Resolution No. 2015-4460
Adopted by the Tacoma-Pierce County Board of Health
Date: November 18, 2015
Amended by Resolution No. 2015 4458
Effective date: 12:01 AM. January 1, 2016

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General and Medical Records

General

Appeal to the Health Officer/Administrative Appeal ................................................................. $515.00
Appeal to the Hearing Examiner Fee ......................................................................................... At Cost - With a $1,000 Deposit
Credit Card Charge Back Fee .................................................................................................. 25.00
Non-sufficient funds (NSF) Check Charge .............................................................................. 35.00
Notary Fee .................................................................................................................................. 10.00
Pierce County Recording Fee .................................................................................................... 90.00

NOTE: plus per page photocopy charge .................................................................................. 1.00

Record Requests Made Under the Public Disclosure Act

Photocopy or Scanned Copy, per page .......................................................................................... 0.15
Standard Photocopy Charge, per page ....................................................................................... 0.15

— The fee to produce electronic records may include the actual staff time spent on copying the electronic records to a CD/DVD/USB Drive or other media, plus the actual costs of mailing, including the cost of the shipping container, envelope, and media. The public records officer or designee may require a deposit of 10 percent of the estimated costs of copying all records selected by the requester.

Witness Fee – per hour ................................................................................................................ Per RCW 2.40.010
Witness Fee – Expert, per hour .................................................................................................. 75.00

Medical Records

Certification Letter of Tuberculosis Treatment for Employment .................................................... 10.00
Computer Printout of Immunization Record without Vaccine Administration ............................... 5.00
Hepatitis Screening Results Letter .............................................................................................. 5.00
Medical Record Retrieval and Handling Fee ............................................................................. 25.00
plus per page photocopy charge for first 35 pages .................................................................. *1.12 per page
plus per page photocopy charge for all other pages ................................................................. *0.84 per page
Official Copy of Immunization Record without Vaccine Administration ..................................... 10.00
Record of PPD Results .................................................................................................................. 10.00

*Effective July 1, 2015, through June 30, 2017
**VITAL RECORDS**

Each Certified Copy of Birth/Death Record* ................................................................................................. 20.00
Each Uncertified Copy of Birth/Death Record* ................................................................................................. 20.00
Credit Card Transaction Fee for Each Record ........................................................................................... $1.00 per record
Birth/Death Record Search – No Purchase – Exact Date Only* ........................................................................ 8.00
Record Search Service Fee (ten-year period)* ............................................................................................... 8.00

*NOTE: These items are mandated by RCW 70.58.107.

Out-of-County Burial-Transit Permit (BTP) .................................................................................................. 1.00
    Administrative fee for handling Out-of-County BTP .................................................................................. 4.00
Each Additional Copy of In-County BTP ...................................................................................................... 5.00
    Exchange for WA BTP and all other related documents and letters .......................................................... 5.00
BTP for Removal of Remains, Disinterment and Other Related Documents .............................................. 5.00
Emergency BTP (after hours) ....................................................................................................................... 50.00
Expedited Processing Fee for Phone/Internet/Fax-In Orders ...................................................................... 15.00 per each record
Express Overnight & Priority Mail-Out – Exact Fee Only .............................................................................. At Cost
Mail Order Fee Required (up to 4 certificates per each record) .................................................................... 2.00
Notary Fee (does not include fax service) ....................................................................................................... 10.00
    Fax service for a notarized document ........................................................................................................ 5.00
Monthly Record Data Report for Authorized Agencies – per list ................................................................. 35.00
Monthly Record Numerical Report for Authorized Agencies – per list ..................................................... 12.00
Daily Death Listing for Authorized Agencies – per list ............................................................................... 8.00
Delinquent Account Late Fee (7-30 days) ...................................................................................................... 18%
Delinquent Account Late Fee (31-60 days) .................................................................................................... 21%
Delinquent Account Late Fee (over 60 days) ............................................................................................... 30%
## Adult and ADATSA Services (Substance Abuse)

### Title XIX Service
- Individual Therapy – Per Hour .......................................................... 77.04
- Group Therapy – Per Hour ................................................................. 19.28
- Case Management – Per Hour ............................................................ 40.48
- Opiate Substitution Treatment – Per Day ................................................ 13.75
- Medication management service—Per Day .......................................... 9.46
- Psychological evaluation/testing – limit 2 ............................................... 47.32
- Psychiatric diagnostic interview exam – Per Event .................................. 68.90
- Psychiatric treatment – Per 30 mins ..................................................... 34.07
- Group Psychotherapy – Per individual/Per session ................................. 13.63

