

**ROCKINGHAM COUNTY  
FEE SCHEDULE**

Below are the fee charges that will be adopted as part of this budget. All fees are effective July 1, 2015.

**CODE ENFORCEMENT**

Central Permitting Fees

Historic Records request \$ 10.00 each

Building Inspection Fees

\$ 1.00 - \$ 2,000.00	\$ 15.00
\$ 2,001.00 - \$ 50,000.00	3.00 / M
\$ 50,001.00 - \$ 100,000.00	2.25 / M
\$ 100,001.00 +	1.50 / M

All construction cost estimates are based on the Square Foot Construction Costs table as currently published by the International Code Council.

Modular Home Permits

Fee based on same schedule used for residential construction.

Heating & Cooling Permits

Residential:

Gas logs	\$ 40.00
Floor furnaces	40.00
Space heaters	40.00
Wall heaters	40.00
All other units less than 100,000 BTU output	40.00

Non-Residential:

½ of 1% of total cost of mechanical contract

Demolition Permit

Residential	\$ 30.00
Commercial	100.00

Plumbing Permits

Residential:

Each fixture \$ 6.00

Non residential:

½ of 1% of total cost of plumbing contract

## Electrical Permits

Rough-In	\$ 40.00
Final	40.00
Residential:	
100 amp	40.00
150 amp	40.00
200 amp	40.00
Commercial:	
100 amp	50.00
150 amp	50.00
200 amp	50.00
Three Phase Service:	
100 amp	45.00
150 amp	60.00
200 amp	60.00
300 amp	75.00
400 amp	90.00
400 amp+	100.00
Temporary Saw Service	40.00
Line-to-Main	
Residential	40.00
Commercial	100.00
All other electric/reconnect	40.00
Non-Residential:	
½ of 1% of total cost of electrical contract	
<u>Manufactured Home Permits</u>	
Single side mobile home	\$150.00
Double wide mobile home	200.00
<u>Miscellaneous Inspection Fees</u>	
Minimum fee for any inspection	40.00
Inspections for State licensing (ABC & Daycare)	100.00
ABC Zoning compliance	40.00
Zoning permits	
Residential	40.00
Commercial	60.00
Rezoning application	350.00

Miscellaneous Inspection Fees (continued)

Special use application	\$350.00
Text amendment	350.00
Floodplain development permit application	40.00
Variance application	350.00
Communication Tower – Consultant Review	3,500.00
Communication Tower – Administrative Review	1,500.00
Stream Delineation (Cape Fear River Basin) – Base Fee	600.00
Stream Delineation (Cape Fear River Basin) – Plus Acreage Fee	25.00 per acre
Application for Stormwater Permit (Cape Fear River Basin) Base Fee	500.00
Application for Stormwater Permit (CFRB) – Plus BMP Device Fee	350.00
Application for Stormwater Permit (CFRB) – Resubmittal Fee	500.00 (See Note)
Note: If a notification of disapproval is issued pursuant to receipt and review of a permit application by the County, the applicant may resubmit a revised plan within 30 working days of the disapproval without paying an additional application review fee. However, if the revised plan is submitted after 30 days, or if the first resubmittal is disapproved, then the resubmittal fee shall be paid for each subsequent resubmittal.	
Appeals to Board of Adjustment	350.00
Vested Rights Application	350.00
Major subdivisions	150.00 plus \$ 40.00 per lot
Minor subdivisions	75.00 plus \$30.00 per lot
Secondary subdivisions	40.00
Re-inspection fees (1 free re-inspection per permit)	\$ 50.00 1 <sup>st</sup> trip \$ 50.00 2 <sup>nd</sup> trip 100.00 3 <sup>rd</sup> trip
Road signs	250.00
Easement Closing	100.00
Road Closing	100.00
Zoning Verification Letter (when no zoning permit is required)	15.00
Photocopies and computer printing (New rate)	0.15 per page
Returned Check Fee	\$ 25.00

Persons who begin construction prior to purchasing proper permits will be charged a fee equal to twice the usual amount for that permit.

## 911 Communications

911 and miscellaneous tapes made \$10.00 /each  
Reports 5.00/ each

## Library

Re-stocking fee \$ 5.00 each

Video & DVD rentals \$ 1.00 / day  
With \$5.00 maximum

AV Equipment 1.00 / day  
With \$10.00 maximum

Juvenile books .10 / day  
Adult books .10 / day  
Delinquent fee \$10.00  
Replacement library card 2.00  
Ear Buds 2.00  
Flash drive 8.00  
Floppy drive 1.00  
Computer printouts black/white .25 / page  
Color .25 / page

Copies .25 / page  
Interlibrary loans 4.00 / transaction  
Microfilm reader/printer .25 / page  
Vera Holland Community Center security dep. 100.00  
Rental fee 30.00

Meeting room fee 25.00 deposit  
Fax machine Incoming .25 per page  
Outgoing .25 per page  
To local toll-free numbers

Long Distance 1.00 per page

International 5.00 page 1 -3  
1.0 pages after



**ROCKINGHAM COUNTY  
DEPARTMENT OF EMERGENCY SERVICES**

Emergency Medical Services • Fire Marshal-Emergency Management • 911 Communications

336.634.3006

• 336.634.3014

336.634.3017

336.634.3300

336.634.3008 fax

336.634.3002 fax

336.634.3311

fax

PO Box 86 Wentworth, North Carolina 27375

EMS Proposed  
Fee Schedule 2015-2016

Specific Service Charge	RCEMS Current Rate	2014 Medicare Allowable	EMS Management Recommended Rate	EMS 2015 - 2016 Rate
ALS II Comprehensive Transport	\$ 755.39	\$587.74	\$ 764.06	\$764.06
ALS Emergency Transport	\$ 521.90	\$406.07	\$ 527.90	\$ 527.90
ALS Non Emergency Transport	\$ 350.00	\$256.47	\$ 333.41	\$ 333.41
Specialty Care Transport	\$ 892.73	\$686.22	\$ 902.98	\$ 902.98
BLS Emergency Transport	\$ 439.50	\$341.96	\$ 444.54	\$ 444.54
BLS Non Emergency Transport	\$ 275.00	\$213.72	\$ 277.84	\$ 277.84
Mileage	\$11.50	\$7.23	\$9.40	\$9.40
Medicaid Round Trip	\$ 500.00	N/A	N/A	\$ 500.00
Stand By per hour Charge	\$ 150.00	N/A	N/A	\$ 150.00
Treatment / No Transport <u>Pharmaceuticals Used</u>	\$ 150.00	N/A	N/A	\$ 150.00
Treatment / Asst No Transport	\$75.00	N/A	N/A	\$ 75.00
Waiting Charge (1 <sup>st</sup> 30 min no charge) Each additional 15mins	\$25.00	N/A	N/A	\$ 25.00

