

KITSAP PUBLIC HEALTH BOARD

*The Kitsap Peninsula is home of sovereign Indian nations, namely the
Suquamish and Port Gamble S’Klallam Tribes*

MEETING AGENDA

October 1, 2024

10:30 a.m. to 11:45 a.m.

Chambers Room, Bremerton Government Center
345 6th Street, Bremerton WA 98337

(Health Board members may participate remotely via Zoom)

- 10:30 a.m. 1. Call to Order
Dr. Tara Sell, Chair
- 10:31 a.m. 2. Approval of September 3, 2024, Meeting Minutes
Dr. Tara Sell, Chair *Page 4*
- 10:32 a.m. 3. Approval of Consent Items and Contract Updates
Dr. Tara Sell, Chair [External Document](#)
- 10:34 a.m. 4. Public Comment – **Please See Notes at End of Agenda for Remote Attendees**
Dr. Tara Sell, Chair
- 10:44 a.m. 5. Health Officer and Administrator Reports
Dr. Gib Morrow, Health Officer & Yolanda Fong, Administrator

DISCUSSION ITEMS

- 10:50 a.m. 6. Update on Resolution 2021-01, Declaring Racism a Public Health Crisis
Erica Whares, Equity Program Coordinator *Page 8*
- 11:05 a.m. 7. Onsite Sewage System Ordinance 2008A-01 Revision Update
John Kiess, Environmental Health Director *Page 22*
- 11:25 a.m. 8. Proposed Adjustments to the 2025 Environmental Health Fee Schedule
John Kiess, Environmental Health Director *Page 39*
- 11:45 a.m. 9. Adjourn

*All times are approximate. Board meeting materials are available online at
www.kitsappublichealth.org/about/board-meetings.php*

Attending/viewing Health Board meetings

Members of the public can attend Kitsap Public Health Board meetings **in person** at the time and location listed at the top of the agenda.

Health Board meetings will broadcast **live on Comcast channel 12, WAVE channel 3, and on the BKAT website at <https://www.bremertonwa.gov/402>**. A video recording of the meeting will be made available at <https://kitsappublichealth.org/about/board-meetings.php>, typically within 48 hours of meeting adjournment.

Providing public comment

Verbal public comment: Members of the public can provide spoken public comment to the Health Board by attending the meeting in person at the time and location listed at the top of the agenda. * Members of the public who attend in person can make verbal comments during the Public Comment agenda item or as specified by the Health Board Chair.

As this meeting is a regular business meeting of the Health Board, the Chair will establish a time limit for public comment to ensure enough time is allowed for all agenda items to occur prior to adjournment. Each public commenter will receive a specific amount of time to address the board as determined by the Chair.

Written comments may be submitted by mail or email to:

Mail:

Kitsap Public Health Board
Attention: Executive Secretary
345 6th Street, Suite 300
Bremerton, WA 98337

Email:

healthboard@kitsappublichealth.org

All written comments received will be forwarded to board members and posted on the Health Board's meeting materials webpage at <https://kitsappublichealth.org/about/board-meetings.php>.

**If you are unable to attend a meeting in person and need to request an accommodation to provide verbal public comment, please email healthboard@kitsappublichealth.org or call 360-728-2235.*

Health Board meeting notifications and materials

To sign up to receive Kitsap Public Health Board meeting notifications by email or text message, go to kitsappublichealth.org/subscribe, email pio@kitsappublichealth.org, or call 360-728-2330. Notifications are typically sent on the Thursday prior to each regular Tuesday meeting.

A schedule of regular Health Board meetings is posted at <https://kitsappublichealth.org/about/files/board-meeting-schedule.pdf>

Materials for each meeting, including an agenda, minutes from the prior Health Board meeting, and informational meeting packet, are posted prior to each scheduled meeting at <https://kitsappublichealth.org/about/board-meetings.php>. Printed materials are available for meeting attendees. A video recording and copies of presentations are posted to the board meetings website after each meeting.

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
September 3, 2024**

The meeting was called to order by Chair Tara Sell at 10:31 a.m.

Each Board member provided a brief introduction.

APPROVAL OF MINUTES

Member Stephen Kutz moved and Member Drayton Jackson seconded the motion to approve the minutes for the July 2, 2024, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The September consent agenda included the following contracts:

- 2203, Amendment 20, *Washington State Department of Health, Consolidated Contract*
- 2210, Amendment 4, *Jefferson County Public Health, Nurse Family Partnership*
- 2420, *Washington State Department of Health, Essence Data Sharing Agreement*
- 2426, *Olympic Educational Service District, Head Start*

Mayor Becky Erickson moved and Mayor Rob Putaansuu seconded the motion to approve the consent agenda. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Administrator Update:

Yolanda Fong, Administrator, shared four updates:

- The Health District and Kitsap County Commission on Youth and Children are partnering to hold an annual youth forum that focuses on bridging the gap between Kitsap youth and elected officials. The forum will be held at the Norm Dicks Government Center on October 15th from 4:00 p.m. to 7:00 p.m. The Commission on Youth and Children is asking elected officials to participate and those interested can contact Ms. Fong for more details.
- The Health District is working towards reaccreditation with the Public Health Accreditation Board (PHAB). A 30-minute virtual site visit with members of the Board will be held on October 1st at 12:00 p.m. and requires the participation of at least one Board member. Ms. Fong will send additional information to the Board via email.
- The Washington State Local Board of Health training registration has been extended to September 10th. Ms. Fong will send the agenda to Board members for consideration. The Board discussed the training opportunity and Member Stephen Kutz said the 2023 training was very helpful.

- On August 26th Member Dr. Michael Watson was reappointed to the Kitsap Public Health Board by the Kitsap County Board of Commissioners. Dr. Watson will continue to represent healthcare facilities and providers during his next four-year term. Ms. Fong congratulated Dr. Watson and thanked him for his contributions to the Board.

There was no further comment.

