

CAG
BCC
#14
★

RESOLUTION
NUMBER 2014- 109

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF CHARLOTTE COUNTY, FLORIDA, AMENDING RESOLUTION NO. 2010-019, WHICH ADOPTED NEW ENVIRONMENTAL HEALTH FEE SCHEDULES, BY DELETING THE FIVE-YEAR PERMIT FEE FOR MANAGED SEPTIC SYSTEMS WITHIN THE SPRING LAKE MSBU; AND PROVIDING AN EFFECTIVE DATE.

RECITALS

WHEREAS, on April 13, 2010, the Board of County Commissioners of Charlotte County, Florida ("Board"), adopted Resolution No. 2010-019 relating to environmental health fees, including a \$115 five-year permit fee for all managed septic systems (copy attached as Exhibit 1 and incorporated herein by reference); and

WHEREAS, in August 2013, the Board created the East & West Spring Lake Wastewater MSBU (MSBU) in order to provide central wastewater services to the area; and

WHEREAS, the Board has assured the residents of the new MSBU that Charlotte County Utilities (CCU) will work with the local Division of Environmental Health staff to assist residents whose septic systems are failing so that those residents don't have to spend funds on both a septic system about to be replaced and the new central wastewater system; and

WHEREAS, one of the Board's identified goals is to eliminate the \$115 five-year permit fee for all managed septic systems in the MSBU; and

15
MWA

WHEREAS, to that end, the Board now desires to amend Resolution No. 2010-019 by deleting the permit fee for septic systems in the MSBU as previously recommended by both the Stakeholders Committee for the MSBU and the Board.

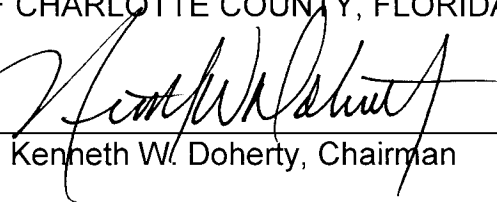
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Charlotte County, Florida:

1. Resolution No. 2010-019 of the Charlotte County Board of County Commissioners is hereby amended by deleting the \$115 five-year permit fee on Page 2 of Attachment "A" entitled Environmental Health Fee Schedule for managed septic systems within the East & West Spring Lake Wastewater MSBU.
2. This Resolution shall take effect immediately upon its adoption.

PASSED AND DULY ADOPTED this 22ND day of APRIL, 2014.

BOARD OF COUNTY COMMISSIONERS
OF CHARLOTTE COUNTY, FLORIDA

By



Kenneth W. Doherty, Chairman

ATTEST:

Barbara T. Scott, Clerk of Circuit
Court and Ex-officio Clerk to the
Board of County Commissioners

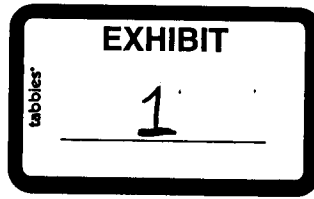
By


Deputy Clerk

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:


Janette S. Knowlton, County Attorney
LR#1157 MB

City
Book
14



CHARLOTTE COUNTY CLERK OF CIRCUIT COURT
OR BOOK 3473, PGS 370-382 13 pg(s)
INSTR # 1929863
Doc Type GOV, Recorded 04/21/2010 at 09:25 AM
Rec. Fee: \$112.00
Cashiered By: CAROLINEH Doc. #:1

**RESOLUTION
NUMBER 2010 - 019**

**A RESOLUTION OF THE CHARLOTTE COUNTY BOARD
OF COUNTY COMMISSIONERS REPEALING
RESOLUTION NO. 2007-120, AS AMENDED; REPLACING
RESOLUTION No. 2007-120 WITH NEW
ENVIRONMENTAL HEALTH FEE SCHEDULES; AND
PROVIDING AN EFFECTIVE DATE.**

RECITALS

WHEREAS, the Charlotte County Health Department ("CCHD") provides public health services to the citizens of Charlotte County, as delineated in a contractual agreement between the State of Florida Department of Health and the Board of County Commissioners ("Board") of Charlotte County; and