# NOTICE

## LANDFILL TIPPING FEES

THIS IS TO PROVIDE NOTIFICATION TO ROCKINGHAM COUNTY LANDFILL USERS OF THE TIPPING FEES FOR FISCAL YEAR 2015-16. THESE FEES HAVE BEEN PROPOSED TO AND APPROVED BY THE BOARD OF COUNTY COMMISSIONERS FOR UPCOMING BUDGET YEAR 2015-16. THE FEES REFLECT THE FINANCIAL ANALYSIS CONDUCTED FOR THE LANDFILL OPERATION AS WELL AS OPERATIONAL EXPENSES. THESE FEES BECOME EFFECTIVE JULY 1, 2015.

THE LISTING OF TIPPING FEES ARE AS FOLLOWS:

MUNICIPAL SOLID WASTE	\$36.00 PER TON**
CONSTRUCTION AND DEMOLITION WASTE	
CLEAN WOOD & INERT DEBRIS	\$21.00 PER TON**
MIXED C&D	\$38.00 PER TON **
SHINGLES	\$38.00 PER TON **
SLUDGE	\$38.00 PER TON
HOUSEHOLD WASTE, TRASH (INDIVIDUAL VEHICLES with 4 wheels)	\$12.00 PER LOAD***
HOUSEHOLD WASTE, TRASH (INDIVIDUAL VEHICLES WITH 6 OR MORE WHEELS OR 4 WHEELS WITH TRAILER)	\$36.00 PER TON **
SPECIAL WASTE	\$76.00 PER TON**
ANIMAL REMAINS (BY SIZE)	\$36.00 PER TON **
TIRES: SCHEDULE SHEET ATTACHED	
WHITE GOODS/SCRAP METAL	NO CHARGE
YARD TRASH	NOT ACCEPTED FOR DISPOSAL
<b>UNCOVERED/UNSECURED LOAD FEE</b>	<b>ADDITIONAL \$10.00</b>

### NOTE

\*\* The new North Carolina Solid Waste Disposal Tax effective 07-01-08 is not included in these Tipping Fees per ton. The tax will be collected at a rate of \$2.00 per ton in addition to listed Tipping Fees.

\*\*\* This Tipping Fee rate per load for individual vehicles includes the new North Carolina Solid Waste Disposal Tax effective 7-01-08.

## SCRAP TIRE TIPPING FEES

The Rockingham County Solid Waste Management Facility experienced no increase in price for the upcoming year from the vendor who processes scrap tires from the County collection site. The vendor processing fees pay for disposal and recycling of the scrap tires brought to the collection site by County businesses and citizens. Those businesses and citizens that do not meet the requirements and have not been approved for free disposal will be charged scrap tire disposal fees as has been the practice. The following fee schedules apply to the disposal of scrap tires at the Rockingham County Solid Waste Management Facility effective July 1, 2015.

Approved Scrap Tires for Disposal No Charge  
(Must have prior approval and correct documentation)

### Scrap Tires Not Approved for Free Disposal

Passenger Size Tires	\$0.66* each or \$65.30/ton*
Tractor Trailer Tires	\$ 3.30 each or \$65.30/ton*
Farm Equipment/Heavy Equipment Tires	\$65.30/ton*

### Additional Rim Removal Fees (scrap tire mounted)

Passenger size – Rim 1	\$ .50
Truck, Tractor Trailer – Rim 2	\$ 2.00
Farm – Rim 3	\$ 3.00
Heavy Equipment – Rim 6	\$10.00

Passenger Tire and Mounted Rim – Rim 7 \$ 1.16\*

\*Subject to change due to escalation clause for Diesel fuel under conditions as specified in Contract.