Health Officer Update:

Dr. Gib Morrow, Health Officer, provided the Board with several updates:

- September is National Recovery Month and National Emergency Preparedness Month. The Health District's Public Health Emergency Preparedness and Response program will be giving a presentation related to emergency preparedness at the next all-staff meeting.
- International Overdose Awareness Day was on August 31st. The Health District disseminated a bulletin containing strategies to recognize, respond to, and prevent overdoses. Improvements have been observed in destigmatization, integration and coordination of services, and the sharing of information and resources. Additionally, hospital emergency departments and emergency medical services saw a decrease in overdose responses in the second quarter of 2024. More Kitsap residents are receiving medication treatment for opioid use disorder, due in part to programs who work to make it easier to start buprenorphine outside of traditional settings. Dr. Morrow said he is optimistic that recent investments in opioid prevention and treatment will continue to reverse trends seen in the past decade.
- The World Health Organization (WHO) recently declared a public health emergency related to the surge of mpox cases in the Congo and released a strategic plan for containing the spread of the virus. Though the risk to Kitsap and the United States is low, the Health District is monitoring the outbreak and prepared to respond. Last year, a United Kingdom study showed the mpox vaccine is 80% effective and prevented hospitalizations in those who received it.
- There was a slight increase in COVID-19 activity over the summer, but that activity has since slowed. Officials expect another increase as communities enter the school year and holiday season. People with respiratory illness are encouraged to isolate until their fever has resolved for at least 24 hours and symptoms are improving overall.
- New COVID-19 vaccines were recently approved and will be made available to those six months of age and older. The vaccines have been reconfigured to protect against the current Omicron variant and can be co-administered with flu and RSV vaccines. Dr. Morrow urged the public to stay up to date on their COVID-19 vaccines.
- Dr. Morrow discouraged consumption of unpasteurized milk due to avian influenza and e. Coli risks. Infection from e. Coli O157 and other variants cause severe diarrheal illness and can lead to complications like kidney disease and anemia.
- The first case of tularemia transmission from a marine mammal to a human was identified by Health District staff Wendy Inouye and Michelle McMillan. The findings were published in the August CDC Morbidity and Mortality Weekly Report. Typically,

tularemia is transmitted from rabbits and rodents. Transmission does not typically spread easily between people, but it is highly infectious through contact, aerosols, and insects. Dr. Morrow noted that the public should limit interactions with wildlife as two-thirds of all new infectious diseases originate in animals.

- A recall was released in June for Diamond Shroomz products, which were found to contain various psychoactive mushroom-derived compounds. The products were associated with around 150 cases of illness and 60 hospitalizations, as well as two potentially associated deaths nationwide. Dr. Morrow thanked the Health District's Food and Living Environment program for their work in getting Diamond Shroomz products removed from Kitsap stores.
- There has been a dramatic increase in the number of sexually transmitted infections (STI) being diagnosed in hospital emergency departments, rather than outpatient, non-acute settings. This may be due to inaccessible primary care, lack of health insurance, inadequate funding and support of primary care and other preventative services, closures of STI clinics due to decreased funding, patient preference for convenience and anonymity, or general health literacy.
- The Health Care Authority (HCA) released data showing the extent to which personal healthcare costs are rapidly outpacing personal income in Washington State over the past 20 years. Dr. Morrow said this has been a major driver of economic health, disproportionately impacting middle- and lower-income individuals. Medical debt and healthcare costs are increasingly concerning, highlighting the importance of identifying strategies to deliver high quality cost-effective health services and address the social conditions which contribute to poor health and high-cost services. Dr. Morrow said the memo included in the Board's packet provides a six-month progress update on the work being done to address the Johns Hopkins report recommendations, noting the Health District anticipates further updates to the Board on a regular basis.

Board members discussed Dr. Morrow's updates and asked clarifying questions.

There was no further comment.

EXECUTIVE SESSION TO REVIEW THE PERFORMANCE OF A PUBLIC EMPLOYEE PER RCW 42.30.110(G)

Chair Sell announced that the Board would recess to the closed executive session at 11:00 a.m. to discuss the performance of a public employee. She noted that the Board will adjourn after the executive session.

At 11:22 a.m., Chair Sell extended the closed executive session for 10 minutes.

ADJOURN

There was no further business; the meeting adjourned at 11:28 a.m.

Dr. Tara Sell
Kitsap Public Health Board

Yolanda Fong
Administrator

Board Members Present: *Mayor* Becky Erickson; *Member* Drayton Jackson; *Member* Stephen Kutz; *Deputy Mayor* Ashley Mathews; *Mayor* Rob Putaansuu; *Commissioner* Christine Rolfes; *Member* Dr. Tara Sell; *Member* Jolene Sullivan; *Mayor* Greg Wheeler.

Board Members Absent: *Member* Dr. Michael Watson.

Community Members Present: Rod Younker, *Summit Law*.

Scribe: Margo Chang, *Management Analyst, Kitsap Public Health District*.

Staff Present: Yolanda Fong, *Administrator, Administration*; Jessica Guidry, *Assistant Director, Community Health Division*; Adrienne Hampton, *Policy, Planning, and Innovation Analyst, Administration*; Karen Holt, *Program Manager, Human Resources*; Melissa Laird, *Program Manager, Finance and Accounting*; Dr. Gib Morrow, *Health Officer, Administration*; Lynn Pittsinger, *Director, Community Health Division*; Tad Sooter, *Public Information Officer*.

MEMO

To: Kitsap Public Health Board
From: Erica Whares, Equity Program Coordinator
Date: October 1, 2024
Re: Update on Kitsap Public Health Board Resolution 2021-01, Declaring Racism a Public Health Crisis

It has been nearly three and a half years since the Kitsap Public Health Board issued Resolution 2021-01, Declaring Racism a Public Health Crisis. That resolution included a list of commitments and objectives for the Health District and the Board to engage in to increase health equity in our County.

This presentation will be a progress report on the commitments within the resolution. The updates presented will highlight the work that our Equity Teams has been involved in regarding policy improvement, workforce development, community engagement, and agency infrastructure.

The Equity Team has updated the Resolution Status Report (also attached) and plans to provide annual updates to the Board to keep you apprised of the work of our Equity team and our plans for next steps.

Recommendation

None – informational only.

If you have any questions, please contact me at (360) 979-6054 or erica.whares@kitsappublichealth.org.