WHEREAS, Chapter 154, Florida Statutes, provides that fees charged for services provided by the CCHD shall be recommended by the Director of the CCHD and established by resolution of the Board; and

WHEREAS, the Board has previously adopted Resolution No. 2004-230 adopting a fee schedule for the CCHD, as amended by Resolution No. 2007-120 and as further amended by Resolution 2009-169; and

WHEREAS, the Board has requested and the Director of the CCHD has agreed that the fees established by Resolution No. 2004-230, as amended, be revised.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Charlotte County, Florida;

1. Resolution No. 2004-230, as amended, is hereby repealed and replaced by this Resolution, which supersedes all previous resolutions establishing fees for the CCHD.

2. This Resolution authorizes the CCHD to collect fees according to the following fee schedules, all attached hereto and incorporated herein by reference:

IMAGED
4-22-10 AP


A hand-drawn five-pointed star with a textured, stippled appearance. Below the star, the name "Mina" is written in a cursive script, with the number "13" written below it.

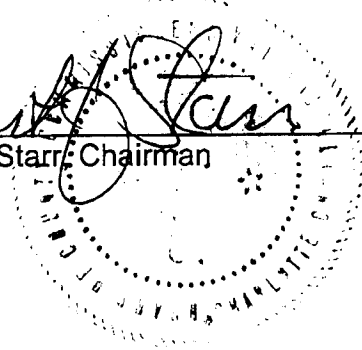
- Attachment "A," Environmental Health Fee Schedule;
- Attachment "B," Clinic Fee Schedule;
- Attachment "C," Class Fee Schedule; and
- Attachment "D," Miscellaneous Fees Schedule.

3. The fee schedules shown in Attachments "A," "B," "C," and "D" shall become effective on the first Monday following the date of adoption of this Resolution.


PASSED AND DULY ADOPTED this 13th day of April, 2010.

BOARD OF COUNTY COMMISSIONERS
OF CHARLOTTE COUNTY, FLORIDA


BY: 
Robert J. Starr, Chairman



ATTEST:
Barbara T. Scott, Clerk of Circuit
Court and Ex-officio Clerk to the
Board of County Commissioners

By: 
Deputy Clerk

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY


Janette S. Knowlton, County Attorney
MB

Attachment "A"
CHARLOTTE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH FEE SCHEDULE

ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS):

Application for permitting of an onsite sewage treatment and disposal System which includes application and plan review for new, modification and repair permits	\$200.00
Application for permitting of a new Performance-based treatment system	\$125.00
Site evaluation for a system repair or modification of system	\$115.00
Site re-evaluation, new or repair or modification	\$50.00
New system or system modification installation inspection	\$75.00
Inspection of system previously in use	\$95.00
Reinspection fee per visit for site inspections after system construction approval	\$50.00
Installation reinspection of non-compliant system per each site visit	\$50.00
System abandonment permit, includes permit issuance and inspection	\$50.00
Amendments or changes to the operating permit during the permit period per change or amendment	\$50.00
Aerobic Treatment Unit operating permit (biennial)	\$100.00
Biennial operating permit fee for performance based treatment system. A prorated fee is to be charged beginning with the second year of operation.	\$100.00
Review of application due to proposed amendments or changes after initial operating permit issuance for a performance based treatment system	\$30.00
Tank Manufacturer's inspection per annum	\$100.00
Septage disposal service permit per annum	\$75.00
Portable or temporary toilet service permit per annum	\$75.00
Aerobic Treatment Unit Maintenance Entity permit per annum	\$25.00
Variance Application for a single family residence per each lot or building	\$200.00
Variance application for a multi-family or commercial building per each building site	\$300.00
Land Split Determinations	\$100.00

Attachment "A"
CHARLOTTE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH FEE SCHEDULE