## Rockingham County Department of Health and Human Services

## Dental Clinic

## Master Fee Schedule

Effective July 1, 2015

	Description	Our Charge	Medicaid Rate
D0120	Recall Exam	\$ 38.00	\$ 25.79
D0140	Limited Oral Evaluation	\$ 65.00	\$ 36.76
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$ 59.00	\$ 36.35
D0150	Initial Oral Exam, new or established	\$ 67.00	\$ 44.61
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$ 88.00	\$ 68.27
D0170	Re-evaluation-limited, problem focused	\$ 60.00	\$ 28.73
D0210	Complete Series X-rays	\$ 95.00	\$ 71.79
D0220	Periapical X-ray - first film	\$ 22.00	\$ 14.91
D0230	Periapical X-ray - two or more	\$ 20.00	\$ 12.03
D0240	Occlusal PA	\$ 30.00	\$ 15.98
D0250	Extraoral - first film	\$ 36.00	\$ 21.52
D0260	Extraoral - each additional film	\$ 27.00	\$ 17.78
D0270	Bitewings - Single Film	\$ 22.00	\$ 11.34
D0272	Bitewings x 2	\$ 35.00	\$ 18.50
D0273	Bitewings - Three Films	\$ 42.00	\$ 25.26
D0274	Bitewings x 4	\$ 49.00	\$ 32.08
D0330	Panorex X-ray	\$ 95.00	\$ 59.25
D0470	Diagnostic Casts	\$ 55.00	\$ 42.78
<b>D1110</b>	<b>Prophy (Adult)</b>	<b>\$ 71.00</b>	<b>\$ 38.10</b>
D1120	Prophy (Child)	\$ 54.00	\$ 27.21
D1206	Topical Fluoride Varnish	\$ 49.00	\$ 16.04
D1351	Sealants	\$ 42.00	\$ 28.58
D1510	Space Maint Fixed - Unilateral	\$ 275.00	\$ 190.96
D1515	Space Maint Fixed - Bilateral	\$ 500.00	\$ 267.34
<b>D2140</b>	<b>Amalgam 1 surface</b>	<b>\$ 105.00</b>	<b>\$ 71.02</b>
<b>D2150</b>	<b>Amalgam 2 surface</b>	<b>\$ 130.00</b>	<b>\$ 89.99</b>
<b>D2160</b>	<b>Amalgam 3 surface</b>	<b>\$ 155.00</b>	<b>\$ 104.19</b>
<b>D2161</b>	<b>Amalgam 4 surface or more</b>	<b>\$ 185.00</b>	<b>\$ 114.69</b>
<b>D2330</b>	<b>Resin 1 surface anterior</b>	<b>\$ 118.00</b>	<b>\$ 65.90</b>
<b>D2331</b>	<b>Resin 2 surface anterior</b>	<b>\$ 149.00</b>	<b>\$ 81.41</b>
<b>D2332</b>	<b>Resin 3 surface anterior</b>	<b>\$ 184.00</b>	<b>\$ 96.24</b>
<b>D2335</b>	<b>Resin 4 surface anterior</b>	<b>\$ 215.00</b>	<b>\$ 121.91</b>
D2390	Resin Crown - anterior	\$ 185.00	\$ 76.00
<b>D2391</b>	<b>Resin 1 surface posterior</b>	<b>\$ 135.00</b>	<b>\$ 100.84</b>
<b>D2392</b>	<b>Resin 2 surface posterior</b>	<b>\$ 182.00</b>	<b>\$ 122.64</b>
<b>D2393</b>	<b>Resin 3 surface posterior</b>	<b>\$ 225.00</b>	<b>\$ 148.60</b>
<b>D2394</b>	<b>Resin 4 surface posterior</b>	<b>\$ 268.00</b>	<b>\$ 174.82</b>
<b>D2930</b>	<b>SSC - Primary</b>	<b>\$ 218.00</b>	<b>\$ 144.28</b>
<b>D2931</b>	<b>SSC - Permanent</b>	<b>\$ 260.00</b>	<b>\$ 155.16</b>
<b>D2932</b>	<b>Prefabricated resin crown</b>	<b>\$ 260.00</b>	<b>\$ 169.52</b>
<b>D2933</b>	<b>Prefabricated stainless steel crown with resin window</b>	<b>\$ 255.00</b>	<b>\$ 189.05</b>
<b>D2934</b>	<b>Prefabricated esthetic coated stainless steel crown</b>	<b>\$ 270.00</b>	<b>\$ 189.05</b>
<b>D2940</b>	<b>Sedative filling</b>	<b>\$ 84.00</b>	<b>\$ 39.77</b>
<b>D2950</b>	<b>Crown Buildup</b>	<b>\$ 205.00</b>	<b>\$ 98.25</b>
D2951	Pin Placement	\$ 46.00	\$ 23.86
D2970	Temporary Crown (fractured tooth)	\$ 155.00	\$ 139.73
<b>D3110</b>	<b>Pulp cap-direct (excluding final restoration)</b>	<b>\$ 63.00</b>	<b>not covered</b>
<b>D3220</b>	<b>Pulpotomy - Excl Rest</b>	<b>\$ 144.00</b>	<b>\$ 81.09</b>
<b>D3222</b>	<b>Partial pulpotomy for apexogenesis - permanent tooth with incomplete root</b>	<b>\$ 160.00</b>	<b>\$ 81.09</b>
D3230	Pulpal Therapy - Anterior	\$ 250.00	\$ 143.22
D3240	Pulpal Therapy - Posterior	\$ 375.00	\$ 190.96
D3310	RCT - Anterior	\$ 600.00	\$ 283.58
D3320	RCT - Premolar	\$ 700.00	\$ 335.13



Rockingham County Department of Health and Human Services

Dental Clinic

Master Fee Schedule

Effective July 1, 2015

	Description	Our Charge	Medicaid Rate
D3330	RCT - Molar	\$ 800.00	\$ 409.90
D3351	Apexification/recalcification/pulpal regeneration - initial visit	\$ 230.00	\$ 138.18
<b>D3352</b>	<b>Apexification/recalcification/pulpal regeneration - interim medication replacement</b>	<b>\$ 175.00</b>	<b>\$ 100.54</b>
<b>D3353</b>	<b>Apexification/recalcification - final visit</b>	<b>\$ 360.00</b>	<b>\$ 201.08</b>
D3410	Apicoectomy/periradicular surgery - anterior	\$ 608.00	\$ 259.86
D4210	Gingivectomy - 4 or more teeth	\$ 490.00	\$ 248.52
D4211	Gingivectomy - 1 to 3 teeth	\$ 191.00	\$ 92.29
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth per quadrant	\$ 491.00	\$ 292.86
<b>D4241</b>	<b>Gingival flap procedure, including root planing</b>	<b>\$ 325.00</b>	<b>\$ 247.48</b>
<b>D4341</b>	<b>Periodontal Scaling and root planning - 4 or more teeth</b>	<b>\$ 210.00</b>	<b>\$ 100.54</b>
<b>D4342</b>	<b>Periodontal Scaling and root planning - 1 to 3 teeth</b>	<b>\$ 135.00</b>	<b>\$ 58.48</b>
<b>D4355</b>	<b>Full mount debridement</b>	<b>\$ 140.00</b>	<b>\$ 67.37</b>
D4910	Periodontal Maintenance	\$ 103.00	\$ 49.59
<b>D5110</b>	<b>Complete Denture - Maxillary</b>	<b>\$ 1,210.00</b>	<b>\$ 584.82</b>
<b>D5120</b>	<b>Complete Denture - Mandibular</b>	<b>\$ 1,210.00</b>	<b>\$ 584.82</b>
<b>D5130</b>	<b>Immediate denture - maxillary</b>	<b>\$ 1,350.00</b>	<b>\$ 634.41</b>
D5140	Immediate denture - mandibular	\$ 1,085.00	\$ 634.41
D5211	All resin acrylic upper partial - Maxillary	\$ 950.00	\$ 433.70
D5212	All resin acrylic lower partial - Mandibular	\$ 950.00	\$ 433.70
D5213	Cast metal upper partial	\$ 1,320.00	\$ 626.92
D5214	Cast metal lower partial	\$ 1,320.00	\$ 626.92
D5410	Adjust complete denture - Maxillary	\$ 66.00	\$ 31.81
D5411	Adjust complete denture - Mandibular	\$ 66.00	\$ 31.81
D5421	Adjust partial denture - Maxillary	\$ 66.00	\$ 31.81
D5422	Adjust partial denture - Mandibular	\$ 66.00	\$ 31.81
D5510	Repair broken complete dentures base	\$ 156.00	\$ 77.15
D5520	Replace missing/broken tooth comp denture	\$ 128.00	\$ 65.03
D5610	Repair resin denture base	\$ 142.00	\$ 77.15
D5620	Repair cast framework	\$ 158.00	\$ 104.80
D5630	Repair or replace broken clasp	\$ 160.00	\$ 147.99
<b>D5640</b>	<b>Replace broken teeth - per tooth</b>	<b>\$ 120.00</b>	<b>\$ 65.50</b>
D5650	Add tooth to existing partial denture	\$ 129.00	\$ 79.53
<b>D5660</b>	<b>Add clasp to existing partial denture</b>	<b>\$ 160.00</b>	<b>\$ 119.35</b>
D5730	Reline complete maxillary denture (chairside)	\$ 278.00	\$ 135.68
D5731	Reline complete mandibular denture (chairside)	\$ 278.00	\$ 135.68
D5740	Reline maxillary partial denture (chairside)	\$ 264.00	\$ 133.34
D5741	Reline mandibular partial denture (chairside)	\$ 264.00	\$ 133.34
D5750	Reline complete maxillary denture (laboratory)	\$ 293.00	\$ 172.64
D5751	Reline complete mandibular denture (laboratory)	\$ 293.00	\$ 172.64
D5760	Reline maxillary partial denture (laboratory)	\$ 297.00	\$ 168.43
D5761	Reline mandibular partial denture (laboratory)	\$ 297.00	\$ 168.43
D6985	Pediatric partial denture, fixed	\$ 429.00	\$ 342.94
<b>D7111</b>	<b>Extraction - coronal remnants - deciduous tooth</b>	<b>\$ 95.00</b>	<b>\$ 51.56</b>
<b>D7140</b>	<b>Extraction</b>	<b>\$ 125.00</b>	<b>\$ 63.54</b>
<b>D7210</b>	<b>Surgical Extraction - Erupted</b>	<b>\$ 215.00</b>	<b>\$ 109.23</b>
<b>D7220</b>	<b>Soft tissue impaction</b>	<b>\$ 220.00</b>	<b>\$ 124.26</b>
<b>D7230</b>	<b>Partial bony impaction</b>	<b>\$ 290.00</b>	<b>\$ 165.99</b>
D7240	Bony Impaction	\$ 325.00	\$ 193.35
<b>D7241</b>	<b>Bony Impaction w/Complications</b>	<b>\$ 405.00</b>	<b>\$ 232.02</b>
<b>D7250</b>	<b>Resid Roots - unerupted</b>	<b>\$ 225.00</b>	<b>\$ 119.10</b>
<b>D7260</b>	<b>Oroantral fistula closure</b>	<b>\$ 495.00</b>	<b>\$ 380.84</b>
<b>D7270</b>	<b>Tooth reimplantation</b>	<b>\$ 425.00</b>	<b>\$ 211.39</b>