Kitsap Public Health Board Resolution 2021-01 Declaring Racism as a Public Health Crisis Kitsap Public Health District Status Report (Updated 9/19/2024)

This status report provides an update on the work that Kitsap Public Health District (KPHD) is doing to meet the commitments adopted in Resolution 2021-01.



Ongoing review of existing **policies and procedures** to address and reform structures and processes that contribute to race-based decisions and actions.

Update: During our agency's Public Health Accreditation Board (PHAB) reaccreditation process, we conducted an equity review of select documents and policies to ensure the incorporation of an equity lens.

Next Steps: Our internal Equity Committee and Equity team will pilot, test, and utilize an Equity Impact Review Tool to review policies as they're updated with an equity lens.



Ongoing review of **programs and services** through a racial justice and equity lens to identify and implement changes to ensure equity within programs, regardless of race.

Update: Our agency's 2024 strategic implementation plans include components to ensure the incorporation of equity throughout District activities.

Next Steps: The Equity team and the internal Equity Committee will be creating, finalizing, and piloting an Equity Impact Review Tool to evaluate existing programs and services and inform prospective programs and services through an equity lens.



Application of strategies for recruiting and hiring a **workforce** that reflects the demographic, cultural and linguistic characteristics of the populations it serves.

Update: KPHD's Equity team continues to support the Human Resources program and is working to identify opportunities to collaborate on recruitment processes.

Next Steps: Prioritization of next steps for the Equity team will be informed by results of the agency's participation in the national Public Health Workforce Interests and Needs (PH WINS) survey, which collects demographics of the workforce and captures individual public health workers' perspectives on key issues including training needs and emerging concepts in public health.



All-employee **professional development program** that includes training on core competencies in health equity, cultural competency, and anti-racism.

Update: We are offering twice-monthly Lunch and Learn sessions that provide informational learning spaces related to specific equity-related topics. These sessions are open to all KPHD employees.

Next Steps: The Equity team has created a draft training plan, that will cover topics such as Fostering an inclusive and anti-racist workplace, Cultural Humility and Allyship, Social Determinants of Health/Root Causes of Oppression, Health Inequities in Kitsap and an overview of health equity (Part I of Health Inequities), and a Showcase of How KPHD Programs Address Health Inequities (Part II of Health Inequities).

Kitsap Public Health Board Resolution 2021-01 Declaring Racism as a Public Health Crisis Kitsap Public Health District Status Report (Updated 9/19/2024)

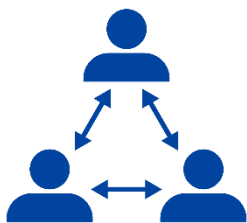
This status report provides an update on the work that Kitsap Public Health District (KPHD) is doing to meet the commitments adopted in Resolution 2021-01.



Establishing an **internal equity committee**, consisting of employees from all Kitsap Public Health District divisions, whose primary purpose will be to make recommendations regarding and help facilitate implementation of equity plans and activities.

Update: Our internal Equity Committee met for the first time in September 2024. Internal recruitment will continue in December to fill vacant committee positions.

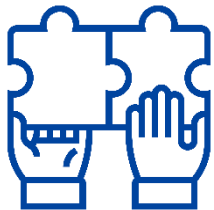
Next Steps: The internal Equity Committee will finalize their Charter in the coming months and will help create an Equity Impact Review Tool in 2025.



Sustaining a **Community Liaison position** with a focus on equity, who will be dedicated to conducting outreach to, and receiving feedback from, Black, Indigenous, and People of Color (BIPOC) and other communities facing health inequities.

Update: KPHD has an Equity & Performance Program with a manager, coordinator, and a community engagement specialist. The Community Engagement Specialist was hired in October 2022, and has met with leaders from and organizations serving, BIPOC and other communities experiencing health inequities; and participates in community meetings and events. The Equity team has hosted KPHD information tables at 7 events in 2023 and 11 community events so far in 2024.

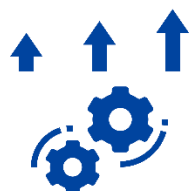
Next Steps: KPHD's Equity team will continue to develop and nurture lasting, authentic relationships with communities facing health inequities.



Partnering with community to **co-create solutions** to address structural inequities.

Update: In November 2022, we launched the Kitsap Health Equity Collaborative (HEC) as a means of bringing together organizations and community leaders representing and serving communities experiencing health inequities to identify and co-create solutions. The collaborative has 30+ organizations represented and has named 3 top priorities for action: Accessible Mental Health Services, Affordable Housing, and Accessible Medical Care.

Next Steps: The HEC will continue to discuss the named priorities and act as a forum for brainstorming and enacting change in 2025.



Promoting policy and system level changes within Kitsap County to move beyond equity only and undo racist structures.

Update: Our Policy Analyst created a Policy Map, approved by the Kitsap Public Health Board in November 2023. The Policy Map aims to be responsive to community needs and reflects focus areas for policy and systems change, including a priority to support policy development led by community partners that leads to positive public health outcomes.

Next Steps: Our Equity Program will continue meeting with other DEI leaders for cross-governmental collaboration to bolster a Health in All Policies approach to decision making.

Update on Resolution 2021-01: *Declaring Racism a Public Health Crisis*



Erica Whares (she/they)
Equity Program Coordinator
Equity & Performance Program



Declaring Racism a Public Health Crisis

History of Resolution 2021-01

- COVID-19 revealed and widened longstanding health inequities
- Kitsap community members called for concrete action on racism and equity
- KPHD employees drafted a resolution, received community input, and shared with the Kitsap Public Health Board
- In May 2021, the Board declared racism a public health crisis (Resolution 2021-01).

Resolution 2021-01

- Resolution acknowledges longstanding inequities and includes commitments
- Commitments fit into 5 categories

Resolution 2021-01 Commitments:



Policies, Procedures, and Programs



Workforce Development



Agency Infrastructure



Community Partnerships



Public Health Board



Policies, Procedures, and Programs

- During our Public Health Accreditation Board (PHAB) reaccreditation process, we conducted an equity review of documents and policies incorporated equity considerations.
- **Upcoming:**
 - Our Equity Committee and Equity Team will develop and pilot an Equity Impact Review Tool to review updated policies with an equity lens.



