

Mason County Board of Commissioners
Resolution No. 5-02

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 January 10, 2002 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 15, 2002.

Dated this 15th day of January, 2002

Mason County Board of Commissioners
Mason County, Washington


Absent 1/15/02

Attest:

Chair



Clerk of the Board




Commissioner

Approved as to Form:



Mason County Prosecuting Attorney



Commissioner

Proposed Environmental Health Fees for 2002

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)

(Two fees were reduced and two new areas added in 2000. There were no changes to the fee schedule in 2001.)

Land Use Fees

	1999	2000	2002
BLA (office review)	\$10	\$10	\$25

Large Lot Subdivision

Application fee	\$105	\$105	\$200
Per parcel fee	\$10	\$10	\$15

Short Subdivision	\$105	\$105	\$200
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Subdivision

Application fee	\$415	\$415	\$450
Per parcel fee	\$25	\$25	\$25

Other review (per hour)	\$50	\$50	\$50
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Water Program Fees

	1999	2000	2002
Plan Review			
Private 2 party	0	0	\$50
2 connections	\$150	\$150	\$175
3-14 connections	\$300	\$300	\$350
Existing System Approval	0	0	\$200
Re-submittal	0	\$100	\$100

Water system sanitary survey (Fee for service.)	\$150	\$150	\$50/hr
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Well construction permit	\$20	\$20	\$50
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Well decommissioning	0	0	\$100
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Well site inspection	\$100	\$100	\$125
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Re-inspections	\$50	\$50	\$100
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Letters / WFI or Name Changes	0	0	\$50/hr
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Water system design renewal	\$100	\$100	\$100
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Waivers / variance	\$50	\$50	\$100
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Appeals	0	0	\$100
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Certified Designer

Test	0	0	\$250
Annual	0	0	\$150

Laboratory

	1999	2000	2002
Drinking water			
Coliform	\$18	\$18	\$18
Coliform resample	\$10	\$10	\$15
Nitrates	\$15	\$15	\$15
Surface Water / Sewage			
Fecal coliform	\$20	\$20	\$20
TSS	\$15	\$15	\$15
BOD	\$45	\$45	\$45

Other Environmental Health Fees

	1999	2000	2002
Water contact facility			
Year-round operation	\$150	\$150	\$200
Seasonal operation	\$75	\$75	\$125

Process and ship vector specimen	0	0	\$25
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Fee for copies			\$.15 each
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Attachment "A"

	Non-complex	Large		\$155	\$175
		Small	Rest Serv	\$103	\$125
			Non-Restr	\$ 77	\$100
Markets	Complex	Large		\$515	\$550
		Small		\$268	\$300
	Non-complex	Large		\$103	\$125
		Small	Fee	\$ 77	\$100
			No Fee	\$ 0	\$ 0
Taverns	Complex	Large		\$515	\$550
		Small		\$155	\$175
	Non-complex	Large		\$155	\$175
		Small		\$ 77	\$100
Mobiles	Complex			\$191	\$225
	Non-complex			\$113	\$125
Kitchens		Large	Fee	\$103	\$125
			No Fee	\$ 0	\$ 0
		Small	Fee	\$ 77	\$100
			No Fee	\$ 0	\$ 0
Temporaries	Complex		Profit	\$133	\$150
			Non-Profit	\$ 32	\$ 35
	Non-complex		Profit	\$ 30	\$ 35
			Non-Profit	\$ 0	\$ 0
	Single Event		½ Fee		
	Farmer's Market				
Confectionery				\$ 30	\$ 35
Espresso Stand				0	\$125
Re-inspections	Initial			\$ 0	\$ 0
	Follow-up			\$100	\$100
Off Premises Vending for Licensed Restaurant				\$ 30	\$ 35
Technical Assistance				\$ 50/hr	\$ 50/hr
Plan Review				\$ 50/hr	\$ 50/hr
Appeal				\$ 0	\$100
Food Service Education (per student)				\$206	\$225
Food Handlers Cards (fee set by State)				\$ 8	\$ 8
Duplicate for lost card				\$ 2	\$ 2

