

ORDINANCE 22-03

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</u>	ADMINISTRATIVE SERVICES	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%
A-9	United Parcel Service - Express Envelope for Vital Records	\$13
<u>CLASS E</u>	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
FOOD PI	ROTECTION 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
E-104	Food Worker's Card Class; Group-(20 people minimum)	State Fee
E-105	Plan Review Fee Field Plan Review Menu Review Structure/equipment review	1/2 Annual Fee 1/4 Annual Fee 1/4 Annual Fee 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

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

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
E-115	Grocery 3		\$874
E-116	Mobile Food 1	I	\$218
E-117	Mobile Food 2	2	\$436
E-118	Mobile Food	3	\$654
E-119	Intermittent F	Food Service 1	\$146
E-120	Intermittent F	Food Service 2	\$291
E-121	Intermittent F	Food Service 3	\$436
OTHEF	R FOOD PERMIT	CATEGORIES (not determined by risk factors)	
E-122	School Centra	ll Kitchen (School 2)	\$498
E-123	School Satelli	te Kitchen (School 1)	\$253
E-124	Comprehensiv	ve Catering (Independent from restaurant)	\$426
E-125	Vending Mach	nines - Potentially Hazardous Foods	\$81
E-126	Commissary -	Storage Only (Commissary 1)	\$146
E-127	Commissary -	Preparation (Commissary 2)	\$291
E-128	Temporary Fo	ood Establishment Permit-Commercial Food Vendor - sin	gle 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 Ten	nporary Food Establishments Permit-Commercial Food	Vendor
	High Risk Foo	ds	\$478
	Moderate Ris	k Foods	\$318
	Low Risk Foo	ds	\$161
E-130		ood Establishment Permit - late fee	
	Application re	ceived < 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
E-132	Large Venue Food Service, (3000 + Capacity with 4 or more concessions)	Contract with negotiated Rates First 4 hrsaddtl. @ 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	
E-200	On-Site Sewage Permit (valid for one year) On-Site Sewage Permit > 1000 gpd (up to 2 finals) (Soil and site information needs to be included in every design) Each Additional final inspection	\$903 \$1,073 \$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	Repair Permit (Single Family Residence) Non-Single Family Residence	\$225 \$424
E-205	On-site Sewage Permit Renewal or Design Revision	\$166
E-206	Existing System Evaluation (ESE)	\$283
E-207	Connection to Community OSS with an ESE completed within previous 12 months	\$85
E-208	Septic Tank Installer or Pumper Certificate (Installer Exam Required Except when Certified in another County within Washington State)	\$267
E-209	Septic Tank Installer or Pumper Certificate Renewal	\$142

	Each additional vehicle	\$91
E-210	Installer Exam	\$103
E-211	Privy Permit	\$255
E-212	Septic System Maintenance Certificate (exam required)	\$74
E-213	Copy of WAC 246-272A - Sewage Regulations	\$7
E-214	Installer Application Study Packet Compact Disk Paper Packet	\$7 \$23
LAND US E-250	SE/PLANNING 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	
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) (With Nitrate Sample)	\$209 \$227

E-303	Water Samples (Bacteriological Sample) (With Nitrate Sample)	\$91 \$114
	(with Mildle Sample)	Plus chosen lab fees
E-304	Group B Water System Application Review Fee if application is prepared by a Licensed Water System Engineer (PE) Group B Annual Operating permit	\$706 \$565 \$85
E-305	Well Site Inspection	\$187
E-306	Group B Water System Application Compact Disk Paper Packet	\$7 \$23
E-307	Level 2 Assessment (Group A Systems) (May be paid by DOH; system would pay excess at hourly rate time, if applicat	Hourly Rate
SOLID W	ASTE PROGRAM	
E-400	Annual Permit Fee for Large Composting Facility (>25000 yds³/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 yds³/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