Workforce Development

- Hosting Lunch and Learn-sessions each month to introduce and/or review Equity topics with KPHD employees
- Revised the internal equity training plan
- KPHD's Equity Team continues to support our Human Resources program to identify opportunities to collaborate on recruitment processes.



Agency Infrastructure

- Launched internal Equity Committee in September 2024. Upcoming tasks include finalizing a Committee Charter, developing an Equity Impact Review Tool, and piloting trainings.
- Equity Team is now part of the Equity & Performance Program



Community Partnerships

- Continuing to:
 - Host information tables at community events (7 events in 2023, 11 events so far in 2024)
 - Build and foster authentic relationships with community leaders and organizations
 - Be active in various community coalitions and community initiatives
 - Convene the Kitsap Health Equity Collaborative. The group is currently moving to action



Kitsap Public Health Board

- This is our 5th update to the Board since the creation of the KPHD Equity Team
- KPHD's Policy Analyst created a Policy Map in 2024 that was approved by the Board your November 2023 meeting
- Continue to update the Board on our work

Our priorities for 2025



- Create and pilot an internal and external Equity Impact Review Tool
- Conduct additional Equity trainings for all employees including Cultural Humility and Allyship
- Continue to offer monthly Lunch and Learn sessions on equity topics to all employees
- Continue to support the Health Equity Collaborative as they move to action
- Continue to show up to support populations facing the most health inequities

THANK YOU!

Erica Whares (she/they)
Equity Program Coordinator
Erica.whares@kitsappublichealth.org

kitsappublichealth.org



MEMO

To: Kitsap Public Health Board

From: John Kiess, Environmental Health Director

Date: October 8, 2024

Re: Kitsap Public Health Board Onsite Sewage System (OSS) Ordinance Revision

Background and Introduction

The Kitsap Public Health District has had local OSS regulations since 1961 and the Health Board has a current OSS Regulation - [Ordinance 2008A-01, Onsite Sewage System and General Sewage Sanitation Regulations](#). The current ordinance now requires revision due to the recently adopted changes to [Chapter 246-272A Washington Administrative Code \(WAC\), Onsite Sewage Systems](#).

The State rule was adopted by the Washington State Board of Health in January 2024, with an effective date for the majority of the changes, of April 1, 2025. Our local ordinance must be revised to be consistent with, and at least as stringent as, the newly revised WAC.

During the regular Board meeting on May 7th, a brief presentation was made to update the Board on the Kitsap Public Health District's OSS regulatory framework and provide an overview of the ordinance revision process and general areas of revision.

Since January of this year, we have been working with our existing local OSS technical advisory committee (TAC) to incorporate both required State rule changes and local changes to clarify and/or address common challenges in relation to our existing rules. With the TAC's help, we have prepared a new draft ordinance and

summary of changes. Our local ordinance must be reviewed and approved by the Washington State Department of Health prior to their effective date. After today's update, we plan to solicit comment from the public and stakeholders and submit our working draft to the State for review before the end of 2024. In early 2025 we plan to hold a public hearing and present a final draft to the Board for adoption.

Please see attached summary of changes. For reference you can also find the current Ordinance on our website at:

https://kitsappublichealth.org/environment/regulations_policies.php

Recommendation

None – informational only.

Please feel free to contact me at any time regarding this ordinance revision process. I can be reached at (360) 728-2290, or john.kiess@kitsappublichealth.org with any questions or comments.

Onsite Sewage System Ordinance Revision



Presenter
John Kiess
Environmental Health
Director

What is an Onsite Sewage System?

Onsite sewage systems (OSS), also known as septic systems, treat wastewater from private residences, restaurants, or other situations where flows are less than 3,500 gallons per day.



Kitsap Public Health OSS Program

Currently, there are more than 57,000 onsite sewage systems in Kitsap County.

1961 - First local OSS ordinance, 15 years before a State rule

2011 - Last amendment to the current Kitsap Public Health Board Ordinance 2008A-01



Washington State Department of Health Rule Revision

2018 - WA DOH initiated the WAC 246-272A rule revision process

January 2024 – New rule adopted by the State Board of Health with an effective date of April 1, 2025

Local health jurisdictions can use this interim period to update their local regulations to be submitted and approved by DOH to become effective after DOH approval



WA DOH Rule Revision Key Changes

- **Requires OSS property transfer inspections at time of sale**
- **Establishes a “Minor Repair” definition and exemption to permitting for minor repairs**
- **For OSS repairs (replacements) establishes requirements and enforcement and reporting of OSS failures**
- **Provides support for a local OSS remediation policy**
- Increases minimum lot size and useable land area requirements for the creation of new lots that will utilize OSS
- Adds new definitions and updates technical design standards
- Requires DOH review of local OSS management plans to determine if updates are needed

Bold font - KPHD Ordinance 2008A-01 already includes these requirements

Kitsap Public Health Ordinance Revision Timeline

- **January** – Started monthly ordinance revision meetings with existing OSS Technical Advisory Committee
- **May** - Kitsap Public Health Board update
- **October** – Kitsap Public Health Board update
- Public/Stakeholder comment period
- **November** – Draft rule sent to DOH for approval
- **January/February 2025** – Possible Kitsap Public Health Board public hearing for adoption of new ordinance

THANK YOU!