### Non-Title XIX Service
- Assessments – Per Event ..................................................................... 120.42
- Individual Therapy – Per Hour ............................................................ 80.51
- Group Therapy – Per Hour ................................................................. 21.45
- Case Management – Per Hour ............................................................ 42.45
- Opiate Substitution Treatment – Per Day ................................................ 15.81
- Urine Sample Fee ............................................................................... 9.25
- Records Retrieval Fee ........................................................................ 23.00
- plus per page photocopy charge for first 30 pages ............................... 1.02
- plus per page photocopy charge for each page thereafter ................... 0.78
- CD Individual Counseling – Per Hour ................................................ 80.51
- CD Group Counseling – Per Hour ......................................................... 21.45
- Intake Processing – Per Event .............................................................. 100.00
- Information and Referral – Per Event (maximum of one per client per month) ............................... 68.00
- Brief Intervention – Per Hour (maximum of 1.5 hrs. per client per recovery plan) ........................... 50.00
- Client Incentives – Per Event (maximum of one per client per lifetime) ........................................ 20.00
- Mental Health Assessment – Per Event ................................................ 145.00
- Mental Health Group Counseling – Per Hour ....................................... 32.00
- Mental Health Individual Counseling – Per Hour .................................. 97.00
- Tuberculosis Testing ........................................................................... 20.00
- Urinalysis ............................................................................................ 20.00
- Client/File Transfer Processing Fee ..................................................... 35.00
MATERNITY SUPPORT SERVICES (MSS)/INFANT CASE MANAGEMENT (ICM)

Below listed fees, for services provided at the local level, are established and governed by the State of Washington and are not, therefore, subject to Board of Health approval or alteration.

MSS Public Health Nursing Office Visit – per unit* .................................................................................................. 25.00
MSS Public Health Nursing Home Visit – per unit* .............................................................................................. 35.00
MSS Nutrition Office Visit (where available) – per unit* ...................................................................................... 25.00
MSS Nutrition Home Visit (where available) – per unit* .................................................................................... 35.00
MSS Psychosocial Visit – per unit* ...................................................................................................................... 25.00
MSS Psychosocial Home Visit – per unit* ............................................................................................................. 35.00
MSS Community Health Worker Office Visit – per unit* .................................................................................... 14.00
MSS Community Health Worker Home Visit – per unit* .................................................................................... 18.00
MSS/ICM Targeted Case Management – per unit.................................................................................................. 20.00

*NOTE: One unit = 15 minutes with a minimum of two (2) units charged.

WORKFIRST
Payment Point # 1 (Initial evaluation completed and submitted) ................................................................. 325.00
Payment Point # 2 (Follow-up evaluation completed and submitted) ......................................................... 225.00
**Human Health**

**Child Health (NCAST)**
Parent Child Interaction (PCI) Workshop Fee ................................................................. 900.00 per person, minimum 1,800.00

**TB Treatment/Immunizations/CD Control**
Prophylactic Treatment Immune Globulin – Hepatitis A ................................................................ At Cost plus 20.00
Hepatitis B Surface Antigen ................................................................................................. 20.00
Hepatitis B Surface Antibody ............................................................................................ 20.00
All Privately Purchased Vaccines .................................................................................. At Cost plus Administration
Administration Fee for Children’s (0-19) Vaccinations
  Non Medicaid VFC Eligible Child (uninsured, underinsured, Alaskan Native, American Indian) ............ 23.44
  Medicaid Child ............................................................................................................. 5.96
  Privately Insured Patients ............................................................................................. As Negotiated

**Nurse Consultant Program**
Reviewing Health Care Plans ......................................................................................... 80.00

**Antibiotic Resistance Program**
Infection Control Practitioner Training – per person ............................................................. 25.00
Controlling Antibiotic Resistance Manual ........................................................................ 7.00 plus Mailing

**Dental Treatment**
Oral Assessment – Children .......................................................................................... 10.20
Oral Assessment – Adults – ages 21 and older ................................................................ 10.00
Application of Fluoride Varnish ...................................................................................... 13.25
Topical Application of Sealant – per tooth ..................................................................... 21.98
Oral Hygiene Instructions – School-Based Program ......................................................... 12.97
ABCD Fluoride Varnish .................................................................................................... 23.41
ABCD Family Oral Health Education .............................................................................. 27.58

**HIV/STD Services**
Standard HIV Test ........................................................................................................... 30.00
Rapid HIV Test ................................................................................................................ 30.00
Hepatitis C Test .............................................................................................................. 30.00
Syphilis Test .................................................................................................................... 30.00
Chlamydia/Gonorrhea .................................................................................................... 30.00
Food Worker Training
Food Manager Training Course .................................................................................. 175.00
Re-test ....................................................................................................................... 40.00
Food Worker Card (Washington State) .................................................................... 10.00
Duplicate Food Worker Card (issued in office) ...................................................... 5.00

Food Plan Review (per permit; includes one pre-opening inspection and water adequacy office review)
Bed and Breakfast ...................................................................................................... 365.00
Change in Menu and/or Equipment ......................................................................... 365.00
Grocery ....................................................................................................................... 365.00
Mobile Sales Site Relocation .................................................................................... 205.00
New Construction ..................................................................................................... 675.00
Remodel ..................................................................................................................... 365.00
Vending ....................................................................................................................... 365.00

