

BEFORE THE BOARD OF HEALTH
SPOKANE REGIONAL HEALTH DISTRICT

RESOLUTION # 11-04

RE: ADOPTING THE 2012 HEALTH DISTRICT FEE SCHEDULE

WHEREAS, the Spokane Regional Health District Board of Health has determined that revenues from fees are necessary to provide funding for public health services in Spokane County; and

WHEREAS, in accordance with Resolution #11-02 Health District Fee Policy, fees are to be determined periodically; and


WHEREAS, RCW 70.05.060 provides that the Board shall "Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by the law and the rules of the State Board of Health: Provided, that such fees for services shall not exceed the actual cost of providing any such services."

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of Health does hereby adopt the attached Spokane Regional Health District 2012 Fee Schedule.

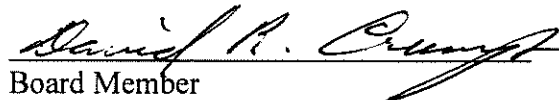
Signed this 28th day of July 2011 in Spokane, Washington.

SPOKANE REGIONAL HEALTH DISTRICT
BOARD OF HEALTH

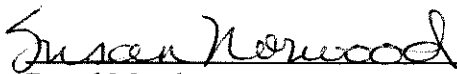

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**Spokane Regional Health District
Proposed 2012 FEE SCHEDULE**

Proposed Fees 2012	Approved Fees 2011	Fee Increase (Decrease) 2012 vs. 2011
		\$ Amount
		%

CODE

SERVICE

CODE	SERVICE	Proposed Fees 2012	Approved Fees 2011	Fee Increase (Decrease) 2012 vs. 2011
				\$ Amount
				%
GENERAL AND ADMINISTRATIVE SERVICES				
ROOM RENTAL: For Profit not exempted by Health Officer				
	Hourly use of Meeting Rooms	\$ 10.00	\$ 10.00	-
	Hourly use of Auditorium	\$ 20.00	\$ 20.00	-
	Hourly use of Video Conferencing equipment - For Profit not exempted by Health Officer	\$ 35.00	\$ 35.00	-
	Hourly use of audio equipment - For Profit not exempted by Health Officer	Itemized Below	Itemized Below	-
	Room Setup and furniture realignment - per required service	\$ 25.00	\$ 25.00	-
	Room Cleanup and furniture realignment - per required service	\$ 25.00	\$ 25.00	-
COPIES:				
	Photocopy - per sheet (RCW 42.56.120)	\$ 0.15	\$ 0.15	-
	Public Disclosure, non-medical, no redaction per copy (RCW 42.56.120)	\$ 0.15	\$ 0.15	-
	Medical or Non-medical with redaction	\$.15/copy + \$80/hour	\$.15/copy + \$75/hour	5.00
	Audio Tape - per Cassette	\$ 7.50	\$ 7.50	-
	Notarial service for non-Health District business (WAC 308-30-020) per document	\$ 10.00	\$ 10.00	-
MULTIMEDIA FEES:				
	Video Projector (per event per day)			
	Displays video from in room computer	\$ 15.00	\$ 15.00	-
	Displays video from DVD or VHS tape			
	Standard VGA connection for Laptop			
	Computer Equipment (per event per day)			
	Windows Operating System	\$ 20.00	\$ 20.00	-
	Microsoft Office Professional			
	Wireless Keyboard and Mouse			
	Audio connected to Auditorium speakers			
	Meeting Audio and Video Setup/Operation			
	Public Address system with 1 wired and 1 wireless microphone - per event	\$ 60.00	\$ 60.00	-
	Each additional wired microphone in room 140 (10 maximum) - per event	\$ 20.00	\$ 20.00	-
	Each wired microphone in room 320 (15 maximum) - per event	\$ 10.00	\$ 10.00	-
	Each additional wireless microphone (3 maximum) - per event	\$ 30.00	\$ 30.00	-

**Spokane Regional Health District
Proposed 2012 FEE SCHEDULE**

Proposed Fees 2012 Approved Fees 2011 Fee Increase (Decrease) 2012 vs. 2011
CODE SERVICE \$ Amount %

