

ORDINANCE 22-02

An Ordinance establishing a fee schedule for Grant County Health District.
BE IT ORDAINED BY THE BOARD OF HEALTH OF THE GRANT COUNTY HEALTH DISTRICT, the following fee schedule is adopted and established for the Grant County Health District.

| <u>CLASS A. ADMINISTRATIVE SERVICES</u> | | 2022 Fee |
|--|---|--|
| A-1 | Bad Check Charge | \$36 |
| A-2 | Administrative Hearing | Billed at actual Cost |
| A-3 | Lamination (per sheet) | \$2 |
| A-4 | Copy Fee (No charge for record research) | \$0.15 |
| A-5 | Staff time for extensive copying | ≥ 15 minutes \$20/hour (billed in quarterly increments) |
| A-6 | (Records) Extensive postage, delivery & other fees (Fees do not apply to health information released for public health purposes) | Current cost if > \$1 |
| A-7 | Scanned Copies | \$0.10 |
| A-8 | Credit Card Processing Fee | 3% |

CLASS E. ENVIRONMENTAL HEALTH SERVICES

****WHEN A BUSINESS IS CHANGING PERMIT CATEGORIES WITHIN THE SAME YEAR, CHARGE THE DIFFERENCE BETWEEN THE TWO PERMIT CATEGORIES**

| | | |
|------|--------------------------------------|------|
| E-50 | Hourly Sanitarian Rate (Hourly Rate) | \$85 |
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FOOD PROTECTION PROGRAM

| | | |
|-------|---|-------------------|
| E-100 | Food Worker's Card, including food education | State Fee |
| E-101 | Food Worker Card (Duplicate) | Half of State Fee |
| E-102 | Copy of Washington State Food Code (2nd copy and thereafter) | \$4 |
| E-103 | Certificate for Permit Exemption for limited menu items listed in WAC 246-215-08305 | \$13 |

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|-------|---|----------------|
| E-104 | Food Worker's Card Class; Group-(20 people minimum) | State Fee |
| E-105 | Plan Review Fee | 1/2 Annual Fee |
| | Field Plan Review | 1/4 Annual Fee |
| | Menu Review | 1/4 Annual Fee |
| | Structure/equipment review | 1/4 Annual Fee |
| E-106 | Food Establishment Catering Review | \$170 |
| E-107 | HACCP Review | \$170 |
| E-108 | Pre-opening Inspection | 1/4 Annual Fee |
| E-109 | Change of Ownership Must apply within 30 days | \$170 |

Using the risk factors below, the total number of points will determine the classification of the food establishment.

One point will be counted for each risk factor associated with the establishment's menu and process

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|--------------|---------------|
| Risk Level 1 | 1 to 3 points |
| Risk Level 2 | 4 to 6 points |
| Risk Level 3 | > 6 points |

Food service, grocery, and mobile unit risk level categories are based on these risk factors:

1. Cold holding of Potentially hazardous foods/ Time/temperature control foods (TCS)
2. Exposed foods with potential for bare hand contact
3. Hot-holding of Time/temperature controlled foods (TCS)
4. Reheating of Time/temperature controlled foods (TCS) for hot-holding (if previously heated and cooled in establishment)
5. Cooking of Time/temperature controlled foods (TCS)
6. Cooling of Time/temperature controlled foods (TCS)
7. Produce preparation (washing, cutting, assembling, etc.)
8. Raw meat preparation/handling
9. Time as a public health control (TPHC)
10. Serve a highly susceptible population (such as pre-school aged children or senior citizens)
11. Consumer advisory required on menu
12. Food preparation involving special processing that requires a HACCP per WAC 246-215
13. Mobile Unit

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|-------|----------------|-------|
| E-110 | Food Service 1 | \$291 |
| E-111 | Food Service 2 | \$583 |
| E-112 | Food Service 3 | \$874 |
| E-113 | Grocery 1 | \$291 |
| E-114 | Grocery 2 | \$583 |

