JEFFERSON COUNTY PUBLIC HEALTH
COMMUNITY HEALTH SERVICES
FEE SCHEDULE
2013

Effective: January 1, 2013

VISIT / PROCEDURE FEE Most of the below listed services are sliding Scale from 100%, 80%, 60%, 40%, 20%, 0%		<100% 0% Code 1-A	100-150% 20% Code 2-B	151-185% 40% Code 3-C	186-220% 60% Code 4-D	221-250% 80% Code 5-E	Current Fee
99204	New Comprehensive Visit	$0.00	$42.80	$85.60	$128.40	$171.20	$214.00
99203	New Detailed Visit	$0.00	$27.60	$55.20	$82.80	$110.40	$138.00
99202	New Expanded Visit	$0.00	$19.20	$38.40	$57.60	$76.80	$96.00
99201	New Focused Visit	$0.00	$11.00	$22.00	$33.00	$44.00	$55.00
99214	Established Detailed Visit	$0.00	$27.40	$54.80	$82.20	$109.60	$137.00
99213	Established Expanded Visit	$0.00	$18.60	$37.20	$55.80	$74.40	$93.00
99212	Established Focused Visit	$0.00	$11.00	$22.00	$33.00	$44.00	$55.00
99212	Established EPSDT Partial PE 0-20 Yrs Visit	No Slide	No Slide	No Slide	No Slide	No Slide	$24.78
99211	Established Minimal	$0.00	$4.80	$9.60	$14.40	$19.20	$24.00
99402	Individual Counseling 30 min.	$0.00	$16.20	$32.40	$48.60	$64.80	$81.00
99401	Individual Counseling 15 min.	$0.00	$9.20	$18.40	$27.60	$36.80	$46.00
H1005	Prenatal Plus (Partial)	No Slide	No Slide	No Slide	No Slide	No Slide	$140.86
H1005	Prenatal Plus (Partial Plus)	No Slide	No Slide	No Slide	No Slide	No Slide	$375.60
H1005	Prenatal Plus (Full)	No Slide	No Slide	No Slide	No Slide	No Slide	$704.20
H1005	Prenatal Plus (Full Plus)	No Slide	No Slide	No Slide	No Slide	No Slide	$798.15
G9006	PFHF Coordinated Care Onsite	No Slide	No Slide	No Slide	No Slide	No Slide	$10.40
G9006	PFHF Coordinated Care Offsite	No Slide	No Slide	No Slide	No Slide	No Slide	$11.39
57061	Cryosurgery	$0.00	$14.40	$28.80	$43.20	$57.60	$72.00
57452	Colposcopy Visit	$0.00	$30.80	$61.60	$92.40	$123.20	$154.00
57454	Colposcopy with Biopsy Visit	$0.00	$49.00	$98.00	$147.00	$196.00	$245.00
58300	IUD Insertion Visit	$0.00	$18.00	$36.00	$54.00	$72.00	$90.00
58301	IUD Removal Visit	$0.00	$24.80	$49.60	$74.40	$99.20	$124.00
57170	Diaphragm Fitting Visit	$0.00	$19.20	$38.40	$57.60	$76.80	$96.00
11981	Contraceptive Implant Insertion Visit	$0.00	$32.60	$65.20	$97.80	$130.40	$163.00
11982	Contraceptive Implant Removal Visit	$0.00	$37.00	$74.00	$111.00	$148.00	$185.00
11983	Contraceptive Implant with Re-Insertion Visit	$0.00	$48.00	$96.00	$144.00	$192.00	$240.00
55250*	Vasectomy with Post-op Semen Exam	No Slide	No Slide	No Slide	No Slide	No Slide	$234.00
	Tubal Ligation (by referral)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Essure (by referral)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Note: Fees that do not slide, and that are not covered by third party payment, must be paid at time of service.