## Rockingham County Department of Health and Human Services

## Dental Clinic

## Master Fee Schedule

Effective July 1, 2015

	Description	Our Charge	Medicaid Rate
D7280	Surgical access of an unerupted tooth	\$ 395.00	\$ 190.25
D7285	Biopsy - hard tissue	\$ 185.00	\$ 136.61
D7286	Biopsy - soft tissue	\$ 326.00	\$ 108.18
D7288	Brush biopsy - transepithelial sample collection	\$ 165.00	\$ 108.18
D7310	Alveoplasty - w/extr 4 or more teeth	\$ 221.00	\$ 102.93
D7311	Alveoplasty in conjunction w/extraction	\$ 205.00	\$ 96.24
D7320	Alveoplasty per quad	\$ 225.00	\$ 150.18
D7321	Alveoplasty not in conjunction w/extraction	\$ 300.00	\$ 134.74
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$ 665.00	\$ 523.79
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts)	\$ 1,250.00	\$ 970.38
D7410	Excision of benign lesion up to 1.25 cm	\$ 265.00	\$ 161.47
D7411	Excision of benign lesion greater than 1.25 cm	\$ 295.00	\$ 211.47
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$ 330.00	\$ 177.78
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$ 350.00	\$ 227.84
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$ 300.00	\$ 236.31
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than	\$ 450.00	\$ 353.86
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$ 185.00	\$ 139.89
D7471	Removal of lateral exostosis (maxilla or mandible)	\$ 407.00	\$ 225.69
D7472	Removal of torus palatinus	\$ 525.00	\$ 262.00
D7473	Removal of torus mandibularis	\$ 470.00	\$ 260.59
D7485	Surgical reduction of osseous tuberosity	\$ 390.00	\$ 234.86
D7510	I & D Intra Oral	\$ 200.00	\$ 111.00
D7520	Incision and drainage of abscess - extraoral soft tissue	\$ 567.00	\$ 238.70
D7530	Removal of foreign body, skin, or tissue	\$ 280.00	\$ 126.32
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$ 325.00	\$ 233.93
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$ 385.00	\$ 304.58
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$ 525.00	\$ 382.70
D7820	Closed reduction of dislocation	\$ 255.00	\$ 182.46
D7910	Suture sm. Trauma	\$ 250.00	\$ 167.03
D7911	Complicated suture - up to 5 cm	\$ 325.00	\$ 259.51
D7912	Complicated suture - greater than 5 cm	\$ 403.00	\$ 322.08
D7920	Skin graft	\$ 1,069.00	\$ 854.77
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$ 336.00	\$ 176.85
D7963	Frenuloplasty	\$ 379.00	\$ 269.33
D7971	Excision of pericoronal gingiva	\$ 175.00	\$ 152.77
D7972	Surgical reduction of fibrous tuberosity	\$ 350.00	\$ 257.32
D7980	Sialolithotomy	\$ 381.00	\$ 304.74
D9110	Emergency palliative	\$ 95.00	\$ 42.57
D9410	House/extended care facility call	\$ 98.00	\$ 74.86
D9420	Hospital or ambulatory surgical center call	\$ 155.00	\$ 118.35
D9440	Office visit - after regularly scheduled hours	\$ 78.00	\$ 58.48
D9610	Therapeutic parenteral drug, single administration	\$ 48.00	\$ 35.09
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$ 75.00	\$ 58.01
D9630	Other drugs and/or medicaments, by report	\$ 19.00	\$ 15.20
D9930	Post op dry socket	\$ 95.00	not covered