John Kiess –
john.kiess@kitsappublichealth.org



kitsappublichealth.org

Regulation Section and Old Language	New Language/Change/Removed
Various	RCW 70 citations revised to 70A citations
Various	Replace onsite sewage system with OSS
Section 6.H.1.b)	Change to: "Permit the repair or replacement of the OSS only when a conforming system or a system designed in compliance with or proposing to use Table X in WAC 46-272A-0280 can be designed and installed."
Section 6.H.3	Change to: "The owner of a residence, building, structure, etc., served by a non-conforming OSS, an OSS permitted as a repair under Table X of WAC 246-272A-0280, or an OSS where waivers were granted due to the inability to meet required horizontal or vertical setbacks required at the time of system construction, shall abandon the system according to the requirements Section 6.I., and connect to a public sewer system when:"
Section 10, Table 1A	New setbacks from WAC
Section 10.B.10.e)	Change "incomplete-review terminated" to "expired."
Section 10.C.3.b)(2)	Change to WAC requirements- "Allow the horizontal separation distance between the edge of a primary or reserve soil dispersal component and a water well, spring, or surface water that is not a public water source if the applicant can demonstrate the OSS meets (a), (b), or (c) of this subsection: (a) Adequate protective site-specific conditions, such as physical settings with low hydrogeologic susceptibility from contaminant infiltration. Examples of such conditions include evidence of confining layers, an aquitard that separates potable water from the OSS treatment zone, excessive depth to groundwater, down-gradient contaminant source, or outside the zone of influence; or (b) Design and proper operation of an OSS with enhanced treatment performance beyond that accomplished by meeting the vertical separation and effluent distribution requirements described in Table VI in WAC 246-272A-0230; or (c) Evidence the OSS satisfies the requirements of (a) and (b) above."
Section 10.D.1.b)(13)	Add: "Every soil log must have a ramp that provides for entry and exiting into the soil log without the need of aid."
Section 10.E. Table 3	New treatment/disinfection levels based on soil type from WAC
Section 10.F.1	Add: "Designers shall: Provide calculations and assumptions supporting the proposed design, including: System operating capacity and design flow;"
Section 10.F.1.e)(1)	Change to: "Non-Residential Buildings, Structures, or Facilities: Shall have design capacities pursuant to "Onsite Wastewater Treatment Systems Manual," USEPA, EPA-625/R-00/008, February 2002 (available upon request of the Department), or as determined by the Health Officer-in consultation with the designer and owner-based on available information. Sewage flows from other sources of information may be used in determining system design flows if they incorporate both an operating capacity and a surge capacity; and"
Section 10.F.2.b)	Remove the word "double" from double-sweep cleanout.
Section 10.F.6, Table 5	New loading rate Table 5 from the WAC
Section 10.F.6.a).(1)	Remove: "Pressurized & timed-dosed." Beds shall be designed for installation only in Soil Types 2 through 3, or in fine sands, with a width not exceeding 10 feet;
Section 10.F.6.d	Remove ASTM 2729 from approved piping, eliminates need for Policy #33

Regulation Section and Old Language	New Language/Change/Removed
Section 11.B.9.c) & e)	Removed applicable building department and change wording to approvals will be made available to the applicant.
Section 12.B.3 & 14.B.13	Change to: "The local health officer may allow the resident owner of a single-family residence to install the OSS for that single-family residence except when: 1. the primary and reserve areas are within 200 feet of marine water; 2. the Primary and reserve areas are within 100 feet of surface water; or 3. The installation permit meets Table X standards in WAC 246-272A-0280."
Section 12.B.6	Change language to: A Health Officer approved Building Site Application or Repair Plan application shall be obtained for each development project prior to submitting an Onsite Sewage System Installation Permit application to the Health Officer. For new construction, a Building Permit number must be issued or approved by the applicable building department in order to obtain an installation permit. To obtain an Onsite Sewage System Installation Permit prior to the Building Permit being approved or issued, a waiver to the requirement approved by the Health District and the applicable building department is required.
Section 12.B.7, 12C.4(3)(a), 14.E.3.d)(3) & 10.F.9.c)	Remove: "A "Notice to Title of Alternative Onsite Sewage System Requirements," shall be recorded with the auditor, and submitted to the Health Officer along with the Record of Construction, for alternative systems."
Section 12.C Figure 7	Deleted Figure 7-covered in Policy #37
Section 12.C. Figure 6 & paragraph below	Change to: "Installer submits the following to Health Officer PRIOR to starting system installation."
Section 12.D.2.d)	Change to: "Horizontal sewer piping shall not contain 90-degree elbow fittings;"
Section 12.D.5	Add: "Aerobic Treatment Units: -A 1,000 gallon trash tank will be utilized prior to the aerobic treatment unit. When it is not possible to locate a 1,000 gallon trash tank, at the discretion of the Health Officer, a smaller tank may be utilized (minimum 500 gallons) or the tank may be removed from the design. -Air lines must have positive flow. -Air pumps external to the aerobic treatment unit: 1. Shall be installed in a location that is well-ventilated; 2. Shall be installed in a location that is well-drained: (a) Constructed storage compartments require positive drainage placed at the lowest point of the air motor; and (b) Positive drainage may not be directed into any of the tanks. 3. Shall be protected from the elements; 4. Must be located in an area where access for all required inspections can be performed. Locating the air motor in areas such as crawlspaces or locked buildings is prohibited."
Section 12.D.5 & Policy #24	Add: "Media Standards: 1. For non-proprietary treatment components, the filter media must meet the Coarse Sand Media Specifications of a, b & c below: a. Particle Size Distribution-add chart. b. Effective Particle Size (D10) > 0.3 mm. c. Uniformity Coefficient (D60/D10) < 4.0. 2. For proprietary treatment components, the filter media must meet the minimum requirements specified by the manufacturer. 3. A copy of the receipt from where the sand was acquired shall be presented as part of the final record of construction." Also add coarse sand specifications chart.