Food Establishments Annual Permits\(^1\)
0–25 Seats ................................................................................................................. 510.00
26–74 Seats .............................................................................................................. 655.00
75+ Seats .................................................................................................................. 820.00
Bakery ......................................................................................................................... 350.00
Bed and Breakfast .................................................................................................... 255.00
Buffet with 125+ Seats ............................................................................................ 975.00
Caterer: Food Prep Through Facility Holding Permit ................................................ 195.00
Caterer: Kitchen Not Part of Food Establishment ...................................................... 510.00
Certified Establishment (with certified Food Manager) .............................................. Annual Fee Less 25%
Cocktail Lounge (part of permitted Food Establishment) ........................................ 240.00
Commissary—Low Risk ......................................................................................... 175.00
Commissary—High Risk ....................................................................................... 510.00
Continental Breakfast—Low Risk ........................................................................ 255.00
Continental Breakfast—High Risk ........................................................................ 350.00
Fish Market ............................................................................................................... 350.00
Fish and Meat Market combined .......................................................................... 350.00
Grocery 1–2 Checkstands ..................................................................................... 175.00
Grocery 3–5 Checkstands ...................................................................................... 405.00
Grocery 6+ Checkstands ....................................................................................... 500.00
Low Risk (includes tasting room, tavern without food) ......................................... 255.00
Meat Market ............................................................................................................ 350.00
Mobile Food Unit—Low Risk ................................................................................ 255.00
Mobile Food Unit—High Risk ............................................................................... 510.00
Smokehouse–Retail ................................................................................................. 510.00
Vending ..................................................................................................................... 175.00

\(^1\) Open less than six (6) consecutive months or after August 1; permits are prorated 50% (minimum $100).
### Farmer’s Market – Market Coordinator

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Fee — 1–5 Food Booths</td>
<td>120.00</td>
</tr>
<tr>
<td>Base Fee — 6–15 Food Booths</td>
<td>235.00</td>
</tr>
<tr>
<td>Base Fee — 16+ Food Booths</td>
<td>355.00</td>
</tr>
<tr>
<td>Market Demonstration and Tasting Booth (no raw meats)</td>
<td>120.00</td>
</tr>
<tr>
<td>Market Events, Multiple Participants, Cook-off, or Serving Multiple High Risk Foods</td>
<td>235.00</td>
</tr>
</tbody>
</table>

### Farmer’s Market Fees – Vendor

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Food (see Farmer’s Market Guidelines)</td>
<td>50.00</td>
</tr>
<tr>
<td>Whole or Uncut Vegetables or Fruit (except sprouts)</td>
<td>No Application Required</td>
</tr>
<tr>
<td>Produce: Non-potentially Hazardous Sampling</td>
<td>30.00</td>
</tr>
<tr>
<td>Eggs</td>
<td>30.00</td>
</tr>
<tr>
<td>Raw and Commercially Prepared USDA inspected animal products/Department of Agriculture</td>
<td></td>
</tr>
<tr>
<td>Licensed Dairy Products (sample ok) — These products must be pre-wrapped for sale</td>
<td>50.00</td>
</tr>
<tr>
<td>Low Risk Prepared Food</td>
<td>160.00</td>
</tr>
<tr>
<td>High Risk Prepared Food, 1–14 Days</td>
<td>190.00</td>
</tr>
<tr>
<td>High Risk Prepared Food, 15+ Days</td>
<td>285.00</td>
</tr>
<tr>
<td>Late Fees</td>
<td>See Temporary Food Establishments</td>
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</table>

### Temporary Food Establishments

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Risk, 1–14 consecutive days at the same location</td>
<td>50.00</td>
</tr>
<tr>
<td>Limited Risk, 15–21 consecutive days at the same location</td>
<td>75.00</td>
</tr>
<tr>
<td>Low Risk, 1–14 consecutive days at the same location</td>
<td>105.00</td>
</tr>
<tr>
<td>Low Risk, 15–21 consecutive days at the same location</td>
<td>140.00</td>
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<tr>
<td>High Risk, 1–14 consecutive days at the same location</td>
<td>190.00</td>
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<tr>
<td>High Risk, 15–21 consecutive days at the same location</td>
<td>285.00</td>
</tr>
<tr>
<td>Long Term Low Risk—Up to Two Hot Food Items (1–26 non-consecutive days, same location)</td>
<td>160.00</td>
</tr>
<tr>
<td>Long Term Low Risk—Three or More Hot Food Items (1–26 non-consecutive days, same location)</td>
<td>300.00</td>
</tr>
<tr>
<td>Long Term High Risk with Certified Booth Operator, Five (5) Events/Year</td>
<td>225.00</td>
</tr>
<tr>
<td>Blanket Permit—Coordinated Events Only ($315 deposit required)</td>
<td>156.00/ hr</td>
</tr>
</tbody>
</table>