*No charge to Family Planning clients based on availability

Approved by Board of Health: December 18, 2012

JEFFERSON COUNTY PUBLIC HEALTH
COMMUNITY HEALTH SERVICES
FEE SCHEDULE
2013

Effective: March 1, 2013

LAB Most of the below listed services are sliding Scale from 100%, 80%, 60%, 40%, 20%, 0%		<100% 0% Code 1-A	100-150% 20% Code 2-B	151-185% 40% Code 3-C	186-220% 60% Code 4-D	221-250% 80% Code 5-E	Current Fee
85025	CBC	$0.00	$1.20	$2.40	$3.60	$4.80	$6.00
87491	Chlamydia / GC / Pharyngeal (State)	$0.00	$6.40	$12.80	$19.20	$25.60	$32.00
87491	Chlamydia / GC / Cervical (urine) (State)	$0.00	$6.40	$12.80	$19.20	$25.60	$32.00
87491	Chlamydia / GC / Rectal (State)	$0.00	$6.40	$12.80	$19.20	$25.60	$32.00
87800	Chlamydia / GC / Cervical (DNA) (Quest)	$0.00	$28.00	$56.00	$84.00	$112.00	$140.00
82728	Ferritin, Serum	$0.00	$7.80	$15.60	$23.40	$31.20	$39.00
82947	Glucose Test	$0.00	$0.40	$0.80	$1.20	$1.60	$2.00
87597	Gonorrhea Rectal (Quest)	$0.00	$4.20	$8.40	$12.60	$16.80	$21.00
87597	Gonorrhea, Throat (Quest)	$0.00	$4.80	$9.60	$14.40	$19.20	$24.00
82270	Hemoccult x 3	$0.00	$1.20	$2.40	$3.60	$4.80	$6.00
85018	Hemoglobin	$0.00	$0.40	$0.80	$1.20	$1.60	$2.00
86709	Hepatitis A Antibody (Anti-HAV IgM) (State)	No Slide	No Slide	No Slide	No Slide	No Slide	$85.00
86706	Hepatitis B Surface Antibody (Anti HBs) (Quest)	No Slide	No Slide	No Slide	No Slide	No Slide	$33.00
86803	Hepatitis C Antibody - HCAB (Quest)	No Slide	No Slide	No Slide	No Slide	No Slide	$63.00
86803	Hepatitis C Antibody - HCAB (State)	No Slide	No Slide	No Slide	No Slide	No Slide	$91.00
87255	Herpes Culture (Simplex)	$0.00	$9.60	$19.20	$28.80	$38.40	$48.00
86695	Herpes Select HSV Type 1 and 2	No Slide	No Slide	No Slide	No Slide	No Slide	$154.00
86701	HIV Test	No Slide	No Slide	No Slide	No Slide	No Slide	$30.00
87620	Human Papillomavirus (HPV)	$0.00	$10.40	$20.80	$31.20	$41.60	$52.00
81025	Pregnancy Test, Urine	$0.00	$1.00	$2.00	$3.00	$4.00	$5.00
84703	Pregnancy Test, HCG Qualitative (Serum)	$0.00	$3.80	$7.60	$11.40	$15.20	$19.00
86592	RPR (State)	$0.00	$1.40	$2.80	$4.20	$5.60	$7.00
99000	Specimen Handling for Transfer	$0.00	$0.60	$1.20	$1.80	$2.40	$3.00
88142	Thin Prep Pap Smear	$0.00	$4.60	$9.20	$13.80	$18.40	$23.00
81003	Urinalysis	$0.00	$0.20	$0.40	$0.60	$0.80	$1.00
87086	Urine Culture	$0.00	$9.20	$18.40	$27.60	$36.80	$46.00
Q0111	Wet Mount / W Preparations	$0.00	$1.20	$2.40	$3.60	$4.80	$6.00
87660	Trichonmiasis (urine) (State)	$0.00	$2.60	$5.20	$7.80	$10.40	$13.00

Note: Fees that do not slide and that are not covered by third party payment, must be paid at time of service