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-418 E-419		See <u>Land Use/ Planning</u> Hourly rate
E-419	lead	
E-419	lead Services in excess of allotted minimum time	
E-419 WATER	lead Services in excess of allotted minimum time RECREATION PROGRAM Permit for Pool or Spa: Seasonal Permit	Hourly rate \$391
E-419 WATER E-450	lead Services in excess of allotted minimum time RECREATION PROGRAM Permit for Pool or Spa: Seasonal Permit Annual Permit	Hourly rate \$391 \$475
E-419 WATER E-450 E-451	lead Services in excess of allotted minimum time RECREATION PROGRAM Permit for Pool or Spa: Seasonal Permit Annual Permit Cost for each additional Pool or Spa (Same Enclosure)	+475 \$91
E-419 WATER E-450 E-451 E-452 E-453	lead Services in excess of allotted minimum time RECREATION PROGRAM Permit for Pool or Spa: Seasonal Permit Annual Permit Cost for each additional Pool or Spa (Same Enclosure) Multiple Pool Enclosures at same location, Same ownership	+ Hourly rate \$391 \$475 \$91 15% Reduction
E-419 WATER E-450 E-451 E-452 E-453	lead Services in excess of allotted minimum time RECREATION PROGRAM Permit for Pool or Spa: Seasonal Permit Annual Permit Cost for each additional Pool or Spa (Same Enclosure) Multiple Pool Enclosures at same location, Same ownership Pre-opening	+ Hourly rate \$391 \$475 \$91 15% Reduction

	Each additional hour	Hourly Rate
E-502	Pre-occupancy inspection(s) (minimum two hours) Each additional hour	\$170 Hourly Rate
E-503	Job Corps	Hourly Rate
LIVING E	NVIRONMENT	
E-550	Mobile Home Park Plan Review	Hourly Rate
MISCELL	ANEOUS	
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

P-100	Routine Immunization Office Visit (10 min.)	\$25
P-101	Detailed Nursing Visit (30 min.)	\$51
P-102 (No Slie	Immigration visit de - Requires added cost of Immunizations and materials)	\$25
P-103 (No Slie	Traveler's Advice (per trip) de - 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
ROUTINE	ADULT IMMUNIZATIONS Office visit fee NOT required	
P-300	ADULT IMMUNIZATIONS Office visit fee NOT required Influenza	Based on Current Cost
		Based on Current Cost Based on Current Cost
P-300 P-301 TB SERV	Influenza Pneumococcal vaccine	
P-300 P-301 TB SERV	Influenza Pneumococcal vaccine CES	
P-300 P-301 TB SERVI Sliding	Influenza Pneumococcal vaccine CES fee applies to P-400 - P406	Based on Current Cost
P-300 P-301 TB SERVI Sliding P-400	Influenza Pneumococcal vaccine CES fee applies to P-400 - P406 Initial TB Consultation	Based on Current Cost \$61
P-300 P-301 TB SERVI Sliding P-400 P-401	Influenza Pneumococcal vaccine CES fee applies to P-400 - P406 Initial TB Consultation TB Clinic Visit 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	Based on Current Cost \$61 \$31
P-300 P-301 TB SERVI Sliding P-400 P-401 P-402	Influenza Pneumococcal vaccine CES fee applies to P-400 - P406 Initial TB Consultation TB Clinic Visit 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).	Based on Current Cost \$61 \$31 \$15

P-406	Chest X-Ray 2-view (A/P and Lateral)	Based on Current Cos
P-407	Administrative Immigration Documentation (I-693)	\$6
TB con payer.	tact investigation services are provided at no cost to contacts of a	active TB cases, if no third party
Fees fo	SERVICES r special or other general education activities may be negotiated b eration given to public health impact.	y written agreement, with
HIV TEST	ING	
	ludes staff time for counseling and obtaining, processing en plus materials. HIV Counseling and Testing (No Sliding fee)	\$11
	o not apply to testing done in conjunction with high-risk HIV tion interventions.	
OTHER S	ERVICES	
P-600	Hourly Nursing Fee- (unless service otherwise noted) May be negotiated by written agreement, with consideration given to public health impact.	\$7
P-601	Hourly Health Educator Fee- (unless service otherwise noted) May be negotiated by written agreement, with consideration given to public health impact.	\$6
P-602	Blood draw-only (does not include P-19) (Outside lab fees are to be paid by the client)	\$4 includes DNA)
CLASS V.	VITAL RECORDS	
V-100	Certified Copies (Birth & Death)	State Fe

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

\$61

\$117

\$76

\$61

\$41

(includes DNA)

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 October 12, 2022, 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