### Late Submittal Fee

- **7–13 days in advance of event**: 25% of Standard Fee
- **1–6 days in advance of event**: 50% of Standard Fee
- **Day of event**: 75% of Standard Fee
- **Late Submittal Fee (found operating without a permit at event)**: 100% of Standard Fee

### Sample Fee Schedule

<table>
<thead>
<tr>
<th>Fee Description</th>
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<tr>
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<tr>
<td>Market Events, Multiple Participants, Cook-off, or Serving Multiple High Risk Foods</td>
<td>235.00</td>
</tr>
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### Fee Schedule

- **School/Preschool Food**
  - Central Kitchen/Commissary Serving More than One School: 820.00
  - Kitchen Serving Milk and Refrigerated Pre-packaged Items Only: 175.00
  - Kitchen with Food Preparation: 510.00
  - Satellite Kitchen: 350.00

- **Temporary Food Establishments**
  - Limited Risk, 1–14 consecutive days at the same location: 50.00
  - Limited Risk, 15–21 consecutive days at the same location: 75.00
  - Low Risk, 1–14 consecutive days at the same location: 105.00
  - Low Risk, 15–21 consecutive days at the same location: 140.00
  - High Risk, 1–14 consecutive days at the same location: 190.00
  - High Risk, 15–21 consecutive days at the same location: 285.00
  - Long Term Low Risk—Up to Two Hot Food Items (1–26 non-consecutive days, same location): 160.00
  - Long Term Low Risk—Three or More Hot Food Items (1–26 non-consecutive days, same location): 300.00
  - Long Term High Risk with Certified Booth Operator, Five (5) Events/Year: 225.00
  - Blanket Permit—Coordinated Events Only ($315 deposit required): 156.00/ hr

- **Late Submittal Fee (day of event):** 75% of Standard Fee
- **Late Submittal Fee (found operating without a permit at event):** 100% of Standard Fee

- **Certified Booth Operator Course**: 95.00
- **Re-inspection**: 135.00
- **Late Submittal Fee (7–13 days in advance of event)**: 25% of Standard Fee
- **Late Submittal Fee (1–6 days in advance of event)**: 50% of Standard Fee
- **Late Submittal Fee (day of event)**: 75% of Standard Fee

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  - Blanket Permit—Coordinated Events Only ($315 deposit required): 156.00/ hr

- **Certified Booth Operator Course**: 95.00
- **Re-inspection**: 135.00
- **Late Submittal Fee (7–13 days in advance of event)**: 25% of Standard Fee
- **Late Submittal Fee (1–6 days in advance of event)**: 50% of Standard Fee
- **Late Submittal Fee (day of event)**: 75% of Standard Fee
- **Late Submittal Fee (found operating without a permit at event)**: 100% of Standard Fee
School Plan Review Facility Only, Kitchen/Pool Separate (includes one pre-opening inspection)

Site Review (includes water adequacy office review) ............................................................... 445.00
  High School ......................................................................................................................... 2,375.00
  Middle School .................................................................................................................... 1,455.00
  Elementary School ............................................................................................................ 1,005.00
  Small School; For Six (6) or Fewer General Classrooms with No Specialty Teaching Stations
    (auto shop, shop, art room, science labs, etc.) ................................................................. 385.00
  Remodel—minimum 2 hours\(^2\) ......................................................................................... 315.00
  Kitchen ............................................................................................................................... See Food Fees
  Swimming Pool ................................................................................................................ See WRF Fees

Portable Classroom Plan Review ......................................................................................... 365.00

School Inspection

Elementary ......................................................................................................................... 400.00
  Middle or Junior High ....................................................................................................... 660.00
  Senior High ....................................................................................................................... 795.00
  Small School .................................................................................................................... 275.00

Recreational Camps

Registration Fee–Camp Only .............................................................................................. 365.00
  With Food Permit add ...................................................................................................... 245.00
  With Pool Permit add ...................................................................................................... See WRF Fees

Water Recreation Facilities Plan Review (per permit; includes one pre-opening inspection and water adequacy office review)

New Construction ............................................................................................................... 1,075.00
  Pool Equipment Replacement ......................................................................................... 85.00
  Remodel .......................................................................................................................... 355.00

Water Recreation Facilities Annual Permits

Pool/Spa/Wading Open Less Than Six Months ................................................................. 390.00
Pool/Spa/Wading Open More Than Six Months ............................................................... 675.00
Inactive Facility ................................................................................................................. 155.00

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\(^2\) Additional hours will be charged at our hourly rate of $156.
**Other Food and Community Safety Fees**

Administrative Hearing ................................................................. 515.00
Compliance Schedule Follow-up .................................................. 175.00
Confirmed Illness Investigation ................................................... 156.00/hr
Construction Started Without Plan Review Approval ...................... 100% of Plan Review Fee
Expedited Plan Review (subject to staff availability) .......................... 235.00/hr
Handwash Trailer Rental (private events–daily fee) .......................... 250.00
Handwash Trailer Wastewater Disposal ........................................ At Cost