Approved by Board of Health: _ February 19, 2013

JEFFERSON COUNTY PUBLIC HEALTH
COMMUNITY HEALTH SERVICES
FEE SCHEDULE
2013

Effective: January 1, 2013

Code	SUPPLIES	<100% 0% Code 1-A	100-150% 20% Code 2-B	151-185% 40% Code 3-C	186-220% 60% Code 4-D	221-250% 80% Code 5-E	>250% 100% Code 6-F
Condom	Condom (Male)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
VAGF	Vaginal Film	$0.00	$0.20	$0.40	$0.60	$0.80	$1.00
BICILL	Bicillin 1.2 m.u. IM	$0.00	$0.20	$0.40	$0.60	$0.80	$1.00
DIF1501	Fluconazole 150 mg. #1	$0.00	$0.80	$1.60	$2.40	$3.20	$4.00
DXY14	Doxycycline 100 mg. #14	$0.00	$1.00	$2.00	$3.00	$4.00	$5.00
DXY28	Doxycycline 100 mg. #28	$0.00	$1.20	$2.40	$3.60	$4.80	$6.00
KEF500	Keflex (Cephalexin) 500 mg., #20	$0.00	$1.60	$3.20	$4.80	$6.40	$8.00
MAC10014	Nitrofurantoin	$0.00	$10.00	$20.00	$30.00	$40.00	$50.00
MET14	Metronidazole 500 mg. #14	$0.00	$2.80	$5.60	$8.40	$11.20	$14.00
MET4	Metronidazole 500 mg. #4	$0.00	$1.40	$2.80	$4.20	$5.60	$7.00
MET28	Metronidazole 500 mg. #28	$0.00	$5.00	$10.00	$15.00	$20.00	$25.00
PYR10	Pyridium 200 mg. #10	$0.00	$1.00	$2.00	$3.00	$4.00	$5.00
ROC250	Rocephin 250 mg. IM	$0.00	$2.00	$4.00	$6.00	$8.00	$10.00
TMPSU20	TMP / Sulfa DS #20	$0.00	$1.00	$2.00	$3.00	$4.00	$5.00
TMPSU6	Sulfa / TMP #6	$0.00	$1.00	$2.00	$3.00	$4.00	$5.00
ZIT1GM	Zithromax 1 gm	$0.00	$2.00	$4.00	$6.00	$8.00	$10.00
ZIT250	Zithromax 250 mg. #4	$0.00	$0.40	$0.80	$1.20	$1.60	$2.00
MICNOR	Micronor	$0.00	$4.60	$9.20	$13.80	$18.40	$23.00
Lutera	Lutera	$0.00	$4.60	$9.20	$13.80	$18.40	$23.00
NORQD	NOR-QD	$0.00	$4.60	$9.20	$13.80	$18.40	$23.00
ORCYC	Orthocyclen	$0.00	$4.60	$9.20	$13.80	$18.40	$23.00
RECLIP	Reclipsen	$0.00	$4.60	$9.20	$13.80	$18.40	$23.00
TRICYC	Tri-Cyclen	$0.00	$4.60	$9.20	$13.80	$18.40	$23.00
TRILO	Tri-Cyclen Lo	$0.00	$4.60	$9.20	$13.80	$18.40	$23.00
S4993	Oral Contraceptive (Medicaid)	$0.00	$4.60	$9.20	$13.80	$18.40	$23.00
ALDARA	Aldara	$0.00	$1.80	$3.60	$5.40	$7.20	$9.00
CONCEP	Conceptrol	$0.00	$0.60	$1.20	$1.80	$2.40	$3.00
TERZ7	Terazol 7	$0.00	$1.20	$2.40	$3.60	$4.80	$6.00
A4266	Diaphragm	$0.00	$4.60	$9.20	$13.80	$18.40	$23.00
DEPOPR	Depo Provera 150 mg./ml. (J1050)	$0.00	$6.00	$12.00	$18.00	$24.00	$30.00
CLEOCI	Cleocin Vaginal Cream	$0.00	$1.60	$3.20	$4.80	$6.40	$8.00
METGEL	Metrogel (Vaginal)	$0.00	$1.20	$2.40	$3.60	$4.80	$6.00
MIRENA	Mirena IUD (J7302)	$0.00	$85.60	$171.20	$256.80	$342.40	$428.00
J7300	Paraguard IUD	$0.00	$58.60	$117.20	$175.80	$234.40	$293.00
PLANB	Plan B	$0.00	$4.60	$9.20	$13.80	$18.40	$23.00
EVRA	Ortho Evra Patch (3) (J7304)	$0.00	$4.40	$8.80	$13.20	$17.60	$22.00
NUVARG	NuvaRing (3) (J7303)	$0.00	$12.20	$24.40	$36.60	$48.80	$61.00
NEXPLA	Nexplanon (J7307)	$0.00	$84.60	$169.20	$253.80	$338.40	$423.00
CB	Cycle Beads	$0.00	$4.00	$8.00	$12.00	$16.00	$20.00

Note: Fees that do not slide and that are not covered by third party payment, must be paid at time of service.