**Rockingham County Department of Health and Human Services**

**Fees - Effective July 1, 2015**

<u>Service Description</u>	<u>CPT</u>	<u>RCDPH</u>	<u>MEDICAID</u>
		<u>RATES</u>	<u>RATES</u>
I & D Cyst/Simple/Single Abscess	10060	\$185.00	\$80.14
I & D Cyst/Complicated Multiple	10061	\$310.00	\$137.99
Pairing/Cutting Benign Lesion (Corn/Callus)	11055	\$50.00	\$35.45
Pairing/Cutting Benign Lesion 2-4 (Corn/Callus)	11056	\$105.00	\$43.48
Removal Skin Tags up to 15	11200	\$138.00	\$59.46
Removal 1 Nail Plate Partial/Complete	11730	\$160.00	\$72.54
Removal Addtl Nail Plate	11732	\$55.00	\$33.86
Insertion, Nexplanon (must be billed w/J7307)	11981	\$280.00	\$101.87
Remove Implant	11982	\$318.00	\$117.41
Removal w/reinsert, Nexplanon (must be billed w/J7307)	11983	\$490.00	\$182.72
<i>Destruction benign lesions other than skin tags &lt;15</i>	<i>17110</i>	<i>\$257.00</i>	
<i>Destruction benign lesions other than skin tags &lt;15</i>	<i>17111</i>	<i>\$306.00</i>	
Veinpuncture	36415	\$12.00	\$2.78
Finger, Heel, Ear Stick	36416	\$11.00	
Incision Thrombosed Hemorrhoid	46083	\$210.00	\$125.40
Destruction Penile Lesion	54050	\$157.00	\$98.84
Destruction Vulva Lesion	56501	\$200.00	\$100.34
Diaphragm Fitting & Instruct	57170	\$120.00	\$53.91
Colposcopy w/o Biopsy	57452	\$233.00	\$85.22
Colposcopy w/Biopsy	57454	\$331.00	\$120.87
Cryosurgery	57511	\$175.00	\$112.58
Endometrial Biopsy	58100	\$235.00	\$85.88
IUD Insertion	58300	\$160.00	\$60.97
IUD Removal	58301	\$205.00	\$74.87
Earwash/Removal Cerumen	69210	\$85.00	\$37.03
Urinalysis Dipstick w/Micro	81000	\$10.00	\$4.03
Urinalysis Dipstick w/o Micro	81002	\$10.00	\$3.25
Pregnancy Test	81025	\$20.00	\$8.04
Amines	82120	\$7.00	\$4.78
Hemocult Stool - Single	82270	\$10.00	\$4.13
Hemocult Stool - Series	82274	\$25.00	\$20.22
Cholesterol	82465	\$15.00	\$5.53
Glucose	82947	\$12.00	\$4.99
Hematocrit (Spun)	85013	\$15.00	\$3.01
Hemoglobin	85018	\$13.00	\$3.01
TB Skin Test (Flat Rate) (No Charge for Exposures)	86580	\$20.00	\$5.59
HIV Post Test Counseling	86701	\$14.00	\$11.29
Gonorrhea Culture	87081	\$25.00	\$7.33
Baterial blood smear	87205	\$8.25	
Wet Mount	87210	\$15.00	\$4.85
Strep Screen Rapid	87880	\$25.00	\$14.57
Pap Smear	88175	\$23.75	
Vaccine Admin (One) Injectable Vaccine (TJ modifier for NC Health Choice)	90471	\$20.00	\$13.71
Vaccine Admin (Two or more) Injectable Vaccines (Bill in conjunction with 90471) TJ modifier for NC Health Choice	90472	\$20.00	\$13.71
Immune Admin Oral/Nasal	90473	\$20.00	\$13.71
Immune Admin Oral/Nasal - Additional	90473	\$20.00	\$13.71
<b>Hepatitis A Vaccine (Flat Rate)</b>	<b>90632</b>	<b>\$78.00</b>	<b>\$44.16</b>

**Rockingham County Department of Health and Human Services**

**Fees - Effective July 1, 2015**

<u>Service Description</u>	<u>CPT</u>	<u>RCDPH</u>	<u>MEDICAID</u>
		<u>RATES</u>	<u>RATES</u>
Hepatitis A Vaccine (Pediatric) (Havrix) Private	90633	\$41.00	VFC
<b>Hep A/Hep B Vaccine, Adult Imm</b>	<b>90636</b>	<b>\$110.00</b>	<b>\$89.50</b>
Pedvax HIB Vaccine (Private)	90647	\$32.00	\$19.68/VFC
Gardasil Vaccine	90649	\$238.58	\$135.73
HPV Vaccine 4 Valent	90649	\$210.00	\$135.73
Flu Vaccine (6-35 months -preservative free)	90655	\$29.75	VFC
Flu Vaccine (3 yrs+ preservative free)	90656	\$29.75	\$16.75/VFC
Flu Vaccine (6-35 months-preservative)	90657	\$29.75	VFC
Flu Vaccine (3 yrs+ preservative)	90658	\$29.75	\$12.74/VFC
Flu Mist (State Supplied available only)	90660	\$30.00	\$21.24/VFC
Prevnar 13 TM Vaccine (Private)	90670	\$138.00	VFC
Intranasal Admin of Live quadrivalent infl vaccine	90672	\$29.75	
<b>Rabies Vccine</b>	<b>90675</b>	<b>\$235.00</b>	<b>\$147.06</b>
Rotavirus Vaccine (Rota Teq) Private	90680	\$117.00	VFC
Flu Vaccine no pres 3 & >	90685	\$29.75	
Intranasal admin quadrivalent inf vaccine 3 & >	90686	\$29.75	
<b>Kinrix</b>	<b>90696</b>	<b>\$55.00</b>	
<b>DTAP-HIB-IP vaccine</b>	<b>90698</b>	<b>\$90.00</b>	
Dtap Vaccine (Infanrix) Private	90700	\$35.00	VFC
DT Vaccine, <7 yrs	90702	\$35.00	
MMR Vaccine	90707	\$66.00	\$41.02
MMRV Vaccine	90710	\$142.00	
Poliovirus Vaccine (IPOL) Private	90713	\$40.00	\$24.79/VFC
TD >7 yrs IM	90714	\$30.00	\$19.25
TDaP Vaccine (Boostrix) (>10 and older) Private	90715	\$73.00	\$39.49/VFC
Varicella Vaccine (Varivax)	90716	\$115.00	\$86.42
TD Vaccine >7 yrs	90718	\$30.00	
DTAP-Hep B-IPV Vaccine	90723	\$78.00	\$72.63
Pneumonia Vaccine	90732	\$48.00	\$31.53
Meningococcal Vaccine (Menactra) Private	90734	\$155.00	\$106.87
Hepatitis B Vaccine (Children) (Engerix B) Private	90744	\$35.00	VFC
Hepatitis B Vaccine (Flat Rate)	90746	\$70.00	\$55.20
Hearing Screening air only	92551	\$23.00	\$8.27
OAE Screening (Hearing)	92587	\$65.00	\$30.08
EKG	93000	\$60.00	\$16.85
Spirometry	94010	\$60.00	\$26.37
Inhalation Treatment	94640	\$32.00	\$10.49
Developmental Screening	96110	\$19.00	\$0.00
Medication Injection	96372	\$27.00	\$17.04
Medical Nutrition Therapy (Int ea 15 min)	97802	\$65.00	\$24.51
Medical Nutrition Therapy (Subs ea 15 min)	97803	\$58.00	\$21.44
Handling & Conveyance	99000	\$13.00	
Vision Screening	99173	\$13.00	
New Patient Level 1	99201	\$88.00	\$62.10
New Patient Level 2	99202	\$151.00	\$93.15
New Patient Level 3	99203	\$220.00	\$132.48
New Patient Level 4	99204	\$340.00	\$194.58
New Patient Level 5	99205	\$350.00	\$244.26