CODE	SERVICE	Proposed Fees 2012	Approved Fees 2011	Fee Increase (Decrease) 2012 vs. 2011
		\$ Amount	\$ Amount	%
	Multimedia Production			
	Pre-Production (story boarding, script review, 3rd party media material) - per hour	\$ 60.00	\$ 60.00	No Change
	Record audio includes tape and operator - per hour	\$ 45.00	\$ 45.00	No Change
	Record audio includes tape but no operator - per tape	\$ 7.50	\$ 7.50	No Change
	One camera and operator - per hour	\$ 175.00	\$ 175.00	No Change
	Two cameras and operators - per hour	\$ 350.00	\$ 350.00	No Change
	Studio / Filming (studio/conference room use, video taping) - per hour	\$ 200.00	\$ 200.00	No Change
	Digitizing (transforming capture video to digital format) - per hour	\$ 60.00	\$ 60.00	No Change
	Editing - per hour	\$ 200.00	\$ 200.00	No Change
	On Demand Video Streaming - per hour	\$ 75.00	\$ 75.00	No Change
	Live Full Facility Event Streaming - per hour	\$ 350.00	\$ 350.00	No Change
	Create CD or DVD label - per label creation	\$ 10.00	\$ 10.00	No Change
	Duplication of DVD-R - per each quantity of 50	\$ 60.00	\$ 60.00	No Change
	Duplication of CD-R - per each quantity of 50	\$ 32.50	\$ 32.50	No Change
	* Additional Services Available via Contract			
	Duplication of audio cassette tape - each	\$ 7.50	\$ 7.50	No Change
	Setup Video Projector (per event per day)			
	Room 140 and 320 (1 hour minimum) - per hour	\$ 40.00	\$ 40.00	No Change
	Room 350 and 310 (1/2 hour minimum) - per hour	\$ 40.00	\$ 40.00	No Change

DISEASE PREVENTION AND RESPONSE

COMMUNITY HEALTH ASSESSMENT PROGRAM:

Technical Assistance:

Standard Hourly Rate

HIV/AIDS PROGRAM:

HIV/AIDS Training:

Certificate Name Change

Reissuing Certificate

HIV/AIDS Related Training (Including Travel and Prep Time) Per Hour

HIV/AIDS Assessment:

HIV/AIDS Part Month Assessment

HIV/AIDS Full Month Assessment

HIV/AIDS Comprehensive Assessment

Blood Borne Pathogen Training:

Per hour

Training Materials - per participant

\$	83.13	\$	80.50	\$	2.63	3%
\$	5.00	\$	5.00	\$	-	No Change
\$	5.00	\$	5.00	\$	-	No Change
\$	60.00	\$	60.00	\$	-	No Change
\$	88.09	\$	88.09	\$	-	No Change
\$	176.18	\$	176.18	\$	-	No Change
\$	176.18	\$	176.18	\$	-	No Change
\$	60.00	\$	60.00	\$	-	No Change
\$	1.00	\$	1.00	\$	-	No Change

**Spokane Regional Health District
Proposed 2012 FEE SCHEDULE**

**Proposed Fees 2012 Approved Fees 2011 Fee Increase (Decrease)
2012 vs. 2011**

CODE	SERVICE	2012	2011	\$ Amount	%
CLINIC VISITS - NEW PATIENT:					
99202	Brief - Up to 15 minutes	\$ 66.00	\$ 66.00	\$ -	No Change
99203	Expanded - 16 to 30 minutes	\$ 85.00	\$ 85.00	\$ -	No Change
99204	Detailed - Over 30 minutes (above OV's used for Clinical Services excluding IMMS)	\$ 105.00	\$ 105.00	\$ -	No Change
99402	HIV Pre/Post Counseling (30 minutes)	\$ 45.00	\$ 45.00	\$ -	No Change
99403	HIV Pre/Post Counseling (45 minutes)	\$ 55.00	\$ 55.00	\$ -	No Change
CLINIC VISITS - ESTABLISHED PATIENT:					
99213	Brief - Up to 15 minutes	\$ 58.00	\$ 58.00	\$ -	No Change
99214	Expanded - 16 to 30 minutes	\$ 69.50	\$ 69.50	\$ -	No Change
99215	Detailed - Over 30 minutes (above OV's used for Clinical Services excluding IMMS)	\$ 90.00	\$ 90.00	\$ -	No Change
TUBERCULOSIS SERVICES:					
99202	Office Visit - Skin Test or Quantiferon Test	\$ 35.00	\$ 34.00	\$ 1.00	3%
86580	PPD Skin Test	\$ 10.00	\$ 10.00	\$ -	No Change
<i>The total fee for a PPD Skin Test is \$45.00 (Office Visit \$35.00 + PPD Skin Test \$10.00)</i>					
99203	Initial MD Visit	\$ 84.00	\$ 84.00	\$ -	No Change
99214	MD Follow Up Visit	\$ 84.00	\$ 84.00	\$ -	No Change
99213	DOT Videophone Visit, established patient	\$ 58.00	\$ -	\$ 58.00	
99213	TB OV, Monthly Medication Evaluation	\$ 58.00	\$ -	\$ 58.00	
99341	DOT Initial Home Visit, new patient	\$ 88.00	\$ 84.00	\$ 4.00	5%
99347	DOT Home Visit, established patient	\$ 68.00	\$ 65.00	\$ 3.00	5%
OTHER IMMUNIZATION SERVICES:					
	Immunization Record Reissue	\$ 12.00	\$ 10.00	\$ 2.00	20%
IMMUNIZATION ONLY VISITS:					
99211	Imms - Flu Injection OV Only (9/1/10 - 8/31/11)	\$ 17.00	\$ 15.00	\$ 2.00	13%
99211	Imms - Brief OV (1-10 min)	\$ 30.00	\$ 25.00	\$ 5.00	20%
99211	Imms - Expanded OV (over 10 min)	\$ 45.00	\$ 45.00	\$ -	No Change
90471	Vaccine Administration Fee (1st Inj)	\$ 10.00	\$ 10.00	\$ -	No Change
90472	Vaccine Administration Fee (Add'l Inj)	\$ 10.00	\$ 10.00	\$ -	No Change
99202	Travel Consultation Visit	\$ 50.00	\$ 45.00	\$ 5.00	11%
** Office visit fee plus administration fee does not include cost of the vaccine. The cost of the vaccine is added to the OV/Admin fee at the time of service for adults (cost varies based on purchase price). No charge for vaccine for children.					
OTHER INDIVIDUAL CLIENT SERVICES:					
36415	Venipuncture	\$ 6.00	\$ 5.50	\$ 0.50	9%
86703	Rapid HIV test	\$ 25.00	\$ 25.00	\$ -	No Change
86703	Court ordered HIV test (if no insurance, OV charge waived)	\$ 25.00	\$ 25.00	\$ -	No Change

