult	79.00	Ethambutol 60/400 mg	84.00*
Yellow Fever	87.00	B6 Pyridoxine 50 mg	3.00*
Meningococcal	93.00	LABORATORY	Proposed
Unlisted meds/vaccines-aquisition cost	Cost	Pregnancy Test	4.00*
CERTIFIEDS	Fee	Blood Draw	5.00
Birth Certificates (each copy)	17.00	KOH/Wet Mount	7.00*
Death Certificates (each copy)	17.00	Pap Smear	16.00
Expedite Fee (NEW)	3.00	Pathologist fee	40.00*
Research Fee (non-refundable)	8.00	UA (W/O) Micro	4.00*
Corrections to Death Certs (1st copy)	10.00	RPR/VDRL	5.00*
Additional corrected copies	3.00	HSV-culture	39.00
Birth Cert. refund charge++	12.00	GC	5.00
MATERNITY SUPPORT SERVICES	Fee	CT & GC urine	5.00
Nursing Office Visit	30.00/unit	HSV-antibody (Igg)	30.00
Nursing Home Visit	40.00/unit	IgM Anti-HAV (Hep A)	20.00
Nutrition Office Visit	30.00/unit	Anti-HAV (Hep A Total)	22.00
Nutrition Home Visit	40.00/unit	HbsAB (Hep B Titer)*** +	19.00
Behavioral Health Office Visit	30.00/unit	HBsAg (surface antigen)	19.00
Behavioral Health Home Visit	40.00/unit	Anti-HBc (core antibody)	22.00
ICM	25.00/unit	Hep B Screen (HBsAg & Anti-HBs)***	35.00
Family Planning Visit	10.00	Hep B Panel (HBs Ag, Anti-HBs & Anti-HBc)**	63.00
DENTAL	Proposed	Hep Panel (acute)	84.00
Topical Floride Varnish	14.00	Anti-HCV (Hep C)	24.00
Oral Family Health Education	25.00	Liver Profile	42.00*
BLOODBORNE PATHOGEN TRNG	Proposed	Sputum	5.00*
2 Hour prep time/2 hour class	**120.00	Varicella-zoster virus antibody (IgG)	27.00
DNA testing for Probation Services	27.00	Venipuncture (MGH)	19.00
* Fees that can be slid to \$0		CHILD CARE	Proposed
** Minimum 4 persons per class (slide scale available)		"Star's Training" per person (Minimum-5/class)	10.00
*** Perinatal Hep B Program - No Fee		REFUNDS	Proposed
****May charge for medical records iaw WAC 246-08-400		Refund Processing Fee \$50.00 or 20% (whichever is greater)	
# Fee that can be slid to 25%		+ Infant only in the Perinatal Hep-B Prog. No Fee	
		++ Includes non-refundable search fee of \$8.00 + \$4.00 processing fee	

---FEES MAY BE CHANGED AT ANY TIME TO REFLECT CHANGES IN ACQUISITION COSTS OR REIMBURSEMENT

12/06/2004