Approved by Board of Health: December 18, 2012

JEFFERSON COUNTY PUBLIC HEALTH

COMMUNITY HEALTH SERVICES - CLIENT FEE SCHEDULE 2013

Effective: **March 1, 2013**

CPT	IMMUNIZATIONS	Current Fee
90696*	Kinrix (DTap 5th dose, IPV 4th dose combo) (≥4 years to <6 years)	$21.68
90696	Kinrix (DTap 5th dose, IPV 4th dose combo) (≥4 years to <6 years)	$57.00
90698*	Pentacel (DTaP, IPV, Hib Combo) (≥6 weeks to <5 years)	$21.68
90698	Pentacel (DTaP, IPV, Hib Combo) (≥6 weeks to <5 years)	$101.00
90700*	Diphtheria, Tetanus, Pertussis (DTaP Vaccine) (≥6 weeks to < 7 years)	$21.68
90700	Diphtheria, Tetanus, Pertussis (DTaP Vaccine) (≥6 weeks to < 7 years)	$32.00
90715*	Tetanus, Diphtheria, Pertussis (Tdap Vaccine) (≥7 years)	$21.68
90715	Tetanus, Diphtheria, Pertussis (Tdap Vaccine) (≥7 years)	$46.00
90718*	Tetanus, Diphtheria (Td Vaccine) (≥7 years)	$21.68
90718	Tetanus, Diphtheria (Td Vaccine) (≥7 years)	$27.00
90645*	Haemophilus Influenzae B (HIB) (<19 years)	$21.68
90645	Haemophilus Influenzae B (HIB) (<19 years)	$33.00
90647	Haemophilus Influenzae B (≥19 years)	$33.00
90633*	Hepatitis A Vaccine (<19 years)	$21.68
90633	Hepatitis A Vaccine (<19 years)	$24.00
90632	Hepatitis A Vaccine (≥19 years)	$35.00
90636	Twinrix (Hepatitis A and B combo) (≥18 years)	$85.00
90649*	Human Papillomavirus Virus (≥9 years to <19 years)	$21.68
90649	Human Papillomavirus Virus (≥9 years to <27 years)	$169.00
90744*	Hepatitis B Vaccine (<20 years)	$21.68
90744	Hepatitis B Vaccine (<20 years)	$18.00
90746	Hepatitis B Vaccine (≥20 years)	$44.00
90707*	Measles, Mumps, Rubella (MMR) (≥12 months to <19 years)	$21.68
90707	Measles, Mumps, Rubella (MMR) (≥12 months)	$68.00
90710*	Measles, Mumps, Rubella, Varicella (MMRV) (≥12 months to <13 years)	$21.68
90710	Measles, Mumps, Rubella, Varicella (MMRV) (≥12 months to <13 years)	$185.00
90723*	Pediarix (DTaP, IPV, Hepatitis B Combo) (≥6 weeks to <7 years)	$21.68
90723	Pediarix (DTaP, IPV, Hepatitis B Combo) (≥6 weeks to <7 years)	$86.00
90670*	Prevnar (Pneumococcal conjugate) (≥6 weeks to <19 years)	$21.68
90670	Prevnar (Pneumococcal conjugate) (≥6 weeks)	$131.00
90713*	Injectable Polio (IPV) (≥6 weeks to <19 years)	$21.68
90713	Injectable Polio (IPV) (≥6 weeks)	$35.00
90716*	Varivax (Chicken Pox Vaccine) (≥12 months to <9 years)	$21.68
90716	Varivax (Chicken Pox Vaccine) (≥12 months)	$123.00
90281	Immune Serum Globulin - 2 cc (Contact)	$10.00
90657*	Influenza (Flu Vaccine) (≥6 months to <3 years)	$21.68
90657	Influenza (Flu Vaccine) (≥6 months to <3 years)	$16.00
90658*	Influenza (Flu Vaccine) (≥3 years to <19 years)	$21.68
90658	Influenza (Flu Vaccine) (≥3 years)	$18.00
90660*	Live Attenuated Influenza (FluMist) (≥2 years to <19 years)	$21.68
90660	Live Attenuated Influenza (FluMist) (≥2 years to <50 years)	$28.00
90732*	Pneumovax (pneumococcal polysachride) (≥2 years to < 19 years)	$21.68
90732	Pneumovax (pneumococcal polysachride) (≥2 years)	$75.00
86580	PPD Skin Test	$5.00
TBCD	Tuberculin Test Card	$5.00
90680*	RotaTeq (Pentavalent Rotavirus) (≥6 weeks to <33 weeks)	$21.68
90680	RotaTeq (Pentavalent Rotavirus) (≥6 weeks to <33 weeks)	$98.00
90681*	Rotarix (Rotavirus) (≥6 weeks to <33 weeks)	$21.68
90681	Rotarix (Rotavirus) (≥6 weeks to <33 weeks)	$136.00
90691	Typhoid (Capsular Injectable)	$66.00
90734*	Meningitis conjugate vaccine (≥9 months to <19 years)	$21.68
90734	Meningitis conjugate vaccine (≥9 months to < 55 years)	$143.00
90733	Menomune (Meningitis polysacharide vaccine) (≥55 years)	$148.00
90717	Yellow Fever (Single)	$128.00
90675	Rabies IM	$279.00
Vacc2	Travel Clinic Group Consultation ($25 per person / Minimum 10 people)	$250.00
Certt	Certificates	$5.00
Immbok	Immunization Record Book	$10.00
	Medicaid Administrative Fee Per Vaccine	$6.50
ADMIN	Administration Fee for Non-State Supplied Vaccine	$21.68