**Spokane Regional Health District
Proposed 2012 FEE SCHEDULE**

Proposed Fees 2012 **Approved Fees 2011** **Fee Increase (Decrease) 2012 vs. 2011**
 \$ Amount \$ Amount %

CODE	SERVICE	Proposed Fees 2012	Approved Fees 2011	Fee Increase (Decrease) 2012 vs. 2011
SUPPORT SERVICES:				
	COMMUNITY AND FAMILY SERVICES			
	Standard hourly rate	\$ 80.00	\$ 75.00	\$ 5.00 7%
	Child Care Consultation (per hour)	\$ 80.00	\$ 75.00	\$ 5.00 7%
	Professional training to community/others (per hour)	\$ 80.00	\$ 75.00	\$ 5.00 7%
	Court Appearance (per hour) PHN	\$ 80.00	\$ 75.00	\$ 5.00 7%
	Court Appearance (per hour) HPS/ECDS	\$ 65.00	\$ 65.00	- No Change
	Court Appearance (per hour) PHE	\$ 60.00	\$ 60.00	- No Change

CODE	SERVICE	Proposed Fees 2012	Approved Fees 2011	Fee Increase (Decrease) 2012 vs. 2011
COMMUNITY HEALTH INTERVENTION AND PREVENTION SERVICES				
ALCOHOL/DRUG SERVICES:				
	Witness Testimony Fee (per hour) Health Program Specialist	\$ 60.00	\$ 60.00	- No Change
	Witness Testimony Fee (per hour) PHN	\$ 75.00	\$ 75.00	- No Change
	Courtesy Dosing			
	Courtesy Dose Daily Rate	\$ 12.79	\$ 12.79	- No Change
	Methadone Services Per Month			
	Methadone Services Daily Rate	\$ 12.79	\$ 12.79	- No Change
	Methadone - VA Client (Contract Period 8/1/11 - 7/31/12)			
	Initial Assessment	\$ 211.00	\$ 206.00	\$ 5.00 2%
	Daily Rate	\$ 13.78	\$ 13.44	\$ 0.34 3%
	Methadone - VA Client (Contract Period 8/1/12 - 7/31/13)			
	Initial Assessment	\$ 217.00	\$ 211.00	\$ 6.00 3%
	Daily Rate	\$ 14.19	\$ 13.78	\$ 0.41 3%
	Restabilization			
	Drug of Abuse Screening	\$ 150.00	\$ 150.00	- No Change
	Interim Services			
	Interim Services (at a \$ / hr rate)	\$ 43.00	\$ 43.00	- No Change

CODE	SERVICE	Proposed Fees 2012	Approved Fees 2011	Fee Increase (Decrease) 2012 vs. 2011
LICE CONTROL SUPPLIES:				
	HEALTH PROMOTION			
	Lice Combs	\$ 7.00	\$ 7.00	- No Change
	DVD	\$ 1.00	\$ 5.00	\$(4.00) -80%
	Shipping and Handling for the Video	\$ 5.00	\$ 5.00	- No Change