**Rockingham County Department of Health and Human Services**

**Fees - Effective July 1, 2015**

<u>Service Description</u>	<u>CPT</u>	<u>RCDPH</u>	<u>MEDICAID</u>
		<u>RATES</u>	<u>RATES</u>
<b>Established Patient Level 1</b>	<b>99211</b>	<b>\$45.00</b>	<b>\$34.16</b>
<b>Established Patient Level 2</b>	<b>99212</b>	<b>\$89.00</b>	<b>\$56.93</b>
<b>Established Patient Level 3</b>	<b>99213</b>	<b>\$149.00</b>	<b>\$78.66</b>
Established Patient Level 4	99214	\$225.00	\$122.13
Established Patient Level 5	99215	\$265.00	\$182.16
<b>New PT Well Check Age 0-1</b>	<b>99381</b>	<b>\$260.00</b>	<b>\$90.00</b>
<b>New PT Well Check Age 1-4</b>	<b>99382</b>	<b>\$280.00</b>	<b>\$90.00</b>
<b>New PT Well Check Age 5-11</b>	<b>99383</b>	<b>\$280.00</b>	<b>\$90.00</b>
New PT Well Check Age 12-17	99384	\$245.00	\$169.00
New PT Well Check Age 18-39	99385	\$245.00	\$167.00
<b>New PT Well Check Age 40-64</b>	<b>99386</b>	<b>\$285.00</b>	<b>\$199.00</b>
<b>New PT Well Check Age 65-&gt;</b>	<b>99387</b>	<b>\$285.00</b>	<b>\$215.00</b>
Est PT Well Check Age 0-1	99391	\$225.00	\$90.00
Est PT Well Check Age 1-4	99392	\$245.00	\$90.00
Est PT Well Check Age 5-11	99393	\$245.00	\$90.00
Est PT Well Check Age 12-17	99394	\$245.00	\$90.00
Est PT Well Check Age 18-39	99395	\$215.00	\$142.00
Est PT Well Check Age 40-64	99396	\$230.00	\$158.00
Est PT Well Check Age 65->	99397	\$230.00	\$175.00
Smoking Cessation (3-10 minutes)	99406	\$18.00	
Smoking Cessation (>10 minutes)	99407	\$34.00	
Alcohol and/or Substance Screening	99408	\$32.00	
Health Risk Assessment Test	99420	\$20.00	\$8.14
<b>Post Partum Visits (Mom)</b>	<b>99501</b>	<b>\$285.00</b>	<b>\$58.29</b>
<b>Newborn Assessment (Baby)</b>	<b>99502</b>	<b>\$285.00</b>	<b>\$60.00</b>
Vaccine Admin (One) Injectable Vaccine (Birth to 20 yrs old) (Medicaid Only)	90471EP	\$20.00	\$13.71
Vaccine Admin (Two or more) Injectable Vaccines (Birth to 20 yrs old) (Bill in conjunction with 90471EP) Medicaid Only	90472 (EP)	\$20.00	\$13.71
Vaccine Admin (One) Intranasal/Oral (Birth to 20 yrs old) TJ modifier for NC Health Choice	90473 (EP)	\$20.00	\$13.71
Vaccine Admin (One Injectable Vaccine & One Intranasal/Oral Vaccine) (Birth to 20 yrs old) (Bill in conjunction with 90471) TJ modifier for NC Health Choice	90474 (EP)	\$20.00	\$13.71
<b>New PT Well Check Age 0-1</b>	<b>99381EP</b>	<b>\$260.00</b>	<b>\$90.00</b>
<b>New PT Well Check Age 1-4</b>	<b>99382EP</b>	<b>\$280.00</b>	<b>\$90.00</b>
<b>New PT Well Check Age 5-11</b>	<b>99383EP</b>	<b>\$280.00</b>	<b>\$90.00</b>
New PT Well Check Age 12-17	99384EP	\$245.00	\$90.00
New PT Well Check Age 12-17	99384FP	\$245.00	\$169.00
New PT Well Check Age 18-39	99385EP	\$245.00	\$90.00
New PT Well Check Age 18-39	99385FP	\$245.00	\$167.00
<b>New PT Well Check Age 40-64</b>	<b>99386FP</b>	<b>\$285.00</b>	<b>\$199.00</b>
Est PT Well Check Age 0-1	99391EP	\$225.00	\$90.00
Est PT Well Check Age 1-4	99392EP	\$245.00	\$90.00
Est PT Well Check Age 5-11	99393EP	\$245.00	\$90.00
Est PT Well Check Age 12-17	99394EP	\$245.00	\$90.00
Est PT Well Check Age 12-17	99394FP	\$245.00	\$146.00
Est PT Well Check Age 18-39	99395EP	\$215.00	\$90.00
Est PT Well Check Age 18-39	99395FP	\$215.00	\$142.00
Est PT Well Check Age 40-64	99396FP	\$230.00	\$158.00