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|---|---|-------------------------------|---------------------|
| E-115 | Grocery 3 | | \$874 |
| E-116 | Mobile Food 1 | | \$218 |
| E-117 | Mobile Food 2 | | \$436 |
| E-118 | Mobile Food 3 | | \$654 |
| E-119 | Intermittent Food Service 1 | | \$146 |
| E-120 | Intermittent Food Service 2 | | \$291 |
| E-121 | Intermittent Food Service 3 | | \$436 |
| OTHER FOOD PERMIT CATEGORIES (not determined by risk factors) | | | |
| E-122 | School Central Kitchen (School 2) | | \$498 |
| E-123 | School Satellite Kitchen (School 1) | | \$253 |
| E-124 | Comprehensive Catering (Independent from restaurant) | | \$426 |
| E-125 | Vending Machines - Potentially Hazardous Foods | | \$81 |
| E-126 | Commissary - Storage Only (Commissary 1) | | \$146 |
| E-127 | Commissary - Preparation (Commissary 2) | | \$291 |
| E-128 | Temporary Food Establishment Permit-Commercial Food Vendor - single event category | | |
| | 1-4 Days | High Risk Foods | \$121 |
| | | Moderate Risk | \$82 |
| | | Low Risk | \$42 |
| | 5-21 Days | High Risk Foods | \$161 |
| | | Moderate Risk | \$113 |
| | | Low Risk | \$67 |
| E-129 | Recurring Temporary Food Establishments Permit-Commercial Food Vendor | | |
| | High Risk Foods | | \$478 |
| | Moderate Risk Foods | | \$318 |
| | Low Risk Foods | | \$161 |
| E-130 | Temporary Food Establishment Permit - late fee | | |
| | Application received < 10 working days before event | | |
| | | 4-9 working days before event | Additional 50% Fee |
| | | 1-3 working days before event | Additional 100% Fee |
| E-131 | Temporary Food Permit-"GCHD" Licensed Food Establishment operating a Temporary Food Establishment | | 1/2 Commercial Fee |

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| E-132 | Large Venue Food Service, (3000 + Capacity with 4 or more concessions) | Contract with negotiated Rates First 4 hrs.-addtl. @ hourly rate |
| E-133 | Thermometers/Handwashing spigots (rounded up to nearest dollar amount) | Cost + 10% |
| E-134 | Non Profit Organization operating a Food Establishment (Permanent or Temporary) | 1/2 Commercial Fee |

ON-SITE SEWAGE PROGRAM

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|-------|---|---------|
| E-200 | On-Site Sewage Permit (valid for one year) | \$903 |
| | On-Site Sewage Permit > 1000 gpd (up to 2 finals) (Soil and site information needs to be included in every design) | \$1,073 |
| | Each Additional final inspection | \$131 |
| E-201 | Site Visit to evaluate Soil due to lack of information or misinformation with a septic design | \$90 |
| E-202 | Site Registration (for applicable alterations, "suitability) for septic" requests; first lot of subdivisions) | \$440 |
| | Site Registrations (each additional lot in a single subdivision that is applied for at the same time) | \$85 |
| E-203 | Alteration Permit (Site Registration will be required if proposal includes changes to the drainfield and file information does not show test holes in the proposed drainfield area) | \$465 |
| E-204 | Tank Only Sewage Permit for Connection to Community OSS | \$465 |
| E-205 | Repair Permit (Single Family Residence) | \$225 |
| | Non-Single Family Residence | \$424 |
| E-206 | On-site Sewage Permit Renewal or Design Revision | \$166 |
| E-207 | Existing System Evaluation (ESE) | \$283 |
| E-208 | Connection to Community OSS with an ESE completed within previous 12 months | \$85 |
| E-209 | Septic Tank Installer or Pumper Certificate (Installer Exam Required Except when Certified in another County within Washington State) | \$267 |