**Spokane Regional Health District
Proposed 2012 FEE SCHEDULE**

**Proposed Fees 2012 Approved Fees 2011 Fee Increase (Decrease)
2012 vs. 2011**

CODE	SERVICE	Proposed Fees 2012	Approved Fees 2011	Fee Increase (Decrease) 2012 vs. 2011	%
TOBACCO I 901:					
	Warning level (First inspection)	No Fee	No Fee		
	Second Reinspection	\$ 100.00	\$ 95.00	\$ 5.00	5%
	Third Reinspection	\$ 200.00	\$ 240.00	\$ (40.00)	-17%
	Further Reinspections	\$ 625.00	\$ 625.00	\$ -	No Change
	Late Fee on Balances over 90 days due	\$ 50.00	\$ -	\$ 50.00	
	Civil Fine for Re-Offenders	\$ 100.00	\$ 100.00	\$ -	No Change
	25 ft. Variances	\$ 70.00	\$ 70.00	\$ -	No Change
	ASSIST:				
	2 - Day Workshop	\$ 120.00	\$ 120.00	\$ -	No Change
	HEALTH PROMOTION TRAINING:				
	1/2 - Day Workshop	\$ 40.00	\$ 40.00	\$ -	No Change
	1 - Day Workshop	\$ 80.00	\$ 80.00	\$ -	No Change
	QPR Training:				
	Online Training Module - per module	\$ 9.95	\$ 9.95	\$ -	
	SAIL Instructor Training				
	Instructor Training	\$ 95.00	\$ -	\$ 95.00	

ENVIRONMENTAL PUBLIC HEALTH

GENERAL FEES:	Proposed Fees 2012	Approved Fees 2011	Fee Increase (Decrease) 2012 vs. 2011	%
Standard Hourly Rate (per hour)	\$ 110.00	\$ 110.00	\$ -	No Change
Operating without a valid permit	\$ 175.00	\$ 175.00	\$ -	No Change
Construction begun without approval	\$ 50% of Plan Review Changes	\$ 50% of Plan Review Changes	\$ -	No Change
Copies of Rules and Regulations:				
Solid Waste Management Regulations	\$ 8.00	\$ 8.00	\$ -	No Change
Food Service Regulations	\$ 8.00	\$ 8.00	\$ -	No Change
Sewage Disposal Regulations	\$ 8.00	\$ 8.00	\$ -	No Change
Water Recreation	\$ 8.00	\$ 8.00	\$ -	No Change
Environmental Impact Statement (SRHD as Lead):				
Preparation, Printing, Initial Distribution of Draft and Final Statement	Proponent Cost Established for each EIS	Proponent Cost Established for each EIS	\$ -	No Change
Copy Purchase Price	\$100 + Standard Hourly Rate	\$100 + Standard Hourly Rate	\$ -	No Change
Review of SEPA Documents	Standard Hourly Rate	Standard Hourly Rate	\$ -	No Change
Word Processing and Computer Services	Standard Hourly Rate	Standard Hourly Rate	\$ -	No Change
Illegal Drug Lab Evaluation, Posting, and Cleanup Plan Review	Standard Hourly Rate	Standard Hourly Rate	\$ -	No Change
Review of Projects Not Otherwise Specified Herein	Standard Hourly Rate	Standard Hourly Rate	\$ -	No Change
Reinstatement of Suspended Permit (Unless Otherwise noted)	\$ 330.00	\$ 330.00	\$ -	No Change
Late Collection Fee	\$ 100.00	\$ 100.00	\$ -	No Change
Administrative Fee (Cancelled Apps, Returned Checks, Mailings, Permit Transfers, etc.)	\$ 50.00	\$ 50.00	\$ -	No Change