Late Fee:
1–30 Days .......................................................................................... 25% of Invoice
31–60 Days ....................................................................................... 50% of Invoice
61 Days & Over ................................................................................. Closure

Noise Monitoring—minimum 2 hours\(^3\) ........................................... 315.00

Opening Without a Permit/Approval:
1st Notice .......................................................................................... N/A
2nd Notice ......................................................................................... 710.00
3rd Notice .......................................................................................... 1,300.00

Opening Without a Pre-opening Inspection (new construction) .............. 100% of Permit Fee
Opening Without a Pre-opening Inspection (change of menu/equipment) ......... 275.00
Pre-opening Inspection ........................................................................ 175.00
Probation Inspection .......................................................................... 175.00
Re-inspection (except for temporary event/market permit) ....................... 175.00
Re-submittal Fee—minimum 1 hour\(^3\) ............................................. 156.00/hr

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\(^3\) Additional hours will be charged at our hourly rate of $156.
## Application Fees (includes water adequacy office review)

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design Single Family Residential (new development, repair or remodel)</td>
<td>575.00</td>
</tr>
<tr>
<td>Design Single Family Residential with Accessory Dwelling Unit</td>
<td>745.00</td>
</tr>
<tr>
<td>Design Multi-family Residential</td>
<td>435.00</td>
</tr>
<tr>
<td>Re-inspection</td>
<td>175.00</td>
</tr>
<tr>
<td>Remodel—Limited Office Review</td>
<td>170.00</td>
</tr>
<tr>
<td>Remodel—Detailed Office Review</td>
<td>250.00</td>
</tr>
<tr>
<td>Repair—Septic/Pump Tank Replacement or Partial Repair</td>
<td>290.00</td>
</tr>
<tr>
<td>Report of System Status 90 day Conditional Issuance</td>
<td>315.00</td>
</tr>
<tr>
<td>Report of System Status for Real Estate Transaction</td>
<td>250.00/75.00</td>
</tr>
<tr>
<td>Report of System Status Request for Exemption</td>
<td>80.00</td>
</tr>
<tr>
<td>Second Review—minimum 2 hours</td>
<td>315.00</td>
</tr>
<tr>
<td>Waiver/Variance, when accompanying an on-site application—minimum 1 hour</td>
<td>156.00</td>
</tr>
</tbody>
</table>

## Permits

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Installation Permit</td>
<td>295.00</td>
</tr>
<tr>
<td>Installation Permit (damaged or malfunctioning tank replacement only or partial repair)</td>
<td>85.00</td>
</tr>
<tr>
<td>Septic Tank Decommissioning Certification (when not related to other Health Department applications)</td>
<td>160.00</td>
</tr>
<tr>
<td>Temporary Use Permit</td>
<td>160.00</td>
</tr>
</tbody>
</table>

## Platting/Subdivision Review (includes plan development district & binding site plan)

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binding Site Plan</td>
<td>315.00</td>
</tr>
<tr>
<td>Boundary Line Adjustment</td>
<td>315.00</td>
</tr>
<tr>
<td>Planned Development District</td>
<td>315.00</td>
</tr>
<tr>
<td>Plat Alteration</td>
<td>315.00</td>
</tr>
<tr>
<td>Plat Amendment—Major</td>
<td>475.00</td>
</tr>
<tr>
<td>Plat Amendment—Minor</td>
<td>240.00</td>
</tr>
<tr>
<td>Plat Final Review</td>
<td>250.00</td>
</tr>
<tr>
<td>Plat Preliminary on Public Water/Public Sewer</td>
<td>315.00</td>
</tr>
<tr>
<td>Plat Preliminary Review (with septic system)—minimum 3.5 hours</td>
<td>555.00</td>
</tr>
<tr>
<td>Plus each lot/pad</td>
<td>105.00</td>
</tr>
</tbody>
</table>

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4 Additional hours will be charged at our hourly rate of $156.
Certified Professionals
Civil Penalty for Failure to Comply with Certification Requirements (includes cost of investigation) ........... 265.00/525.00
Designer Professional Engineer Mailing Listing ........................................................................................................ 50.00
Homeowner Examination ........................................................................................................................................... 195.00
Installer Certification .................................................................................................................................................. 230.00
Installation Firm Certification .................................................................................................................................. 380.00
O&M Firms Certification ......................................................................................................................................... 160.00
O&M Specialist & Technician Certification ............................................................................................................. 230.00
Pumping Firms Certification ..................................................................................................................................... 590.00
Each septic tank truck ................................................................................................................................................ 85.00
Reinstatement/Late Renewal (Installer/Technician/Specialist) .................................................................................. 120.00
Re-submittal Certification .......................................................................................................................................... 160.00

Operation and Maintenance Reports
Operational Evaluation/Inspection Report entered into “Online RME”—(includes tank pumping if performed) .......... 53.00
Septic Tank Pumping Report Entered into “Online RME” Database ........................................................................... 23.00
Late Reporting Fee, per activity ............................................................................................................................... 100% of Original Fee