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|-------|---|-------|
| E-210 | Septic Tank Installer or Pumper Certificate Renewal | \$142 |
| | Each additional vehicle | \$91 |
| E-211 | Installer Exam | \$103 |
| E-212 | Privy Permit | \$255 |
| E-213 | Septic System Maintenance Certificate (exam required) | \$74 |
| E-214 | Copy of WAC 246-272A - Sewage Regulations | \$7 |
| E-215 | Installer Application Study Packet | |
| | Compact Disk | \$7 |
| | Paper Packet | \$23 |

LAND USE/PLANNING

| | | |
|-------|---|---------|
| E-250 | Short Plat | \$452 |
| E-251 | Long Plat, Binding Site Plan | \$677 |
| E-252 | Plat Alteration | \$339 |
| E-253 | Conditional or Discretionary Use Permit | \$225 |
| E-254 | Reasonable Use Exception | \$85 |
| E-255 | Site Plan Review | \$85 |
| E-256 | Review of Planning Variance | \$170 |
| E-257 | Boundary Line Adjustment | \$170 |
| E-258 | SEPA (GCHD as the lead agency) | \$677 |
| E-259 | "Method 2" Review | \$1,129 |

WATER PROGRAM

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|-------|---|----------------------|
| E-300 | Water Availability Review, Service Area Review or SMA Review (Political Subdivisions included) | \$113 |
| E-301 | Water System Evaluation (Including VA/FHA Loan Certification) Additional bacteriological water samples | \$176 \$58 |
| | | Plus chosen lab fees |
| E-302 | Certification-Both Water and On-site Sewage Disposal System (Including VA/FHA) (Bacteriological samples) | \$209 |

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|-------|--|----------------------|
| | (With Nitrate Sample) | \$227 |
| | | Plus chosen lab fees |
| E-303 | Water Samples (Bacteriological Sample) (With Nitrate Sample) | \$91 \$114 |
| | | Plus chosen lab fees |
| E-304 | Group B Water System Application Review | \$706 |
| | Fee if application is prepared by a Licensed Water System Engineer (PE) | \$565 |
| | Group B Annual Operating permit | \$85 |
| E-305 | Well Site Inspection | \$187 |
| E-306 | Group B Water System Application | |
| | Compact Disk | \$7 |
| | Paper Packet | \$23 |
| E-307 | Level 2 Assessment (Group A Systems) (May be paid by DOH; system would pay excess at hourly rate time, if applicable) | Hourly Rate |

SOLID WASTE PROGRAM

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|-------|---|---------|
| E-400 | Annual Permit Fee for Large Composting Facility (>25000 yds ³ /year)(30 hour minimum) | \$2,552 |
| E-401 | Annual Permit for MSW Landfill (25 hour minimum) | \$2,126 |
| E-402 | Annual Permit Fee for Small Composting Facility (≤25000 yds ³ /year)(10 hour minimum) | \$850 |
| E-403 | Annual Permit for Other Landfill (i.e.- Inert Waste, Limited purpose, Closed Landfill) (10 hour minimum) | \$850 |
| E-404 | Annual Permit for Transfer Station (10 hour minimum) | \$850 |
| E-405 | Annual Permit for MRW Facility (not at another permitted facility) (10 hour minimum) | \$850 |
| E-406 | Annual Permit for Anaerobic Digester (10 hour minimum) | \$850 |
| E-407 | Annual Permit for Energy Recovery and Incineration (10 hour minimum) | \$850 |
| E-408 | Annual Permit for Land Application (10 hour minimum) | \$850 |
| E-409 | Annual Permit for Pile Storage (10 hour minimum) | \$850 |

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|-------|--|--|
| E-410 | Annual Permit for Other Intermediate Solid Waste Handling Facilities (10 hour minimum) | \$850 |
| E-411 | Annual Permit for Recycling (10 hour minimum) | \$850 |
| E-412 | Annual Permit for Waste Tire Storage (10 hour minimum) | \$850 |
| E-413 | Annual Permit for Dropbox Site (2 hour minimum) | \$170 |
| E-414 | Solid waste permit application review fee (10 hour minimum) includes: Pre-permit site evaluation Application review and comment Initial Operations plan review Design review | \$850 |
| E-415 | Review of other facility plans (i.e.- Post Closure, Facility expansion) (4 hour minimum) | \$340 |
| E-416 | Review of Operations Plan Revision/Amendment (4 hour minimum) | \$340 |
| E-417 | Feedstock Proposal Review (1 hour minimum) | \$85 |
| E-418 | SEPA process and fees for Land Application sites when GCHD is lead | See Land Use/ Planning |
| E-419 | Services in excess of allotted minimum time | Hourly rate |