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\$ Amount \$ Amount %

CODE	SERVICE	Proposed Fees 2012	Approved Fees 2011	Fee Increase (Decrease) 2012 vs. 2011
		Veterinary and Shipping Fee + Standard Hourly Rate	Veterinary and Shipping Fee + Standard Hourly Rate	\$ Amount %
	Rabies Specimen Handling plus Veterinary and Shipping Fee	\$ 150.00	\$ 140.00	10.00 7%
	Request for Waiver or Variance from Regulations (Except Solid Waste) Epidemiology - Associated with a specific permitted facility	Standard Hourly Rate	Standard Hourly Rate	- No Change
	Routine Reinspection of Establishment:			
	First Reinspection	\$ 170.00	\$ 170.00	- No Change
	Second Reinspection without Followup Inspection	\$ 300.00	\$ 300.00	- No Change
	Second Reinspection with Follow-up Inspection	\$ 440.00	\$ 440.00	- No Change
	Review of Plans and Preoccupancy:			
	Plan Review	Standard Hourly Rate	Standard Hourly Rate	- No Change
	Preoccupancy Inspection	Standard Hourly Rate	Standard Hourly Rate	- No Change
	WATER RECREATION FACILITIES:			
	Permit to Operate Swimming Pool/Spa *	\$ 950.00	\$ 900.00	50.00 6%
	Permit to Operate Waide/Spray/Demo Pool	\$ 520.00	\$ 490.00	30.00 6%
	Each Additional Facility (feature or pool) at Same Premises	\$ 510.00	\$ 480.00	30.00 6%
	Certified Pool Operator	\$ 290.00	\$ 270.00	20.00 7%
		\$ 390.00	\$ 390.00	- No Change
		\$ 160.00	\$ 160.00	- No Change
		Deduct 30% from Fee Rounded Up to Nearest \$10	Deduct 30% from Fee Rounded Up to Nearest \$10	- No Change
	WATER:			
	2929 Instruction and Certification (per person)	\$ 30.00	\$ 30.00	- No Change
	2929 (Water Adequacy)	\$ 100.00	\$ 100.00	- No Change
	SOLID WASTE:			
	Initial Permit/Application Review:			
	(Inert/demo/landfill, wood waste landfill, land spreading, agricultural waste pile, medical waste, problem wastes, drop box, tire pile, transfer station, and other limited purpose solid waste disposal facilities)	\$ 3,180.00	\$ 3,180.00	- No Change
	Waste Recycling:			
	Initial Permit/Application - Surface Impoundment	\$ 2,780.00	\$ 2,780.00	- No Change
	Initial Permit/Application - Municipal Landfill	\$ 4,190.00	\$ 4,190.00	- No Change
	Initial Permit/Application - Limited Purpose Landfill	\$ 4,830.00	\$ 4,830.00	- No Change

**Spokane Regional Health District
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CODE	SERVICE	Proposed Fees 2012	Approved Fees 2011	Fee Increase (Decrease) 2012 vs. 2011	%
		\$ Amount	\$ Amount	\$ Amount	%
	Incinerator:				
	Initial permit/application >100 tons/day	\$ 4,500.00	\$ 4,500.00	\$ -	No Change
	Initial permit/application <100 tons/day and > 12 tons/day	\$ 1,510.00	\$ 1,510.00	\$ -	No Change
	Initial permit/application <12 tons/day	\$ 680.00	\$ 680.00	\$ -	No Change
	Compost Facilities				
	Initial Permit/Application for Compost Facility	\$ 1,750.00	\$ 1,750.00	\$ -	No Change
	Initial Permit/Application for Compost Facility <250 cy/yr	\$ 1,000.00	\$ 1,000.00	\$ -	No Change
	Request for Regulation Variance:				
	Without a Public Hearing	\$ 360.00	\$ 360.00	\$ -	No Change
	With a Public Hearing	\$ 1,200.00	\$ 1,200.00	\$ -	No Change
	Closure/Postclosure Permit for Landfill	\$ 930.00	\$ 930.00	\$ -	No Change
	Biosolids permit	Standard Hourly Rate	Standard Hourly Rate	\$ -	No Change
	Initial/Renewal of Sewage Pumping Permit Per Vehicle	\$ 300.00	\$ 300.00	\$ -	No Change
	Annual Permit Renewal, No Change of Conditions	75% of Initial Fee and Rounded Up To Nearest \$10	75% of Initial Fee and Rounded Up To Nearest \$10	\$ -	No Change
	LIQUID WASTE:				
	On-site Sewage Disposal System - Application:				
	Application for Complete Residential System (includes individual on-site, larger on-site, experimental, alternative and replacement systems)	\$ 580.00	\$ 560.00	\$ 20.00	4%
	Application for Commercial Systems	\$ 770.00	\$ 750.00	\$ 20.00	3%
	Application for Limited Facilities	\$ 130.00	\$ 120.00	\$ 10.00	8%
	Application for Building Sewer	\$ 90.00	\$ 80.00	\$ 10.00	13%
	On-site Sewage Disposal System - Permit:				
	Permit for Complete Residential System (includes individual on-site, larger on-site, experimental, alternative and replacement systems)	\$ 840.00	\$ 820.00	\$ 20.00	2%
	Initial Renewable O&M Permit	\$ 50.00	\$ 50.00	\$ -	No Change
	Renewed O&M Permit	\$ 30.00	\$ 30.00	\$ -	No Change
	Septic Tank Abandonment	\$100 + Standard Hourly Rate	\$100 + Standard Hourly Rate	\$ -	No Change
	Septic Tank Abandonment - Revisit	\$ 100.00	\$ 100.00	\$ -	No Change
	Permit for Commercial System	\$ 840.00	\$ 820.00	\$ 20.00	2%
	Permit for Limited Facilities	\$ 300.00	\$ 290.00	\$ 10.00	3%
	Permit for Building Sewer	\$ 300.00	\$ 290.00	\$ 10.00	3%
	Collection of effluent sample from facility serving a critical materials user/storer	Standard Hourly Rate	Standard Hourly Rate	\$ -	No Change
	Soil Sieving/Analysis	Standard Hourly Rate	Standard Hourly Rate	\$ -	No Change