Individual Well: Siting & Permitting
Well Site Inspection and Construction ....................................................................................................................... 625.00/390.00
Well Inspection (existing individual) ......................................................................................................................... 315.00/160.00
Well Decommissioning ............................................................................................................................................... 315.00
Well Construction Only ............................................................................................................................................ 315.00
Renewal of expired well site application .................................................................................................................. 160.00
Waiver/Variance, when accompanying an individual well application—minimum 1 hour ................................. 156.00

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5 Fee selection is dependent on the severity of the violation(s) as determined by the Health Department Official.
6 Fee reduction when application is accompanied by a corresponding On-Site Sewage Application for the same property and the site inspection will be conducted concurrently.
7 Additional hours will be charged at our hourly rate of $156.
### Environmental Health Division – Water Resources

**Group A**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanitary Survey—minimum 5.5 hours</td>
<td>$920.00</td>
</tr>
<tr>
<td>Sanitary Survey Reduced Fee</td>
<td>$585.00</td>
</tr>
<tr>
<td>Small Water System Management Program Guide</td>
<td>$335.00</td>
</tr>
<tr>
<td>Well Construction Only</td>
<td>$320.00</td>
</tr>
<tr>
<td>Well Inspection (existing well)</td>
<td>$335.00</td>
</tr>
<tr>
<td>Well Site Inspection and Construction</td>
<td>$635.00</td>
</tr>
</tbody>
</table>

**Group B (from 2–14 connections)**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Water System—minimum 6 hours</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Existing/Non-expanding Water System—minimum 4 hours</td>
<td>$670.00</td>
</tr>
<tr>
<td>Expanding/Improvement Water System—minimum 3 hours</td>
<td>$505.00</td>
</tr>
<tr>
<td>Sanitary Survey—minimum 3.5 hours</td>
<td>$585.00</td>
</tr>
<tr>
<td>Operator Certification (initial)</td>
<td>$55.00</td>
</tr>
<tr>
<td>Operator Certification (three-year renewal)</td>
<td>$30.00</td>
</tr>
<tr>
<td>Plan Modification/System Update (office)</td>
<td>$85.00</td>
</tr>
<tr>
<td>Plan Modification/System Update (field)</td>
<td>$335.00</td>
</tr>
<tr>
<td>System Record Change</td>
<td>$85.00</td>
</tr>
<tr>
<td>Water Quality Treatment Method Review</td>
<td>$335.00</td>
</tr>
<tr>
<td>Well Construction Only</td>
<td>$320.00</td>
</tr>
<tr>
<td>Well Inspection (existing well)</td>
<td>$335.00</td>
</tr>
<tr>
<td>Well Site Inspection and Construction</td>
<td>$635.00</td>
</tr>
</tbody>
</table>

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8 Additional hours will be charged at our hourly rate of $156.

9 This reduced amount is conditioned on criteria as defined by the Health Department.
### Other Water Resources Fees

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Impact Statement Review—minimum 3 hours</td>
<td>$505.00</td>
</tr>
<tr>
<td>Environmental Site Assessment</td>
<td>$385.00</td>
</tr>
<tr>
<td>Hydrogeologic Assessment—minimum 3 hours</td>
<td>$505.00</td>
</tr>
<tr>
<td>Individual Well Review Real Estate</td>
<td>$335.00</td>
</tr>
<tr>
<td>Renewal of expired well site application</td>
<td>$160.00</td>
</tr>
<tr>
<td>Re-submittal</td>
<td>$160.00</td>
</tr>
<tr>
<td>Return Inspection</td>
<td>$190.00</td>
</tr>
<tr>
<td>SEPA Checklist Review</td>
<td>$210.00</td>
</tr>
<tr>
<td>System Compliance Letter</td>
<td>$80.00</td>
</tr>
<tr>
<td>System Permit</td>
<td>$70.00</td>
</tr>
<tr>
<td>Water Adequacy Office Review</td>
<td>$50.00</td>
</tr>
<tr>
<td>Water Adequacy Field Review (plus lab fees)</td>
<td>$335.00</td>
</tr>
<tr>
<td>Water Adequacy Office Review—Facility Licensing and Renewal</td>
<td>$85.00</td>
</tr>
<tr>
<td>Water Adequacy Field Review—Facility Licensing and Renewal</td>
<td>$335.00</td>
</tr>
<tr>
<td>Water Sample Pickup (plus lab fees)</td>
<td>$160.00</td>
</tr>
<tr>
<td>Bacteriological Lab Analysis of Water Sample</td>
<td>At Cost</td>
</tr>
<tr>
<td>Nitrate Lab Analysis of Water Sample</td>
<td>At Cost</td>
</tr>
<tr>
<td>Well Decommissioning</td>
<td>$320.00</td>
</tr>
<tr>
<td>Work Started Without Approval/Permit</td>
<td>100% of Original Fee</td>
</tr>
</tbody>
</table>