Solid Waste Fees

		2000	2002
Municipal Landfill	Application	\$50/hr	\$50/hr
	Renewal	\$250	\$250
	Closure	\$250	\$250
Transfer Station	Application	\$320	\$320
	Renewal	\$220	\$220
	Per Ton	\$1.50	\$1.50
Monofill, Inert Disposal	Application	\$320	\$320
	Renewal	\$220	\$220
	Closure	\$200	\$200
Construction Demolition Landfill (Inert)	Application	\$320	\$320
	Renewal	\$220	\$220
	Closure	\$200	\$200
Construction Demolition Landfill (Non-inert)	Application	\$515	\$515
	Renewal	\$220	\$220
	Closure	\$200	\$200
Woodwaste, Woodwaste Recycling Limited Purpose Landfill	Application	\$500	\$500
	Renewal	\$320	\$320
Medical Incinerator, Waste-to-Energy, Treatment Facility	Closure	\$220	\$220
Biosolids (Sludge/Septage) Utilization Site	Inspection & Monitoring	(Shelton) \$450 (WCC) \$1,000	*
Site & Operation Approval		(Biorecycling) \$3,500	*
		Inactive \$50	\$100
*2002 Proposal--- Fee for Service --- \$400 base + \$50 per hour > 3 hours			
Drop Box	Application	\$320	\$320
	Renewal	\$220	\$220
Piles, Surface Impoundments	Application	\$220	\$220
	Renewal	\$155	\$155
Tire Pile, Recycling, Composting	Application	\$320	\$320
Soil Treatment	Renewal	\$155	\$155
Waste Utilization Projects (ie tires)	Application	\$320	\$320
	Renewal	\$220	\$220
	Per Hour (>3 hrs)	\$50	\$50
Hazardous Collection Disposal Approvals, Permitting Storage Tank Disposal, Other Consultation, Site Monitoring, Technical Assistance		\$50/hr	\$50/hr
Waiver		\$150	\$150

MASON COUNTY PERSONAL HEALTH 2002 FEE SCHEDULE

Attachment "A"