Note: Non-State supplied vaccines and services not covered by contract agreements must be paid at time of service

*Administration Fee for state supplied vaccine is set at $21.68.

Approved by the Board of Health: February 19, 2013

JEFFERSON COUNTY PUBLIC HEALTH
HEALTH PROMOTION AND LIFESTYLE MANAGEMENT
FEE SCHEDULE
2013

Effective: January 1, 2013

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ADMINISTRATIVE SERVICES
FEE SCHEDULE
2013

Effective: January , 2013

Vital Records and Administrative Fees		Fee
	Ambulance Licensing and Inspection - per unit	$115.00
	Ambulance Re-inspection Fee - per unit	$50.00
* BCert	Birth Certificate - first copy	$17.75
* BCert2	Birth Certificate - each additional copy ordered at time of initial request	$10.00
* DCert	Death Certificate - first copy	$20.00
* DCert2	Death Certificate - each additional copy ordered at time of initial request	$13.00
	Death Certificate - correction fee	$20.00
	Exchange Certificate (Birth)	$10.00
	Exchange Certificate (Death)	$13.00
	Search for Birth Certificate	$17.75
	Search for Death Certificate	$20.00
	Insufficient Funds (NSF)	$20.00
MR1	Medical Records (cost per page - pages 1 to 10)	$1.00
MR2	Medical Records (cost per page - pages 11 to 40)	$0.50
MR3	Medical Records (cost per page - pages ≥41)	$0.33
	Open Records request - $25.00 an hour, with the first hour free. This fee is in addition to the per page cost of the requests.	$25.00
	Voice Tape Transcription (cost per page, double spaced pages)	$5.00

*Fee set by the state

Approved by Board of Health: December 18, 2012

JEFFERSON COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES
FEE SCHEDULE
2013

Effective January 1, 2013

Definition	Fee
Retail Food Establishment License Fees	
* Restaurant License - 0 - 100 seats	$255.00
* Restaurant License - 101 - 200 seats	$285.00
* Restaurant License - Over 200 seats	$310.00
* Mobile Unit	$255.00
* Mobile Unit (Pre-packaged)	$115.00
* Temporary/Special Event Establishment (per booth)	$255.00
* Temporary/Special Event Food Service - Prepackaged Food Only (per booth)	$115.00
* No Fee License (School, Charitable Organization, Penal Institution, Church, Other)	$0.00
* Grocery Store - 0 - 3,500 Sq Ft	$115.00
* Grocery Store - 3,500 - 15,000 Sq Ft	$180.00
* Grocery Store - 15,001 - 25,000 Sq Ft	$200.00
* Grocery Store - 25,001 - 45,000 Sq Ft	$235.00
* Grocery Store - 45,001 - 65,000 Sq Ft	$290.00
* Grocery Store - 65,001 - 85,000 Sq Ft	$415.00
* Grocery Store - over 85,000 Sq Ft	$500.00
* Grocery Store w/Deli - 0 - 3,500 Sq Ft	$207.00
* Grocery Store w/Deli - 3,501 - 15,000 Sq Ft	$338.00
* Grocery Store w/Deli - 15,001 - 25,000 Sq Ft	$360.00
* Grocery Store w/Deli - 25,001 - 45,000 Sq Ft	$395.00
* Grocery Store w/Deli - 45,001 - 65,000 Sq Ft	$450.00
* Grocery Store w/Deli - 65,001 - 85,000 Sq Ft	$575.00
* Grocery Store w/Deli - over 85,000 Sq Ft	$690.00
* Oil & Gas Temp. - 0 - 50 (Initial License)	$750.00
* Oil & Gas Temp. - 0 - 50 (Renewal License)	$275.00
* Oil & Gas Temp. - Over 50 (Initial License)	$1,250.00
* Oil & Gas Temp. - Over 50 (Renewal License)	$500.00
Retail Food Establishment Plan Review Fees	
* Retail Food Establishment Plan Review Application Fee	$100.00
* Retail Food Establishment Plan Review & Pre-opening Inspection (not to exceed)	$580.00
* Equipment Review Application Fee	$100.00
* Equipment Review Fee (not to exceed)	$500.00
* HACCP Plan - Written (not to exceed)	$100.00
* HACCP Plan - On-site Evaluation (not to exceed)	$400.00
* Real Estate Review of Property ($75.00 or Actual cost)	$75.00
* Temporary Retail Food Establishment Event Coordinator (per site)	$110.00
* Temporary Retail Food Establishment Vendor (per booth)	$50.00
Land Use Plan Review Fees	
Board of Adjustment Referrals	$55.00
Exemption (EX), Site Approval (SA), Minor Amendment (MA), Outside Agency (OA), Annexation (AX)	$200.00
Rezoning (RZ) Referrals	
with Public Sewer and Public Water	$180.00
with Individual Sewer and/or Individual Well	$300.00
Major Impact Use	$665.00
Subdivision Plat (PF, PL, FI), Rural Cluster (RC), Special Use (SU), Site Development Plan (SD)	
with Public Sewer and Public Water	$200.00
with Individual Sewer and/or Individual Well	$330.00