**Note:** For individual well fees see Individual Well: Siting & Permitting section under On-Site Sewage.

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10 Additional hours will be charged at our hourly rate of $156.
Solid Waste
Initial Solid Waste Permit application—minimum 12 hours\(^{11}\) ................................................................. 1,855.00
Facility Review, per hour (plus outside costs) .......................................................... 156.00
Post Closure Review—minimum 5 hours\(^{11}\) ................................................................................................ 775.00
Variance Request - Solid Waste Regulation—minimum 3.5 hours\(^{11}\) .............................. 545.00
Permit Exempt Facilities - Initial Facility Compliance Review/Inspection—minimum 3 hours\(^{11}\) (plus outside costs) ..... 465.00
Permit Exempt Facilities – Annual Inspection Fee—minimum 2 hours\(^{11}\) (plus outside costs) .......................... 310.00

Biosolids Management – Inspection & Monitoring: Inspection & monitoring of approved biosolids land application sites &
treatment facilities; annual fee for approved sites.
Less than 20 Acres, per site—minimum 7 hours\(^{11}\) ....................................................................................... 1,085.00
More than or Equal to 20 Acres, per site—minimum 11 hours\(^{11}\) .............................................................. 1,695.00

Biosolids Management – Plan Review
General Land Application Plan/Operations—minimum 6 hours\(^{11}\) ................................................................. 930.00
Site Specific Land Application—minimum 11 hours\(^{11}\) .............................................................................. 1,695.00
Land Application Plan Modification—minimum 4 hours\(^{11}\) ................................................................. 615.00

Composting Facilities
Less than 10,000 Cubic Yards Annually—minimum 7 hours\(^{11}\) ................................................................. 1,085.00
More than 10,000 Cubic Yards Annually—minimum 16 hours\(^{11}\) ............................................................ 2,465.00

Garbage Collectors
Garbage Collector Certificate .................................................................................................................. 200.00
Each truck ................................................................................................................................................. 70.00

Infectious Waste Management Permit (IWMP) per Generator
Class I-A—Generates less than 50 lbs per month .............................................................................. 145.00
Class I-B—Generates 50 to 110 lbs per month .................................................................................. 225.00
Class I-C—Generates more than 110 lbs per month ......................................................................... 285.00
Class II—Infectious Waste Transporter .................................................................................................. 285.00
Each additional truck over 1.................................................................................................................. 60.00
Class III—Each; Storage and Treatment Facility ............................................................................... 655.00
Alternate Technology Review, per hour .......................................................................................... 156.00
Infectious Waste Activities started without Approval/Permit ............................................................. 100% of Original Fee
Infectious Waste Consultation, per hour .......................................................................................... 156.00
Re-inspection .......................................................................................................................................... 160.00

\(^{11}\) Additional hours will be charged at our hourly rate of $156.
ENVIRONMENTAL HEALTH DIVISION – SOLID WASTE

Intermediate Solid Waste Handling Facility
Less than 10,000 Cubic Yards Annually—minimum 7 hours\textsuperscript{12} .................................................................................................................. 1,085.00
More than 10,000 Cubic Yards Annually—minimum 16 hours\textsuperscript{12} .................................................................................................................. 2,475.00

Landfills – Variable Depending on the Site
Inert Landfill—minimum 10 hours\textsuperscript{12} .................................................................................................................. 1,545.00
Limited Purpose Landfills—minimum 27 hours\textsuperscript{12} .................................................................................................................. 4,175.00

Moderate Risk Waste Facility or Collection Program
Moderate Risk Waste Facility (MRWF), per hour ........................................................................................................ 156.00

Piles Used for Storage or Treatment/Other
Less than 10,000 Cubic Yards Annually—minimum 10 hours\textsuperscript{12} .................................................................................................................. 1,545.00
More than 10,000 Cubic Yards Annually—minimum 20 hours\textsuperscript{12} .................................................................................................................. 3,090.00

Piles – Variable Depending on the Site
Waste Tire Storage—minimum 6 hours\textsuperscript{12} .................................................................................................................. 930.00
Street Waste Handling Facility—minimum 6 hours\textsuperscript{12} .................................................................................................................. 930.00
Petroleum Contaminated Soil Treatment Facility—minimum 20 hours\textsuperscript{12} .................................................................................................................. 3,090.00

Solid Waste/Sludge Utilization; Land Application Site Inspection, Monitoring and Permit Renewal: \textit{Inspection, monitoring, and renewal of permitted land application sites; annual fee for permitted sites.}
Less than 20 Acres, per site—minimum 7 hours\textsuperscript{12} .................................................................................................................. 1,085.00
More than or Equal to 20 Acres, per site—minimum 11 hours\textsuperscript{12} .................................................................................................................. 1,695.00

Surface Impoundments
Surface Impoundments—minimum 14 hours\textsuperscript{12} .................................................................................................................. 2,165.00

Waste Disposal Authorization (WDA)
Initial Review and Permit—minimum 1 hour\textsuperscript{12} .................................................................................................................. 156.00
Renewal/Modification ......................................................................................................................................................... 85.00