Commercial zoning Occupancy Approval Application	\$55.00
Annual license fee for all Septic Contractors, plumbers and plumbing contractors who install, repair, modify or service Baseline OSTDS, Advanced Performance Systems, or ATUs	\$140.00
Five-year permit fee for all managed septic systems to be pumped and inspected every five years in Manchester Lock area and any other systems requiring mandatory pumping or as cited in the Florida Statutes or Florida Administrative Code.	\$115.00
<u>FOOD ESTABLISHMENTS:</u>	
Fraternal/Civic Organizations	\$55.00
School Cafeterias	\$45.00
Hospitals/Nursing Homes	\$55.00
Movie Theaters	\$55.00
Jails/Prisons	\$55.00
Bars/Lounges	\$55.00
Residential Facilities	\$55.00
Child Care Centers	\$55.00
Limited Food Services	\$55.00
Other Food Services	\$55.00
Food Service Operators Seminar	\$12.00
<u>PUBLIC SWIMMING POOLS AND BATHING PLACES:</u>	
Annual Permit – Up to (and including) 25,000 gallons	\$125.00
Annual Permit – more than 25,000 gallons	\$50.00
Exempted Condo Pools (over 32 units)	\$175.00
Swimming Pool Operators Seminar	\$12.00
<u>TANNING FACILITIES:</u>	
Annual License Fee	\$80.00
Fee for each additional device	\$30.00
<u>GROUP CARE FACILITIES (GROUP CARE FACILITIES THAT SERVE THREE (3) OR FEWER CLIENTS ARE EXEMPT):</u>	
Adult Family Care Home:	\$140.00
Assisted Living Facility:	
4 – 24 Residents	\$250.00
25 Residents or More	\$325.00

Attachment "A"
CHARLOTTE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH FEE SCHEDULE

Child Caring Agency:	
4 – 24 Residents	\$275.00
25 Residents or More	\$300.00
Child Care Centers:	
Child Care No Food Service	\$2.00/Child
Child Care Snack Only	\$3.00/Child
Child Care Meals	\$3.00/Child
Child Care Limited Catered Meals	\$3.00/Child
Minimum Fee	\$150.00
Maximum charge not to exceed	\$600.00
Crisis Stabilization Unit:	
4 – 24 residents	\$250.00
25 Residents or More	\$275.00
Foster Home:	\$50.00
Intermediate Care Facility for the Developmentally Disabled:	\$175.00
Residential Alcohol, Drug, and/or Mental Health Facility:	
4 – 12 Residents	\$250.00
13 Residents or more	\$300.00
Residential Group Home:	
4 – 24 Residents	\$250.00
25 Residents or more	\$300.00
Residential Hospice:	
4 – 24 Residents	\$250.00
25 Residents or more	\$300.00
Schools: All Schools [Private School, Public School, Charter School, Vocational School, Community College, University]:	
Minimum Fee (499 students and under)	\$220.00
Maximum Charge Not to Exceed (500 students and over)	\$650.00
Transitional Living Facility:	
4 – 24 Residents	\$250.00
25 Residents or More	\$300.00
Other Residential Facility:	
4 – 24 Residents	\$250.00
25 Residents or more	\$275.00
<i>(Other residential facilities are facilities not specifically identified in the list above, but which meet the definition of a community based Residential Facility as defined in 64E-12 of the Florida Administrative Code, as amended.)</i>	

Attachment "A"
CHARLOTTE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH FEE SCHEDULE

Other Applicable Fees for all Facility Types:	\$145.00
Reinspection Fees <i>(Reinspection fees are applied to second reinspection and any more thereafter.)</i>	
<u>BODY ART FACILITIES:</u>	
Body Art Facilities Permit	\$100.00
Medical Waste Generation Permit Initial	\$75.00
Medical Waste Generation Permit Renewal	\$50.00
<u>MOBILE HOME & RECREATIONAL VEHICLE PARKS:</u>	
Annual permit for 5 to 14 spaces (Minimum Fee \$125.00)	\$75.00
Annual permit for 15 to 171 spaces	\$75.00
Annual permit for 172 and above spaces	\$600.00
<u>DRINKING WATER:</u>	
Private and public drinking water sample processing and shipment to lab for bacteriological analysis. Allows free sampling for indigent persons and disease investigations.	
Chemical and bacterial drinking analysis Pb, NO3, DFU's	\$100.00
First Year Public Water Annual Operation Permit and Construction Permit – Limited Use	\$75.00
Second Year Public Water Annual Operation permit – Limited Use	\$75.00
Sanitary Survey – with well variance request	\$75.00
Limited Use Commercial Registered System Designation	\$100.00
Multi-Family Water construction Permit – serving 3 or 4 non-rental residence	\$110.00
Initial Operating Permit Fee after March 31 of any year	\$40.00
<u>MISCELLANEOUS:</u>	
Microwave oven test (by request)	\$45.00
Radon Gas Test Kit	\$15.00
“After the Fact” permit fee (in addition to the regular permit fee)	100%
Reinspection of all regulated facilities and OSTDS	\$145.00