Regulation Section and Old Language	New Language/Change/Removed
Section 12.D.6.b)(2) & 12.D.6.c)(2) & Policy 39	Add: "Orifice orientation must be specified by the designer and adhered to by the installer. For pressure distribution gravelless trenches or beds: Orifice holes are orientated at the 12 o'clock position, except for the last orifice in the lateral, which may be pointed in the 6 o'clock position. For pressure distribution gravel trenches or beds: Orifice holes may be oriented at either the 12 o'clock or 6 o'clock position."
Section 12.D.6.b)(3)	Add "In gravelless chambers, the pressure line must be secured to the top of the chamber in accordance with the manufacturer's recommendations; and"
Section 12.D.6.c)	Add: "Trenches must be installed at least 9" into native soil, or a detailed plan for installation must be submitted by the designer, including clearing and a stake-out."
Section 12.D.6.d)	Add: "Trenches must be installed at least 10" into native soil, or a detailed plan for installation must be submitted by the designer, including clearing and a stake-out."
Section 12.D.7 & Policy #12	Add a section Curtain Drains under Water Interceptors: "1. The curtain drain shall be located up-gradient, and generally parallel to the orientation of the dispersal component it is intended to protect. 2. Curtain drains shall be considered for sites with at least 3% slope in the dispersal component area, where the drain pipe daylight elevation is below the lowest elevation of the curtain drain collector pipe. 3. The curtain drain daylight discharge must be situated to have both positive drainage and be directed so as not to create a water drainage issue to other properties. 4. The curtain drain shall extend a minimum of ten (10) feet past both ends of the dispersal component. 5. The curtain drain collector pipe shall be placed at least six inches into the uppermost restrictive layer identified for vertical separation, or at least three (3) feet below the lowest elevation of the dispersal component. 6. The curtain drain shall be constructed of approved materials and be filled with an appropriate material that allowed adequate collection and diversion of groundwater into the collector pipe (See Figure). 7. For curtain drains installed in Soil Types 1-4, some type of flexible, impermeable barrier (e.g. minimum six (6) millimeter polyethylene plastic) that is not subject to damage during the construction process, shall be installed on the dow-gradient (dispersal compoent) side of the curtain drain, and shall extend below the collector pipe, to the original ground surface, and the length of the curtain drain. 8. The curtain drain shall include observation ports, constructed of rigid pipe and allowing a clear view from the surface of the ground to the inside of the curtain drain collector pipe, to the finished grade at both ends of the collector pipe. 9. Curtain drains installed to protect OSS shall be constructed under a sewage installation permit."
Section 13.C.16 and 13.G.10	Add: "Property owners who are required to maintain a valid monitoring and maintenance service contract are responsible to pay for contract fees to the Health District. The maintenance service provider shall act as the owner's agent in collecting the contract fee and submitting it to the Health District through the OnlineRME system."
Section 13.C.2	Change to: "Keep the flow of sewage to the OSS at or below the approved operating capacity and sewage quality."

Regulation Section and Old Language	New Language/Change/Removed
Section 13.D.9	Delete: "For property with an alternative system in conformance with the monitoring and maintenance requirements of these regulations, that has not been conveyed within one (1) year of issuance of the evaluation report and is still under the ownership of the same person, the Health Officer may extend the period of validity of the evaluation report up to a maximum of three years from the date of issuance of the last report."
Section 15.B.1. Table 9	New lot size minimums from WAC
Section 15.B.2	New land size requirements from the WAC
Section 17 & Policy #34	Replace 2.a), 2.b), and 2.c) with "A. Certifications issued by the Health Officer shall be valid for a maximum of one year, and shall expire on March 31st of each year. B. Certifications expired for greater than ninety (90) days or longer shall be declared null and void and will require full conformance with these regulations to become active again, except for the work experience requirements which may be waived, at the sole discretion of the Health Officer, based upon the results of a performance review of the applicant's work history. C. Renewing contractors shall utilize forms and processes approved by the Health District. D. Certifications granted by the Health Officer are not guaranteed and may not be renewed if the contractor is not in good standing with the terms and conditions of their certification."
Section 17.A.1 and 17A.3 & Policy #35	Add: "1. Only Health Officer-certified individuals or their employees shall provide service to, or on, or construction, repair, or modification of, an onsite sewage system. An employee is defined as a person in the service of another under any contract of hire, express or implied, oral and written, where the employer has the power or right to control and direct the employee in the material details of how the work is to be performed. The person is covered by the employer's insurance, bond, and licensing. 2. Health Officer-certified individuals may not subcontract installation, pumping, or maintenance service provider work they are responsible for to any other individuals or companies. 3. In the event of contractor illness or emergency, only Health Officer-certified individuals may take over work for a certified individual."
Section 17.A.5 & Policy #34	Change to: "Certifications expired for greater than ninety (90) days or longer shall be declared null and void and will require full conformance with these regulations to become active again, except for the work experience requirements which may be waived, at the sole discretion of the Health Officer, based upon the results of a performance review of the applicant's work history."
Sections 17.B.1.d),e),f) and 17.B.2.b)(2), (3) & Policy #34	Add: "Obtain and provide proof to the Health District of a valid Washington State contractor's license. The Washington State contractor's license must be valid in a non-suspended status at all times to perform services related to one's Health District certification."
Section 17.B.1.i), Section 17.C.1.i), and Section 17.D.1.h)	Remove last sentence and add: "Upon request by the Health District, the certified individual shall provide documentation of professional development, including, but not limited to, continuing education classes and demonstrated field knowledge."
Section 17.C.1.g)	Added "including proprietary systems."

Regulation Section and Old Language	New Language/Change/Removed
Section 17.D.1.d),e) and 17.D.2.b)(2) and Policy #34	Add: "Obtain and provide proof to the Health District of a valid Washington State contractor's license; or Obtain and provide proof of Commercial Limited Liability Insurance. Insurance coverage shall be at least in the amount of: 1. \$50,000.00 property damage policy; and 2. \$200,000.00 public liability policy; or 3. \$250,000.00 combined single limit policy; or 4. As required by the Washington State Department of Labor and Industries. The Washington State contractor's license or Commercial Limited Liability Insurance policy shall be valid at all times to perform services related to one's Health District certification."
Section 17.D.1.f).(1)	Change to: "Pump Trucks. Prior to issuing certification, the applicant shall provide an attestation that the pump truck(s) shall meet applicable state Department of Transportation and the following requirements:"
Section 17.F.1.b)	"expedition" should be "expeditious"
Section 17-B.	Add: "Installers, pumpers and monitoring and maintenance service providers are certified as individuals. However, in the event that a company has more than one certified individual per certification type, the company, as well as the certified individual, may be subject to disciplinary action for violations of the regulations. "
Section 18.B.5.	Remove reference to drinking water waiver form as we now have a combined form.
Section 20.C	Add: "Health Board hearings can only be sought if appealing a Health Officer decision."
Section 5 Definitions-Accessory Dwelling Unit (ADU)	Change to: "Accessory Dwelling Unit - Detached --- a secondary residence on a single building lot, that contains provisions for sleeping, cooking, and sanitation. Such buildings are located on lots that meet the minimum land area requirement for each living unit for onsite sewage and water supply, are subject to zoning and land use regulations, and generally meet the onsite sewage requirements that are applicable to a primary residence. "
Section 5 Definitions-Accessory Living Quarters (ALQ)	Change to: "Accessory Dwelling Unit – Attached --- A separate dwelling unit contained within, or directly connected by a minimum of four feet to the habitable space of, the primary residence."
Section 5 Definitions-Black Water	Add: "Black water-any waste from toilets or urinals."
Section 5 Definitions-Building Drain	Add: "Building drain-that part of the lowest piping of a building's drainage system that receives the discharge of sewage from pipes inside the walls of the building and conveys it to the building sewer beginning two (2) feet outside the building wall."
Section 5 Definitions-Design Flow	Add: "Design flow-the maximum volume of sewage a residence, structure, or other facility is estimated to generate in a (twenty-four-hour) 24-hour period. It incorporates both an operating capacity and a surge capacity for the OSS during periodic heavy use events. The sizing and design of the OSS components are based on the design flow."
Section 5 Definitions-Detention Pond	Change to: "Detention pond-an earthen impoundment used for the collection and temporary storage of stormwater runoff."
Section 5 Definitions-Distribution Technology	Add: "Distribution technology --- any arrangement of equipment or materials that distributes sewage within an OSS. Also known as a SSAS or drainfield."
Section 5 Definitions-DS&G	Add: "DS&G-Department Standards & Guidance."