2002

2001

2002

OFFICE	FEE	FEE	HIV/AIDS CERT. TRAINING	FEE	FEE
Minimal (5)	15.00	20.00*	2.5 hr. cert. training (Per person)	**15.00	**15.00*
Problem Focused (20)(new)	25.00	42.00*	4 hr. cert. training (Per person)	**30.00	**30.00*
(established)	20.00	36.00*	SCREENING/OTHER	FEE	FEE
Expanded Problem (60)(new)	35.00	60.00*	Initial TB Exam	32.00	36.00*
(established)	30.00	50.00*	Follow-up TB Exam	19.00	22.00*
Detailed (new)	47.00	90.00*	PPD (same as Imms Admin fee)	15.00	15.00*
(established)	40.00	75.00*	X-Ray, 1 view	50.00	cost*
Travel Clinic	45.00	45.00	Radiologist	20.00	cost*
ADMINISTRATION	FEE	FEE	Blood Pressure Check	1.00	1.00
Off-site Clinic Rate (Per Hour)	65.00	65.00	Liquid Nitrogen/Warts	49.00	49.00*
Copy immunization record to pt	1.00	1.00	Pre / Post Counseling	50.00	54.50*
Copy medical records (1st 30 pgs)****	--	0.83	Case Management (Full month)	160.00	169.50
each add'l page****	--	0.63	Case Management (Partial month)	80.00	84.75
Clerical fee for searching & handling****	--	19.00	Comprehensive Assessment	128.00	135.75
Public records-per RCW 42.17.300	--	0.15	MEDICATIONS/SUPPLIES	FEE	FEE
IMMUNIZATIONS	FEE	FEE	Doxycycline 14	2.00	2.50*
DTaP 1 - 2 - 3 - 4 - 5 - B	5.00	15.60*	Doxycycline 28	3.00	3.75*
DT (Ped) 1 - 2 - 3 - 4 - 5	5.00	15.60*	Erythromycin 408	4.00	5.00*
Td 1 - 2 - B - Adolescent	5.00	15.60*	Metronidazole 14/500 mg	2.00	2.50*
OPV 1 - 2 - 3 - 4 - B	5.00	15.60*	Amox/Prob 500 mg ea	2.00	2.50*
IPV 1 - 2 - 3 - 4 - B	5.00	15.60*	Rocephin Inj 250 mg	13.00	16.25*
HIB 1 - 2 - 3 - 4	5.00	15.60*	Suprax (Cefixime)400 mg	5.00	6.50*
MMR 1 - 2	5.00	15.60*	Zithromax 250 mg	21.00	23.75*
HEP A 1 - 2 Adolescent	5.00	15.60*	Tetracycline 28/500 mg	3.00	3.75*
HEB-B 1 - 2 - 3 - B (0-18 yrs old)	5.00	15.60*	Bacetracin Ointment	1.00	1.25*
Hep A/B Combo	42.00	45.20	Monistat/7	12.00	15.00
Varicella (Chicken Pox) 0-18	5.00	15.60*	Nystatin Cream	3.00	3.75*
HEB-B 1 - 2 - 3 - B (Adult)	30.00	30.00	Lindane Lotion	6.00	5.25
HBIG (\$174.04/cc)		(/cc)	Lindane Shampoo	4.00	5.50
Immune Globulin ISG	5.00	5.00	Podophyllum Treatment	--	6.00*
HEP A (Havrix) Adult	22.00	22.00	INH 300 mg 30	3.00	3.75*
Prevnar (Pneumococcal Conjugate)	5.00	15.60*	Rifamate 60	32.00	47.50*
Oral Typhoid	43.00	36.25	Rifampin 30/300 mg	17.00	21.50*
Injectable Typhoid	41.68	41.50	Rifampin 60/300 mg	32.00	48.00*
Td (Adult)	13.00	16.25	PZA 60/500 mg	39.00	54.50*
Rabies (3 doses - PRE-PAID)	248.00	401.25	Ethambutol 60/400 mg	72.00	80.00*
Influenza	12.00	12.00	B6 Pyridoxine 50 mg	2.00	3.00*
Pneumonia	21.00	21.00	LABORATORY	FEE	FEE
Varicella (Chicken Pox) Adult	51.00	62.50	Pregnancy Test	10.00	12.50*
Yellow Fever	56.00	71.25	Blood Draw	3.00	5.00
Meningococcal	64.00	71.80	KOH/Wet Mount	7.00	7.00*
Unlisted meds/vaccines-aquisition cost	Cost	Cost	Pap Smear	10.00	16.00
CERTIFIEDS	FEE	FEE	Pathologist fee	--	31.25*
Birth Certificates (each copy)###	13.00	13.00	UA (W/O) Micro	3.00	3.00*
Death Certificates (first copy)###	13.00	13.00	RPR/VDRL	0.00	4.50
Additional Copies###	8.00	8.00	HSV-culture	30.00	35.25
Research Fee###	8.00	8.00	GC	0.00	4.50
Corrections to Death Certs (1st copy)	8.00	8.00	CT	0.00	4.50
Additional corrected copies	3.00	3.00	HSV-antibody (Igg)	--	20.25
MATERNITY SUPPORT SERVICES	FEE	FEE	IgM Anti-HAV (Hep A)	13.00	18.25
Nursing Office Visit	58.00	57.20	Anti-HAV (Hep A Total)	18.00	19.50
Nursing Home Visit	90.00	90.00	HbsAB (Hep B Titer)*** +	16.00	17.00
MCM 0076M	--	100.47	HBsAg (surface antigen)	13.00	17.00
MCM 0077M	--	111.54	Anti-HBc (core antibody)	14.00	19.50
MCM 0079M	--	70.30	Hep B Screen (HBsAg & Anti-HBs)***	26.00	29.50
MCM 0080M	--	82.04	Hep B Panel (HBs Ag, Anti-HBs & Anti-HBc)***	37.00	44.50
MCM 0081M	--	11.74	Hep Panel (acute)	39.00	62.00
Childbirth Education	--	55.00	Anti-HCV (Hep C)	16.00	22.00
Family Planning Visit	10.00	10.00	Liver Profile	30.00	31.50*
Psy Home Visit	86.00	90.00	Sputum	3.00	4.50*
DNA testing for Probation Services ##	22.00	27.00	Varicella-zoster virus antibody (IgG)	18.00	19.50
BLOODBORNE PATHOGEN TRNG	FEE	FEE	Venipuncture (MGH)	11.00	15.50
2 Hour prep time/2 hour class	**120.00	**120.00	## S & H cost included		
* Fees that can be slid to \$0			### Fee set by State		
** Minimum 4 persons per class (slide scale available)			+ Infant only in the Perinatal Hep-B Prog. No Fee		
*** Perinatal Hep B Program - No Fee			++ Based on Medicaid reimbursement, rounded up to nearest \$5		
****May charge for medical records iaw WAC 246-08-400			+++ Based on County portion of state set fee		
# Fee that can be slid to 25%					01/10/02

-- FEES MAY BE RAISED TO REFLECT INCREASED ACQUISITION COST --