Attachment "A"
CHARLOTTE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH COUNTY FEE SCHEDULE

Annual permit late fee (per month after due date)	\$50.00
Plan reviews and visits by request	\$60.00/hr

Attachment "B"
CHARLOTTE COUNTY HEALTH DEPARTMENT
CLINIC FEE SCHEDULE

Established Patient

HIV Pre-test	\$20.00
Tubal Counseling/Procedure	\$1,650.00

Labs

OL Pap Smear	\$18.00
OL Pap Smear	\$30.00
OL PSA	\$10.00
OL Surgical Pathology (Leep)	\$64.00
Cervical Biopsy (Colpo)	\$42.00

State Labs

HebB Core Antibody	\$17.00
HepCTiter	\$55.00
HIV	\$8.00
RPR Syphyllis Screen (Qualitive test)	\$6.00
RPR Syphyllis Screen (Quanitation)	\$6.00
MHA (if RPR+)	\$6.00
Enteric Culture	\$13.00
Gonorrhea Culture	\$19.00
Salmonella Culture	\$19.00
Intestinal O & P	\$13.00
Pin Worm	\$6.00
Glucose	\$6.00
Lead-initial	\$17.00
SGOT	\$7.00
SGPT	\$8.00
Culture/Smear Nucleic Acid	\$12.00
Drug Susceptibility	
Referred culture ID	
Hemoglobin A1c	\$14.00
Sickle Cell	\$8.00

Pharmacy

IM Hep A adult, Intramuscular	\$50.00
IM Hep B Vaccine	\$50.00
IM Hep A/Hep B Combo	\$60.00
IM Hep B, Adult Medicaid 19-20 yr old	\$50.00
IM Gamma Vaccine	\$46.00
IM MMR Vaccine	\$65.00
IM Meingoc Vaccine	\$100.00
Rabie RIG I Vial	\$84.00
IM TDAP Vaccine	\$55.00
IM VZV Vaccine	\$95.00

Established Patient

Counseling 15 min	\$22.00
Counseling 30 min	\$32.00
Counseling 45 min	\$42.00

Attachment "B"
CHARLOTTE COUNTY HEALTH DEPARTMENT
CLINIC FEE SCHEDULE

Work Physical	\$50.00
School Physical	\$50.00
Negative Pregnancy Test (No Visit)	\$8.00

Well Visits / Preventive Medicine Services

New Patient

Under 1	Medicare
1 – 4	Medicare
5 – 11	Medicare
12 – 17	Medicare
18 - 21	Medicare
18 – 39	Medicare
40 – 64	Medicare
65 & over	Medicare

Established Patient

Under 1	Medicare
1 – 4	Medicare
5 – 11	Medicare
12 – 17	Medicare
18 - 21	Medicare
18 – 39	Medicare
40 – 64	Medicare
65 & over	Medicare

Labs

OL AMA Basic Metabolic Panel	Medicare
OL AMA Comprehensive Metabolic	Medicare
OL AMA Electrolyte	Medicare
OL AMA Thyroid w/TSH	Medicare
OL Anti DSDNA Antibodies	Medicare
OL CBC w/Differential Plate	Medicare
OL Culture for Identification / Upper Respiratory	Medicare
OL Depakote	Medicare
OL Digoxin Serum	Medicare
OL Dilantin	Medicare
OL FSH	Medicare
OL HCG Qualitative	Medicare
OL Hep B Surface Antibody (Titer)	Medicare
OL Hepatitis Panel	Medicare
OL ID Hepatic Function	Medicare
OL ID Lipid Panel LDL, HDL Ratio	Medicare
OL Lithium Level	Medicare
OL Mumps Antibodies, IGG	Medicare
OL Prolactin	Medicare
OL Prothrombin	Medicare
OL Rubella Virus IGG Antibody	Medicare
OL Rubella Virus IGM Antibody	Medicare
OL Rubeola Virus IGG Antibody	Medicare