* Fee set by the state

Approved by Board of Health: December 18, 2012

JEFFERSON COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES
FEE SCHEDULE
2013

Effective: January 1, 2013

Definition	FEE
Regulated Facility Plan Review Fees	
Child Care Facilities, Swimming Pools, Mobile Home Parks, Camps, Campgrounds, Body Art, Other Facilities	$80.00
Inspection Fees	
Body Art Artist Inspection Fee (per artist at studio)	$50.00
Body Art Establishment Inspection Fee	$100.00
Child Care Centers which perform food preparation and/or diaper changing (two inspections/year)	$100.00
Child Care Centers - all others, including Before & After School, Camps, Day Treatment, Group Home (one inspection/year)	$50.00
Mobile Home Parks	$50.00
Non-regulatory Food Service Inspection Fee	$100.00
Swimming Pools open year round (three inspections/year)	$150.00
Swimming Pools open seasonally (two inspections/year)	$100.00
Verification of Water and Sewer Service, Reconstruction or Variance of Illegal Subdivision Inspection Fee	$80.00
ISDS License Fees	
ISDS Contractors License - original	$50.00
ISDS Contractors License - renewal	$25.00
ISDS System Cleaners License - original	$30.00
ISDS System Cleaners License - renewal	$15.00
ISDS Permit Fees	
** ISDS Permit Application - new	$1,023.00
** ISDS Permit Application - repair	$1,023.00
** ISDS Permit Application - addition	$1,023.00
** ISDS Permit Application - renewal	$273.00
** ISDS Permit Application - tank replacement / component	$523.00
ISDS Use Permit	$100.00
ISDS Use Permit Renewal Fee	$25.00
ISDS Permit - change in conditions	$50.00
ISDS Permit Application - Terralift	$273.00
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Other Fees	
Board of Health Case Hearing Fee	$125.00
Open Burning Permit	$80.00
Certified Pool-Spa Operator Course Fee (per participant)	$260.00
Certified Pool-Spa Operator Course Fee - Late Registration Fee (per participant)	$275.00
Certified Pool Operator Course Fee for Environmental Health Specialists (per applicant)	$85.00
Individual Sewage Disposal System Regulations - Per Copy (paper or CD)	$10.00
Environmental Health Services	$50.00/hour
Environmental Records Review	$80.00
Environment Site Assessment Review Fees	
Environmental Questionnaire and Disclosure Statement Review for Planning and Zoning Referrals	$50.00
Phase I Review	$150.00
Phase II and/or Phase III Review	$50.00/hour
Excellence in Food Safety Training	
On-site Class (per person charge)	$10.00
Off-site Class (up to 15 participants)	$75.00
Off-site Class Additional Charge (for each person over 15 participants)	$10.00
Radon Test Kit	$10.00
Water Sample Processing and Transportation Fee (per order)	$10.00

** Plus $20.00 CDPHE / WPCD Fee, if not previously paid

Approved by Board of Health: December 18, 2012