Regulation Section and Old Language	New Language/Change/Removed
Section 5 Definitions-E. Coli	Add: "E. Coli-Escherichia coli bacteria - Counts of these organisms are typically used to indicate potential contamination from sewage or to describe a level of needed disinfection, typically expressed as colony forming units per 100 milliliters."
Section 5 Definitions-EPA	Add: "EPA-United States Environmental Protection Agency."
Section 5 Definitions-Fill	Add: "Fill-unconsolidated material that: - Meets soil types 1-6 textural criteria and is used as part of a soil dispersal component; -Is used to change grade or to enhance surface water diversion; -Is any other human-transported material."
Section 5 Definitions-Fill	Change our definition to of fill to definition of: "Disturbed soils."
Section 5 Definitions-Floodplain	Add: "Floodplain-An area that is low-lying and adjacent to a stream or river that is covered by water during a flood."
Section 5 Definitions-GPD	Add: "GPD-Gallons per day."
Section 5 Definitions-Infiltration Pond	Add: "Infiltration Pond-an earthen impoundment used for the collection, temporary storage, and infiltration of stormwater run-off."
Section 5 Definitions-LOSS	Add: "LOSS-Defined under WAC 246-272B."
Section 5 Definitions-Malfunction	Add: "Malfunction-a damaged or deficient previously conforming OSS component that may be corrected by means of a minor repair."
Section 5 Definitions-Minimum Usable Land Area	Add:" Minimum usable land area-the minimum land area within the minimum lot size required per development using an OSS, which is based on soil type and type of water supply. Minimum usable land area is free of all physical restrictions and meet minimum vertical and horizontal separations."
Section 5 Definitions-Minor Repair	Add: "Minor repair --- The repair or replacement of any of the following existing damaged or malfunctioning OSS components except the replacement of a sewage tank, treatment component, or soil dispersal component is not considered a minor repair: 1. Building sewers; 2. Any other portions of tightline in the OSS; 3. Risers and riser lids; 4. Sewage tank baffles; 5. Effluent filters; 6. Sewage tank pumps and lids; 7. Pump control floats; and 8. OSS inspection boxes and ports."
Section 5 Definitions-Operating Capacity	Add: "Operating capacity-the average daily volume of sewage an OSS can treat and disperse on a sustained basis. The operating capacity, which is lower than the design flow, is an integral part of the design and is used as an index in OSS monitoring."
Section 5 Definitions-Person	Add: "Person-any individual, corporation, company association, society, firm, partnership, joint stock company, or any governmental agency or the authorized agents of these entities. For the purposes of these regulations, a person is defined to include: 1. Applicant, 2. Reapplicant; 3. Permit holder; or 4. An individual associated with 1, 2 or 3 above, including, but not limited to: a. Board members; b. Officers; c. Managers; d. Partners; e. Association members; f. Agents; and g. Third persons acting with the knowledge of such person."
Section 5 Definitions-Platy Structure	Platy structure-soil that contains flat pedes that lie horizontally and often overlap. This type of structure impedes the vertical movement of water.
Section 5 Definitions-Record of Construction	Add: "Also known as "as-built."
Section 5 Definitions-Rejuvenation & various	Delete Rejuvenation from the Regulations

Regulation Section and Old Language	New Language/Change/Removed
Section 5 Definitions-Remediation	Add: "Remediation-Any action, approved by the local health officer, which attempts to restore the function of a previously conforming OSS dispersal component that has failed. Remediation is not considered: 1. a minor repair; 2. a repair; 3. an additive; or 4. a treatment of distribution technology that allows the OSS to meet a specific treatment level."
Section 5 Definitions-Seepage Pit	Add: "Seepage pit (dry well)- an excavation more than three feet deep where the sidewall of the excavation is designed to dispose of septic tank effluent."
Section 5 Definitions-Septage	Change to: "Septage-liquid or solid material removed from sewage tanks, cesspools, portable toilets, type III marine sanitation devices, vault toilets, pit toilets, recreational vehicle holding tanks, or similar systems that receive only domestic sewage."
Section 5 Definitions-Sewage Tank	Change to: "A prefabricated or cast-in-place septic tank, pump chamber, dosing chamber, holding tank, grease interceptor, recirculating filter tank or any other tanks as they relate to OSS including tanks for use with proprietary products."
Section 5 Definitions-Site Plan	Change to: "construction plan."
Section 5 Definitions-Soil Log	Change to: "Soil log --- a detailed description of soil characteristics providing information on the soil's capacity to act as an acceptable treatment and disposal medium for sewage. Can also refer to the test pit itself, which must be constructed/excavated according to the requirements of these regulations."
Section 5 Definitions-SSAS	Add: "SSAS-a subsurface soil absorption system that is a soil dispersal component of trenches or beds containing either a distribution pipe within a layer of drainrock covered with a geotextile, or an approved gravelless distribution technology, designed and installed in suitable soil, with either gravity or pressure distribution of the treatment component effluent."
Section 5 Definitions-Subsurface Drip System	Add to definition: "An efficient pressurized wastewater distribution system that can deliver small, precise doses of effluent to soil surrounding the drip distribution piping, also known as dripline."
Section 5 Definitions-Suitable	Add: "Suitable-original, undisturbed, unsaturated soil of soil types 1-6 with at least the vertical separation required for the SSAS type."
Section 5 Definitions-Termination Date	Remove definition-expiration date in regulations. Delete all references to termination.
Section 5 Definitions-TN	Add: "TN-total nitrogen, typically expressed in milligrams per liter."
Section 5 Definitions-Treatment Level	Change definition for treatment level-update to: "one of the following levels (A, B, C, BL1, BL2, BL3, E, & N) to: 1. Identify treatment component performance demonstrated through requirements specified in WAC 246-272A-0110, and 2. Match site conditions of vertical separation and soil type with treatment components."
Section 5 Definitions-Unknown OSS	Add: "Unknown OSS-an OSS that was installed without the knowledge or approval of the local health jurisdiction, including those that were installed before such approval was required."
Section 5 Definitions-Unpermitted Sewage Discharge	Add: "Unpermitted sewage discharge-the discharge of sewage or treated effluent from an unknown OSS."
Section 5 Definitions-Very Gravelly	Add: "Very gravelly-soil containing thirty-five (35) percent or more, but less than sixty (60) percent rock fragments by volume."