WATER RECREATION PROGRAM

| | | |
|-------|---|----------------|
| E-450 | Permit for Pool or Spa: Seasonal Permit Annual Permit | \$391 \$475 |
| E-451 | Cost for each additional Pool or Spa (Same Enclosure) | \$91 |
| E-452 | Multiple Pool Enclosures at same location, Same ownership | 15% Reduction |
| E-453 | Pre-opening | 1/2 Annual Fee |

SCHOOL PROGRAM

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|-------|--|----------------------|
| E-500 | School Site Approval (minimum two hours) Each additional hour | \$170 Hourly Rate |
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|-------|---|----------------------|
| E-501 | Architectural Plan Review Fee Schools (minimum two hours) Each additional hour | \$170 Hourly Rate |
| E-502 | Pre-occupancy inspection(s) (minimum two hours) Each additional hour | \$170 Hourly Rate |
| E-503 | Job Corps | Hourly Rate |

LIVING ENVIRONMENT

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|-------|------------------------------|-------------|
| E-550 | Mobile Home Park Plan Review | Hourly Rate |
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MISCELLANEOUS

| | | |
|-------|---|----------------|
| E-600 | Late Fee, installation or operating without a valid permit (Food, Sewage, Pools, etc.) | 2 X Annual Fee |
| E-601 | Reinspection (Food, Pools, Sewage, etc.) | 1/4 Annual Fee |
| E-602 | Variance/waiver (pools, food, sewage, etc.) | \$174 |
| E-603 | I-901 25 foot rebuttal application | \$893 |
| E-605 | I-901 3rd documentation of violation (per day) | \$149 |

CLASS P. PERSONAL HEALTH SERVICES

Sliding fee, based on number of household residents and income, applies as indicated.

Fees may be negotiated for services provided in response to a case or outbreak, as determined by public health impact.

IMMUNIZATIONS

Sliding fee applies to routine State-provided children's immunizations
Sliding fee applies to public health prophylaxis IF no third party payer

Immunization Visits include:

1. Office visit fee (one per visit)
2. Immunization costs including vaccines, materials, administration fee

VACCINE/MATERIAL COSTS

See periodically updated fee list for cost of vaccine.

Special Clinic fees will be by specific arrangement and written agreement.

OFFICE VISITS

All visits require an office visit fee unless otherwise noted

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|-------|---|------|
| P-100 | Routine Immunization Office Visit (10 min.) | \$25 |
| P-101 | Detailed Nursing Visit (30 min.) | \$51 |
| P-102 | Immigration visit (No Slide - Requires added cost of Immunizations and materials) | \$25 |
| P-103 | Traveler's Advice (per trip) (No Slide - Requires added cost of Immunizations) | |
| | First Visit (Must be paid before seeing nurse) Travelers must make initial traveler's advice appointment 2 weeks prior to travel | \$61 |
| | Expedited fee for service with less than 2 weeks before travel (Service will be provided after 3 working days) | \$25 |
| | Second and Subsequent Visits | \$25 |

VACCINE ADMINISTRATION

| | | |
|-------|-----------------------|------|
| P-200 | Any vaccine, per dose | \$15 |
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ROUTINE ADULT IMMUNIZATIONS

Office visit fee NOT required

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|-------|----------------------|-----------------------|
| P-300 | Influenza | Based on Current Cost |
| P-301 | Pneumococcal vaccine | Based on Current Cost |