**Rockingham County Department of Health and Human Services**

**Fees - Effective July 1, 2015**

<u>Service Description</u>	<u>CPT</u>	<u>RCDPH</u>	<u>MEDICAID</u>
		<u>RATES</u>	<u>RATES</u>
Oral Evaluation (Bill in conjunction w/1206CH)	D0145CH	\$52.00	\$36.35
Topical Fluoride Varnish (Bill in conjunction w/0145CH)	D1206CH	\$44.00	\$16.04
Vaccine Admin (Medicare/Medicare HMO Flu)	G0008	\$20.00	\$17.65
Vaccine Admin (Medicare/Medicare HMO Pneumonia)	G0009	\$20.00	\$16.67
Depo Provera (birth control)	J1050	\$68.00	\$39.04
Depo Medrol (upto 125 mg)	J2930	\$8.00	\$2.91
Paragard IUD	J7300	\$810.00	\$386.89
Mirena IUD	J7302	\$840.00	\$477.20
Nexplanon Implant	J7307	\$725.00	\$577.20
Albuterol	J7620	\$2.00	
Flu Vaccine (Medicare/Medicare HMO) (Fluvirin)	Q2037	\$29.75	
Flu Vaccine (Medicare/Medicare HMO) (Fluzone)	Q2038	\$29.75	
Oral Contraceptives (Females 11-55 yr old) (Max of 14 pks per 365 days)	S4993FP	\$7.65	\$3.35
RN Services	T1002	\$83.00	\$18.59



The Following Client Number has been Chosen:  
13217-ROCKINGHAM CO HEALTH DEPT

Test/Order Code	Billable Code	Unit Code	Effective Date	Quantity/Unit Price
70660	GROUP B STREP PRB	87149	09/01/2009	8.00
22940	ACUTE HEPATITIS PNL	80074	11/01/2010	36.75
23100	ALKALINE PHOSPHATASE	84075	09/01/2009	3.25
23120	ALT/SGPT	84460	09/01/2009	3.25
23210	AMYLASE	82150	09/01/2009	6.75
2905	ANEMIA PROFILE 7	82607, 82728, 82746, 83540, 83550, 85027, 85045	11/01/2010	38.00
23900	ANTI NUCLEAR AB REFLEX	86038	11/01/2010	5.00
23570	ANTI-HBC	86704	09/01/2009	14.00
2335	ARTHRITIS PANEL	84550, 86038, 86431	11/01/2010	21.75
22910	BMP	80048	09/01/2009	4.75
5990	C TRACH& N GONORR DNA SDA	87491, 87591	09/01/2009	30.75
23380	CARBAMAZEPINE	80156	11/01/2010	14.00
10000	CBC NO DIFF(COMP BLD CNT)	85027	09/01/2009	4.00
10010	CBC/DIFF	85025	09/01/2009	4.00
23220	CHOLESTEROL,TOTAL	82465	11/01/2010	2.00
3706	CLIENT PROFILE 811	80053, 80061, 84436, 84443, 84479, 85025	11/01/2010	26.61
22900	CMP	80053	11/01/2010	5.13
8300	CMP AND LIVER	80053, 82248	11/01/2010	15.50
9696	CMP WITH A/G & BUN/CREAT	80053	01/01/2014	5.13
2402	CMP WITH GFR	80053	11/01/2010	5.13
23621	CP HEPC AB RFLX-HEPC QNT	86803	01/01/2014	27.00
23060	CREATININE	82565	09/01/2009	3.25
85714	CRP,HIGH SENSITIVITY	86141	02/14/2011	104.25
59930	CT-GC APTIMA	87491, 87591	04/30/2012	30.75
70060	CULTURE GROUP A	87081	11/01/2010	8.00
8002629	CULTURE THROAT	87070	11/01/2010	8.00
70200	CULTURE,ABCESS	87070, 87205	09/01/2009	16.50
70240	CULTURE,BLOOD	87040	09/01/2009	18.25
70010	CULTURE,URINE	87086	09/01/2009	14.50
70015	CULTURE,URINE OB	87086	09/01/2009	14.50
86573	CYTOLOGY FLUID OTH,MCARE	88160	11/01/2010	55.00
23350	FERRITIN	82728	11/01/2010	4.00
23340	FOLATE	82746	11/01/2010	6.00
55271	FREE T4	84439	11/01/2010	3.75
55275	FREE T4	84439	11/01/2010	3.75
23670	FSH	83001	09/01/2009	14.50
23272	FTI		11/01/2010	0.00
23040	GLUCOSE	82947	11/01/2010	8.00
70650	GROUP A STREP PROBE	87650	11/01/2010	8.00
97203	GROUP B STREP PROBE	87081, 87149	09/01/2009	8.00
23935	H PYLORI AB,IGG	86677	11/01/2010	10.00
23897	HCG QUANT	84702	09/01/2009	12.25
1005	HEMOGLOBIN & HEMATOCRIT	85014, 85018	11/01/2010	7.50



10 Following Client Number has been Chosen:  
13217-ROCKINGHAM CO HEALTH DEPT

23375	HEMOGLOBIN A1C	83036	09/01/2009	8.50
23378	HEMOGLOBIN A1C W EAVG GLU	83036	09/01/2009	8.50
23590	HEP B SURFACE AB	86706	09/01/2009	14.00
23650	HEPATITIS B SURF AB,QNT	86706	09/01/2009	14.00
23560	HEPATITIS B SURFACE AG	87340	09/01/2009	14.00
23620	HEPATITIS C ANTIBODY	86803	09/01/2009	27.00
23630	HIV REFLEX	87389	04/06/2015	15.60
86527	HPV DNA,REFLEX TYPE 16/18	87625	01/01/2015	35.00
86523	HPV HIGH RISK	87624	01/01/2015	35.00
81071	HSV 2 GLYCOPROTEIN AB	86696	11/01/2010	15.00
81070	HSV I GLYCOPROTEIN AB	86695	11/01/2010	15.00
59020	INSULIN TOTAL	83525	03/01/2010	10.00
59021	INSULIN,FASTING	83525	03/01/2010	10.00
23310	IRON	83540	11/01/2010	5.00
2390	IRON/TIBC	83540, 83550	11/01/2010	10.00
23190	LDH	83615	09/01/2009	3.25
83780	LEAD, WHOLE BLOOD	83655	09/01/2009	12.75
23215	LIPASE	83690	09/01/2009	6.00
22930	LIPID PANEL	80061	11/01/2010	5.13
22960	LIVER PANEL	80076	09/01/2009	4.75
23930	LYME AB IGG IGM RFX NO BN	86618x2	09/01/2009	30.75
23200	MAGNESIUM	83735	09/01/2009	3.25
24065	MICROALBUMIN	82043	09/01/2009	14.50
23980	MONO SCREEN	86308	09/01/2009	9.75
86533	PAP SMEAR,THIN PREP	88142	01/01/2015	19.00
6022	PAP SMEAR,THIN PREP W/HPV	87624, 88142	01/01/2015	54.00
86521	PAP,THIN PREP W REFLX HPV	88175	01/01/2015	23.75
86528	PAP,THIN PREP,ASCUS R/HPV	88142	01/01/2015	19.00
86519	PAP,THIN PREP,IMAGING	88175	01/01/2015	23.75
97000	PAP,THIN PREP,IMAGING	88175	01/01/2015	23.75
23460	PHENOBARBITAL	80184	11/01/2010	14.00
23400	PHENYTOIN	80185	09/01/2009	14.00
23170	PHOSPHORUS	84100	09/01/2009	3.25
10040	PLATELET COUNT	85049	09/01/2009	6.00
23010	POTASSIUM	84132	09/01/2009	3.25
23895	PREGNANCY,SERUM QUAL	84703	09/01/2009	6.00
22000	PROTHROMBIN TIME	85610	09/01/2009	5.50
23780	PSA	84153	09/01/2009	8.25
23781	PSA,MEDICARE	G0103	09/01/2009	8.25
23890	RHEUMATOID FACTOR RF	86431	09/01/2009	7.50
85050	ROCKY MTN SPOT FEV,G/M	86757x2	09/01/2009	46.75
23970	RUBELLA	86762	11/01/2010	10.00
15010	SED RATE - DO NOT ORDER	85652	09/01/2009	6.00
97088	SED RATE AUTO	85652	03/06/2012	6.00
97087	SED RATE MANUAL	85651	03/06/2012	6.00
71030	SENSITIVITY STUDIES MIC	87186	09/01/2009	5.50
23110	SGOT/AST	84450	09/01/2009	3.25