**Spokane Regional Health District
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\$ Amount **\$ Amount** **%**

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	Sewage Disposal System Installer's Permit:				
	Initial Permit for New Installers	\$ 400.00	\$ 390.00	\$ 10.00	3%
	Annual Renewal of Current Installer's Permit (Not suspended for cause by Health Officer)	\$ 240.00	\$ 230.00	\$ 10.00	4%
	Copies of On-site Sewage As-built Drawings—each copy after first 5 (First 5 at no charge)	\$ 3.00	\$ 3.00	-	No Change
	FOOD:				
	Basic Food Establishment	\$ 320.00	\$ 320.00	-	No Change
	Bed and Breakfast	\$ 410.00	\$ 360.00	\$ 50.00	14%
	Caterer:				
	With Approved Catering Kitchen	\$ 520.00	\$ 440.00	\$ 80.00	18%
	With Supplemental Kitchen	\$ 230.00	\$ 230.00	-	No Change
	Charitable Facility	\$ 50.00	\$ 50.00	-	No Change
	Concession Stand	\$ 230.00	\$ 230.00	-	No Change
	Additional Food Concession Stand (In conjunction with a permitted initial stand on same premises/single ownership)	\$ 200.00	\$ 150.00	\$ 50.00	33%
	Meat and Fish Shop	\$ 220.00	\$ 220.00	-	No Change
	Mobile Food Service Unit:				
	With Approved Kitchen	\$ 610.00	\$ 550.00	\$ 60.00	11%
	With Supplemental Kitchen	\$ 340.00	\$ 340.00	-	No Change
	Each Additional Mobile Food Service Unit Under Common Commissary	\$ 90.00	\$ 90.00	-	No Change
	Multi-event annual	\$ 370.00	\$ 370.00	-	No Change
	Complex Restaurant	\$ 790.00	\$ 790.00	-	No Change
	Limited Food Establishment (includes Seasonal Complex Food Establishments)	\$ 370.00	\$ 370.00	-	No Change
	School Cafeteria:				
	Full food preparation	\$ 380.00	\$ 380.00	-	No Change
	Minimum food preparation	\$ 250.00	\$ 220.00	\$ 30.00	14%
	Vending Machines - Commissary	\$ 210.00	\$ 190.00	\$ 20.00	11%
	Senior Nutrition Meal Sites (non-prep)	\$ 200.00	\$ 160.00	\$ 40.00	25%
	Low Risk - Same menu & Facilities	\$ 150.00	\$ 140.00	\$ 10.00	7%
	Temporary Food Service Establishment (TFE) (21 Days or Less):				
	Initial Booth	\$ 480.00	\$ 480.00	-	No Change
	Additional Booth/Repeat Booth (same menu and facilities)	\$ 290.00	\$ 270.00	\$ 20.00	7%
	Multiple TFE	\$ 400.00	\$ 380.00	\$ 20.00	5%
	Donated Food Distributing Organization	\$ 50.00	\$ 50.00	-	No Change
	Exempt From Permit Application Processing	\$ 25.00	-	\$ 25.00	

**Spokane Regional Health District
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2012 vs. 2011**

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	LAND DEVELOPMENT:				
	Short Plat Review and Response	\$ 820.00	\$ 740.00	\$ 80.00	11%
	Long Plat, Binding Site Plan : Review and Response	\$ 1,080.00	\$ 980.00	\$ 100.00	10%
	If Test Hole Analysis is Necessary When Public Sewer is not Available:				
	First Lot	\$ 140.00	\$ 140.00	\$ -	No Change
	Each Additional Lot	\$ 60.00	\$ 60.00	\$ -	No Change
	Zone Change Review and Response/Comprehensive Plan Amendment	\$ 690.00	\$ 690.00	\$ -	No Change
	Variance, Conditional Use Permit, Special Permit Review & Response	\$ 370.00	\$ 330.00	\$ 40.00	12%
	Boundary Line Adjustment	\$ 150.00	\$ 150.00	\$ -	No Change
	SCHOOL SERVICES:				
	School Inspections and Reinspections	Standard Hourly Rate + \$45 Base/per School for Multiple School Organization	Standard Hourly Rate + \$45 Base/per School for Multiple School Organization	\$ -	No Change
	Self-inspection Review	Standard Hourly Rate	Standard Hourly Rate	\$ -	No Change
	School Self-inspection Workshop	Standard Hourly Rate	Standard Hourly Rate	\$ -	15%