Attachment "B"
CHARLOTTE COUNTY HEALTH DEPARTMENT
CLINIC FEE SCHEDULE

OL Rubeola Virus IGM Antibody	Medicare
OL Tegretol	Medicare
OL Theophylline	Medicare
OL TSH	Medicare
OL UA Complete	Medicare
OL Uric Acid	Medicare
OL Urine Culture, Routine	Medicare
OL Varicella-Zoster Virus IGG	Medicare
OL Wound Culture	Medicare
OL Venipuncture	Medicare
OL PCR Quantitative for HEP C	Medicare
OL HCV QuantaSure	Medicare
OL Hep C Genotype	Medicare
OL Alpha-feto protein	Medicare
OL T3	Medicare
OL T4	Medicare
OL PT/INR	Medicare
OL PTT	Medicare
OL Preg teest quant. Serum	Medicare
OL serum cryoglobulins	Medicare
OL Hemoglobin Alc	Medicare
OL Sed rate	Medicare
OL RA factor	Medicare
OL ANA	Medicare
OL ANC	Medicare
OL Platelet County	Medicare

In House Labs

Blood Sugar	Medicare
Hemoglobin	Medicare
HemmoCult	Medicare
Wet Prep	Medicare

Pharmacy

Rabies Vaccine, Intramuscular	Medicare
-------------------------------	----------

New Patient

Focused 10 min (Self limited or minor)	Medicare
Expanded 20 min (low severity)	Medicare
Detailed 30 min (moderate severity)	Medicare
Comprehensive 45 min (moderate to high severity)	Medicare
Comprehensive 60 min (high complexity)	Medicare

Established Patient

Minimal Visit	Medicare
Expanded 20 min (low severity)	Medicare
Detailed 30 min (moderate severity)	Medicare
Comprehensive 45 min (moderate to high severity)	Medicare
Comprehensive 60 min (high complexity)	Medicare

Attachment "B"
CHARLOTTE COUNTY HEALTH DEPARTMENT
CLINIC FEE SCHEDULE

Colpo of Cervix	Medicare
Colpo of Cervix w/Biopsy	Medicare
Endometrial Biopsy	Medicare
Colpo w/loop electrode (leep)	Medicare
TB Risk Factor Assess / Skin Test / Read	Medicare
EDG w/interpretation	Medicare
FP Norplant Removal	Medicare
Vasectomy Counseling / Procedure	Medicare
RN Medicaid CBR Protocol Visit (Poss Pregnancy)	Medicare

Attachment "C"
CHARLOTTE COUNTY HEALTH DEPARTMENT
CLASS FEE SCHEDULE

Class Fee Schedule

HIV / AIDS:	\$25.00
104 (4 Hrs)	\$10.00
1-Hr Update	\$20.00
2-Hr Update	\$25.00
500 (4 Hrs)	\$75.00
501 (20 Hrs)	

CPR & FIRST AID

American Heart Association Curriculum 2 YR Certification

Pre-Registration & Payment Required by Monday Prior to Class

CPR (4 Hrs) Infant, Child, Adult & AED	\$30.00
FIRST AID (4 Hrs)	\$30.00

DOMESTIC VIOLENCE

1-Hr Class	\$10.00
------------	---------

TUBERCULOSIS

2-Hr Class	\$20.00
------------	---------

MEDICAL ERRORS

2-Hr Class	\$20.00
------------	---------

NUTRITION CONSULTATION

\$10.00/15 min

TEEN TOBACCO CITATION CLASS

\$35.00

TOBACCO CESSATION CLASS – Sliding fee scale

\$75.00

Attachment "D"
CHARLOTTE COUNTY HEALTH DEPARTMENT
MISCELLANEOUS FEE SCHEDULE

Expedited / Overnight Delivery of Documents	\$12.00
Notary Service	\$8.00
Passport Photo	\$9.00