TB SERVICES

Sliding fee applies to P-400 - P406

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|-------|--|------|
| P-400 | Initial TB Consultation | \$61 |
| P-401 | TB Clinic Visit | \$31 |
| P-402 | Tuberculin Skin Testing (Requires Added TB Clinic Visit) Only high risk clients are tested at the Health District, unless special arrangements are made, which may exclude use of sliding fee). | \$15 |
| P-403 | TB Nurse Home Visit - Plus cost of medication | \$76 |
| P-404 | Non-Professional TB Visit (Home) | \$61 |

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|-------|--|-----------------------|
| P-405 | Chest X-Ray (A/P only) | Based on Current Cost |
| P-406 | Chest X-Ray 2-view (A/P and Lateral) | Based on Current Cost |
| P-407 | Administrative Immigration Documentation (I-693) | \$61 |

TB contact investigation services are provided at no cost to contacts of active TB cases, if no third party payer.

HIV/AIDS SERVICES

Fees for special or other general education activities may be negotiated by written agreement, with consideration given to public health impact.

HIV TESTING

Fee includes staff time for counseling and obtaining, processing specimen plus materials.

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| P-550 | HIV Counseling and Testing (No Sliding fee) | \$117 |
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Fees do not apply to testing done in conjunction with high-risk HIV prevention interventions.

OTHER SERVICES

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|-------|---|------------------------|
| P-600 | Hourly Nursing Fee- (unless service otherwise noted) May be negotiated by written agreement, with consideration given to public health impact. | \$76 |
| P-601 | Hourly Health Educator Fee- (unless service otherwise noted) May be negotiated by written agreement, with consideration given to public health impact. | \$61 |
| P-602 | Blood draw-only (does not include P-19) (Outside lab fees are to be paid by the client) | \$41 (includes DNA) |

CLASS V. VITAL RECORDS

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|-------|--|-----------------|
| V-100 | Certified Copies (Birth & Death) | State Fee |
| V-101 | Expedited Service for Certified Copies (Birth) | Additional \$10 |
| V-102 | Re-issuance of Death Certificates | State Fee |
| V-103 | Duplication of Death Certificates due to submitter's errors (If original is returned) | \$10/each |
| V-104 | Mailing of Birth Certificate | \$2/copy |

Section 5. POSTING

The District Health Officer shall cause to be posted in a conspicuous location in the office of the Grant County Health District a complete schedule of all Health District fees and charges. A Public Hearing announcing proposed new fees or increased fees will be published in the newspaper of general circulation in the county. All charges shall take effect on date of their posting, and such posting shall constitute public notice.

Section 6. FEE COLLECTION

The District Health Officer or his designee shall collect all fees and same shall be remitted to the County Treasurer to be credited to the Health fund.

Section 7. DELINQUENT ACCOUNTS

Accounts that are delinquent for more than 90 days will be sent to a collection agency.

Section 8. OUTSTANDING DEBTS

No new permit will be issued to persons or businesses having an outstanding debt to the Health District. This will not apply to food program re-inspection fees for which payment is due within 45 days after the date of invoice.

Section 9. PRORATING OF FEES

Permits of the following classes may be prorated: E-110 through E-127, and E-400 through E-413

A prorated fee schedule shall be for a period of January 1 to March 31 or July 1 to December 31 and shall be equal to 1/2 the usual fee plus \$30.

Section 10. REFUND OF FEES

If no service has been given, the full amount of the fee less \$30.00 may be refunded.

Section 11. HEALTH OFFICER'S AUTHORITY

"The Health Officer is authorized to establish, in the interim, a fee for a new service not to exceed the cost of providing the service and such fee will be formally adopted at the time of the next ordinance

Section 12. FEE CHANGES

"When a service includes a product, changes in fee may be made to reflect product cost increases, plus administration fee".

Section 13. EFFECTIVE DATE

This Ordinance shall take effect on March 10, after its passage, approval and execution.

PASSED BY THE GRANT COUNTY BOARD OF HEALTH AND SIGNED BY ITS CHAIR

ON _____

ATTEST:

Tom Harris
Chair of the Board

Rita Morfin
Board of Health Clerk

APPROVED AS TO FORM:

Katherine Kenison
Health District Attorney