The Following Client Number has been Chosen:  
13217-ROCKINGHAM CO HEALTH DEPT

23270	T3 UPTAKE	84479	09/01/2009	3.75
23265	T4	84436	11/01/2010	3.50
23300	T4, FREE	84439	11/01/2010	3.75
6017	THIN PREP PAP,W/HPV	87624, 88175	01/01/2015	58.75
6020	THIN PREP W HPV/CT/GC	87491, 87591, 87624, 88175	01/01/2015	89.50
6018	THIN PREP,IMAGING,HPVrTYP	87625, 88175	01/01/2015	58.75
3074	THYROID PANEL	84436, 84479	09/01/2009	14.50
2515	THYROID PANEL WITH TSH	84436, 84443, 84479	11/01/2010	12.60
23315	TIBC	83550	11/01/2010	5.00
23070	TOTAL BILIRUBIN	82247	09/01/2009	3.50
23280	TSH,THYROID STIM HORMONE	84443	11/01/2010	5.10
23180	URIC ACID	84550	09/01/2009	3.25
65000	URINALYSIS RFLX MICROSCOP	81003	09/01/2009	4.75
5995	URINE	87491, 87591	09/01/2009	30.75
23933	VARICELLA ZOSTER AB,IGG	86787	09/01/2009	17.50
2935	VIT B12, FOLATE	82607, 82746	11/01/2010	16.00
23330	VITAMIN B12	82607	11/01/2010	10.00
85810	VITAMIN D,25 HYDROXY	82306	11/01/2010	25.00

Any additional labs ordered by the provider, will be charged to the client based on current vendor pricing.  
Charges are to be collected at the time of service.

## OCCUPATIONAL HEALTH SERVICES

<u>Service</u>	<u>Current Fee</u>
Hourly Professional Fees	\$ 40.00
Health Risk Appraisal	\$ 3.00
Diabetes	\$ 12.00
Cholesterol	\$ 15.00
Colon Cancer	\$ 5.00
Flu	\$ 29.75 per person
Pneumonia	\$ 68.00 per person
Hepatitis B (Administration Only)	
- School System	\$ 7.00
- all others	\$ 20.00
Tuberculosis Testing (For selected population only)	\$ 20.00

### Health Department Pharmacy Drug Formulary

\$4.00 Co-Pay (when applicable)

### Prescription Assistance Program

\$2.00 per Prescription  
Administration Fee

ROCKINGHAM COUNTY ENVIRONMENTAL HEALTH FEES  
2015-2016

**Site Evaluation/Improvement Permit Application Fee**

**2015-2016**

Domestic Wastewater System <600 gpd	\$225.00
Domestic Wastewater System >600 gpd, <3000 gpd	\$380.00
Industrial Wastewater Systems and Systems >3000 gpd	\$670.00

**Authorization to Construct (Improvement Permit Already Issued)**

Domestic Wastewater System <600 gpd	\$200.00
Domestic Wastewater System >600 gpd, <3000 gpd	\$250.00
Industrial Wastewater Systems and Systems >3000 gpd	\$300.00

Permit Changes, Site Revisits (**Due to Property Owner or Agents Failure to Properly Mark Property Corners and/or Structure Locations**) \$100.00

Application Fee for Septic System Repair No Fee

Application Fee for Septic System Expansions \$125.00

Inspection of Septic System - Reconnections \$120.00

**Well Permit Application Fee - (includes the required Bacteriological Inorganic Chemical, Nitrate/Nitrite samples)** \$350.00

Well Repair Permit Application Fee	\$185.00
Well Revisit Fee/Permit Changes	\$100.00
Well Abandonment Permit Fee	\$75.00

Bacteriological Water Sample (per sample)	\$60.00
Inorganic Chemical Water Sample (per sample)	\$110.00
Nitrate Water Sample (per sample)	\$60.00
Fluoride Water Sample (per sample, without MD request)	\$60.00
Petroleum Product Water Sample (per sample)	\$110.00
Pesticide Water Sample (per sample)	\$110.00
Volatile Organic Compound Sample Fee	\$110.00
New Water Panel Test Kit	\$110.00
Activated Charcoal Radon Test Kit	\$10.00
Alpha-track Monitor Radon Test Kit	\$25.00
Tattoo Artist Permit Application Fee	\$255.00
Temporary Tattoo Artist Permit	\$75.00
Swimming Pool Annual Operation Permit Fee	\$145.00
Swimming Pool Plan Review	\$250.00
Swimming Pool – 2 <sup>nd</sup> Visit	\$65.00
Food Protection ServSafe Course (includes book and test)	\$165.00
ServSafe Course (does not include book or test)	\$95.00
ServSafe Test (does not include course or book)	\$50.00
Plan Review Fee (Review of Rest. Plans)	\$220.00
Food Ownership Change Plan Review	\$90.00
Temporary Food Stands and Limited Food Stands	\$75.00
Health Dept.-Sanctioned Rabies Vaccination Clinic Fee Per Animal	\$7.00
Paper Copy (per copy)	\$0.25