LABORATORY

CODE	SERVICE	Proposed Fees 2012	Approved Fees 2011	Fee Increase (Decrease) 2012 vs. 2011	%
	CLINICAL IN-HOUSE SERVICES:				
87015	AFB Con	\$ 42.00	\$ 40.00	\$ 2.00	5%
87116	AFB Culture	\$ 65.00	\$ 56.00	\$ 9.00	16%
87206	AFB Smear	\$ 34.00	\$ 32.00	\$ 2.00	6%
87555	AFB Culture Id.	\$ 65.00	\$ 65.00	\$ -	No Change
36415	Blood Draw (in Lab)	\$ 20.00	\$ 20.00	\$ -	No Change
87491	Chlamydia - NAAT, TC-TMA	\$ 23.00	\$ 22.00	\$ 1.00	5%
87591	GC - NAAT, TC-TMA	\$ 23.00	\$ 22.00	\$ 1.00	5%
87801	Chlamydia/GC APTIMA 2	\$ 46.00	\$ 44.00	\$ 2.00	5%
86480	QuantiferON - TB Gold, (QFT-G)	\$ 48.00	\$ 46.00	\$ 2.00	4%
86701	HIV	\$ 25.00	\$ 25.00	\$ -	No Change
	Ova & Para. Including:				
87177	Direct smear, Conc & Id	\$ 39.00	\$ 37.00	\$ 2.00	5%
88313	Trichrome Stain	\$ 36.00	\$ 35.00	\$ 1.00	3%
86592	VDR, Qual	\$ 19.00	\$ 19.00	\$ -	No Change
	Special Handling plus the cost of shipping	\$ 10.00	\$ 10.00	\$ -	No Change
36415	SMS Blood Draws	\$ 15.00	\$ 15.00	\$ -	No Change
	SEND-OUT TESTS:				
	Cost of external clinical lab (not pathology lab) fee (rounded up to next dollar) plus fee	\$ 3.00	\$ 3.00	\$ -	No Change

**Spokane Regional Health District
Proposed 2012 FEE SCHEDULE**

CODE	SERVICE	Proposed Fees 2012		Approved Fees 2011		Fee Increase (Decrease) 2012 vs. 2011	
		\$ Amount	%	\$ Amount	%	\$ Amount	%
	LAB WATER TESTING SERVICES:						
	Water for Public Purveyors/Suppliers(Including landfills & sewage treatment facilities)/Individuals :						
	Qualitative test for total coliforms (includes E.coli/fecal coliform)	\$ 38.00		\$ 37.00		\$ 1.00	3%
	Qualitative test for total coliforms (includes E.coli/fecal coliform) including fee to mail out the sample container	\$ 40.00		\$ 39.00		\$ 1.00	3%
	18 hour qualitative Lab analysis of each sample for total coliforms and E.coli	\$ 45.00		\$ 44.00		\$ 1.00	2%
	Quantitative Lab analysis of each sample for total coliforms (includes E.coli/fecal coliform)	\$ 52.00		\$ 51.00		\$ 1.00	2%
	Quanti-tray quantitative analysis of each sample for total coliform and E.coli:						
	24 hour test	\$ 60.00		\$ 59.00		\$ 1.00	2%
	18 hour test	\$ 60.00		\$ 59.00		\$ 1.00	2%
	Quanti-tray quantitative analysis for Enterococcus	\$ 60.00		\$ 59.00		\$ 1.00	2%
	Titered quantitative Lab analysis of each sample for total coliforms ONLY:						
	3 dilution	\$ 73.00		\$ 72.00		\$ 1.00	1%
	5 dilution	\$ 79.00		\$ 78.00		\$ 1.00	1%
	Titered quantitative Lab analysis of each sample for fecal coliforms ONLY:						
	3 dilution	\$ 73.00		\$ 72.00		\$ 1.00	1%
	5 dilution	\$ 79.00		\$ 78.00		\$ 1.00	1%
	Titered quantitative Lab analysis of each sample for total AND fecal coliforms:						
	3 dilution	\$ 80.00		\$ 79.00		\$ 1.00	1%
	5 dilution	\$ 86.00		\$ 85.00		\$ 1.00	1%
	Heterotrophic plate count (Standard Plate Count) each sample	\$ 51.00		\$ 50.00		\$ 1.00	2%
	Pseudomonas Screen-Quantitative Test	\$ 52.00		\$ 51.00		\$ 1.00	2%
	Nitrate Chemical Analysis	\$ 45.00		\$ 44.00		\$ 1.00	2%
	Nitrate Chemical Analysis including fee to mail out the sample container	\$ 47.00		\$ 46.00		\$ 1.00	2%
	Arsenic Chemical Analysis (Sample transport & testing)	\$ 45.00		\$ 44.00		\$ 1.00	2%
	PRE-ARRANGED BILLING FOR PUBLIC WATER PURVEYORS / SUPPLIERS (including landfills & sewage treatment facilities):						
	Qualitative Test for Total Coliforms (includes E. Coli/Fecal Coliform)	\$ 31.00		\$ 30.00		\$ 1.00	3%
	18 Hour Qualitative Test for Total Coliforms and E. Coli	\$ 34.00		\$ 33.00		\$ 1.00	3%
	Quantitative Test for Total Coliforms (includes E. Coli/Fecal Coliform)	\$ 38.00		\$ 37.00		\$ 1.00	3%
	Quanti-tray Quantitative Test for Total Coliforms and E. Coli:						
	24 Hour Test	\$ 53.00		\$ 52.00		\$ 1.00	2%
	18 Hour Test	\$ 53.00		\$ 52.00		\$ 1.00	2%
	Quanti-tray Quantitative Test for Enterococcus	\$ 53.00		\$ 52.00		\$ 1.00	2%
	Titered Quantitative Test for Total Coliforms ONLY:						
	3 Dilution	\$ 58.00		\$ 57.00		\$ 1.00	2%
	5 Dilution	\$ 65.00		\$ 64.00		\$ 1.00	2%