Other Solid Waste Fees
Activities started without Approval/Permit .................................................................................................................. 100% of Original Fee
Closed Landfill Report .................................................................................................................................................. 30.00
Consultation, per hour .................................................................................................................................................. 156.00

\textsuperscript{12} Additional hours will be charged at our hourly rate of $156.
ENVIRONMENTAL HEALTH DIVISION – HAZARDOUS WASTE

Underground Storage Tanks
Decommissioning and Site Closure: Underground Storage Tank Site—minimum 8 hours ............................... 1,240.00
Permit Renewal ................................................................. 620.00
Work Started Without Approval/Permit ........................................................ 100% of Original Fee

South Tacoma Groundwater Protection District (STGPD) Permit
Class I – Less than 1000 Gallons (6300 lbs) of Hazardous Substances On Site or Infiltration System Only ........................................... 230.00
Class II – Greater than 1000 Gallons (6300 lbs) of Hazardous Substances On Site or an Infiltration System and Hazardous Substances (any quantity) ............................................................ 350.00
Change of ownership (no change in operations) .................................................. 160.00
Cost Recovery, per hour .................................................................................. 156.00
New Above Ground Storage Tank, each .................................................................. 380.00
New Underground Storage Tank, each .................................................................. 690.00
New Facility Review, per site—minimum 3 hours ............................................. 475.00
Re-inspection .................................................................................................. 175.00
Remediation Review, per hour ........................................................................ 156.00
Spills, per hour ............................................................................................. 156.00

Clandestine Drug Lab (CDL)
CDL Rescission of Non-compliance Recording .................................................. 505.00
CDL Site Evaluation, Remediation, Technical Support, Site Management Fee .................................................. 1,435.00
Work Started Without Approval/Permit ............................................................. 100% of Original Fee

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13 This permit is valid for one year from the date of issuance. Valid permits will be required for all work conducted at UST sites.
14 Additional hours will be charged at our hourly rate of $156.
15 This renewal amount is conditioned on site remediation activity as defined by the Health Department.
16 Envirostars certified businesses receive a 50% discount on annual permit.
ENVIRONMENTAL HEALTH DIVISION – TOBACCO COMPLIANCE/OTHER

**Tobacco Compliance**
Re-inspection Fee ................................................................. 160.00
“25 Foot Rule” variance request—minimum 3 hours\(^{17}\) .................................................................................. 470.00
Tobacco Code Consultation—minimum 1 hour\(^{17}\) .................................................................................. 156.00

**Vapor Product (Electronic Cigarette) Compliance**
Annual retail outlet fee, without sampling ................................................................. 375.00
Annual retail outlet fee, with sampling (plus costs for random e-cigarette juice analysis) ................................................................. 565.00
Re-inspection Fee .................................................................................. 160.00
Complaint investigation with confirmed violation — minimum 1 hour\(^{17}\) ................................................................. 156.00
Vending Machine .................................................................................. 160.00
“25-Foot” (Minimum Distance) Waiver or Variance request – minimum 3 hours\(^{17}\) .................................................................................. 470.00

**Other Miscellaneous Environmental Health Fees**
Additional Inspection Fee (second and subsequent inspections) for Recording of Compliance ................................................................. 160.00
Consultation/Administrative Conference—minimum 1 hour\(^{17}\) .................................................................................. 160.00
Copy Fee, per copy .................................................................................. 0.15
Expedited Review (subject to staff availability) .................................................................................. 100% of Original Fee
Late Fee:
   1–30 Days .................................................................................. 25% of Invoice
   31–60 Days .................................................................................. 50% of Invoice
   61 Days & Over ............................................................................ Closure
Non-sufficient Funds Check Fee .................................................................................. 35.00
Recording of Compliance .................................................................................. 505.00
Refund Processing .................................................................................. 40.00
Waiver/Variance Review—not otherwise specified—minimum 3 hours\(^{17}\) .................................................................................. 470.00

*Sampling, laboratory, and other outside professional and agency service charges not included in fees or hourly rates unless specified.*

**NOTE:** The Health Officer is authorized to establish fees for any service provided by Environmental Health Programs, which do not precisely conform to defined categories. Such fees will be determined based upon $156/hour cost for services. An additional charge will be assessed for services rendered on weekends or after hours on weekdays. *Outside costs* incurred by the Health Department may include, but are not limited to, laboratory/analytical work and environmental or engineering consultant services. *Outside costs* charged to project proponents will include the invoiced amount and applicable indirect costs.

\(^{17}\) Additional hours will be charged at our hourly rate of $156.
Office of Assessment, Planning, and Improvement services include program planning and evaluation, survey design, needs assessment, and data analysis. Most requests will involve mixed levels of staff services.

Hourly Fee Structure
OAPI services ................................................................................................................................. 105.45/hr
Data requests (first four hours free).................................................................................................. 90.00/hr