**Spokane Regional Health District
Proposed 2012 FEE SCHEDULE**

CODE	SERVICE	Proposed Fees		Approved Fees		Fee Increase (Decrease)	
		2012	2011	2012	2011	\$ Amount	%
	Titered Quantitative Test for Fecal Coliforms ONLY:						
	3 Dilution	\$ 58.00	\$ 57.00	\$ 1.00	\$ 1.00	2%	2%
	5 Dilution	\$ 65.00	\$ 64.00	\$ 1.00	\$ 1.00	2%	2%
	Titered Quantitative Lab Analysis of Each Sample for Total & Fecal Coliforms:						
	3 Dilution	\$ 65.00	\$ 64.00	\$ 1.00	\$ 1.00	2%	2%
	5 Dilution	\$ 71.00	\$ 70.00	\$ 1.00	\$ 1.00	1%	1%
	Heterotrophic Plate Count / Total Coliforms	\$ 51.00	\$ 50.00	\$ 1.00	\$ 1.00	2%	2%
	Nitrate Chemical Analysis	\$ 42.00	\$ 41.00	\$ 1.00	\$ 1.00	2%	2%
	Arsenic Chemical Analysis (Sample transport & testing)	\$ 42.00	\$ 41.00	\$ 1.00	\$ 1.00	2%	2%
	VITAL RECORDS						
	Fees Set by State Legislature:						
	Birth: Each Certified Record	\$ 20.00	\$ 20.00	\$ -	\$ -	No Change	No Change
	Death: Each Certified Record	\$ 20.00	\$ 20.00	\$ -	\$ -	No Change	No Change
	Record Search (no document provided)	\$ 8.00	\$ 8.00	\$ -	\$ -	No Change	No Change
	Fees Set by LHJ:						
	VitalChek Certified Copies of Birth & Death Certificates	\$ 30.00	\$ 26.00	\$ 4.00	\$ 4.00	15%	15%
	Death Record Change: Re-issue fee	\$ 5.00	\$ 5.00	\$ -	\$ -	No Change	No Change
	Birth & Death Certificate (Internet, Phone & Fax Orders) Processing Fee (\$20 Record Fee + \$10 Processing Fee)	\$ 10.00	\$ -	\$ 10.00	\$ 10.00		
	Birth Certificate Affidavit Preparation Fee (no charge if done within 1 year of birth)	\$ 10.00	\$ -	\$ 10.00	\$ 10.00		
	Shipping Fee - Up to 5 Copies	\$ 2.00	\$ 1.00	\$ 1.00	\$ 1.00	100%	100%
	Shipping Fee - 6 or more Copies	\$ 5.00	\$ 1.00	\$ 4.00	\$ 4.00	400%	400%