Regulation Section and Old Language	New Language/Change/Removed
Section 5 Definitions-Water Supply Protection Zon	Add: "Water supply protection zone-the land area around each existing or proposed well site to protect the water supply from contamination."
Section 5 Definitions-Well	Add: "Well-any excavation that is constructed when the intended use of the well is for the location, diversion, artificial recharge, observation, monitoring, dewatering, or withdrawal of groundwater for agricultural, municipal, industrial, domestic, or commercial use. The following are not considered a well: 1. A temporary observation or monitoring well used to determine the depth to a water table for locating an OSS; 2. An observation or monitoring well used to measure the effect of an OSS on a water table; 3. An interceptor of curtain drain constructed to lower a water table; and 4. A dewatering well used temporarily for the purpose of a sewage tank or pump chamber installation."

MEMO

To: Kitsap Public Health Board

From: John Kiess, Environmental Health Director

Date: October 8, 2024

Re: Proposed Adjustments to the 2025 Environmental Health (EH) Fee Schedule

Background and Introduction

The Kitsap Public Health Board is authorized by RCW 70.05.060 and RCW 70.46.120 to establish and charge fees for issuing or renewing licenses, permits, or for such other services as are covered by local law.

Kitsap Public Health Board Budget Policy Article XII provides that the goal for the District's Environmental Health Division fees is to recover the cost of service for fee related activities. The budget policy also directs the Health District to maintain a minimum operating reserve of no less than the cost of two months of budgeted operating expenses.

At the December 2017 regular meeting, the Board adopted an updated Environmental Health (EH) fee schedule for 2018 – 2026. The Board supported the Finance Committee recommendations related to EH fees:

1. In accordance with Board policy, the EH Fee Schedule should be adjusted to recover the actual cost of service;
2. The base hourly rate should be increased from \$109 to \$145 over a two-year period (2018 and 2019); and

3. An annual automatic escalator, tied to increases (if any) in the Seattle Consumer Price Index (CPI) as of April in the current year for the following year's fees, should be applied to the EH Fee Schedule for budget years 2020 – 2026.

In 2019, the Board amended the EH Fee “escalator” concept to allow for individual fee adjustments for specific fee items when other fees were already adequate to cover the actual cost of service.

In 2022, the Board adopted Resolution 2022-09, which established that CPI-related fee adjustments should still be considered as needed for future years of 2023 through 2026, with a minimum increase of 3% per year and a maximum of 6% per year.

2025 Fee Schedule Review and Draft Budget

For the 2025 fee schedule review, the 2024 CPI was 4.4%, so a 4.4% fee increase is proposed for the 2025 fee schedule for the Food and Living Environment (FLE) program *only*. Based on the draft 2025 Health District budget, the Food and Living Environment (FLE) program shows an approximate deficit of \$79,000, which is most likely an under representation of the deficit due to us being in the middle of budget development and not all anticipated expenses have been included. In addition, the FLE program is still showing a deficit despite a substantial allocation of Washington State Foundational Public Health System (FPHS) funds to support program activities that cannot be fully supported by fees (e.g., foodborne illness complaint response, smoking complaint response, etc.).

The Drinking Water and Onsite Sewage (DWOSS) and Solid and Hazardous Waste (SHW) programs are following a multi-year budget plan to spend down some of their existing reserve balances and no fee schedule increases are proposed for these two programs for 2025. One fee reduction is proposed for the DWOSS program.

Proposed Changes to the 2025 Environmental Health Fee Schedule

- Based on the existing fee resolutions, a 4.4% overall increase is proposed using the CPI escalator for the FLE program. A 4.4% increase would have an approximate revenue increase of \$44,600. For perspective, please see the draft 2025 fee schedule (Attachment 1, changes highlighted) showing the individual Food and Living Environment permit fees reflective of a 4.4% increase. These proposed changes would bring the budgeted program deficit to \$38,500.

- Added a new seasonal caterer and seasonal mobile food unit permit type, with fees equivalent to 75% of the full operating permit.
- Added a new pool reinspection without site visit fee to align with how food establishment reinspection fees are structured.
- Restructuring the Food and Living Environment program fees in more organized categories.
- Based on the current level of effort and the increasing septic inventory in the County, we propose reducing the Septic System Monitoring and Maintenance Annual Contract Fee from \$30 to \$20. Septic monitoring and maintenance fees have been in place since 1996 and have been adjusted to address the Health District's costs of providing this oversight throughout the years. This is the second decrease in this fee since 2022. An approximate revenue decrease of \$130,000 will result from this fee reduction.

Recommendation

Based on the Finance Committee review (planned for October 8, 2024), the Health District will present a draft fee schedule resolution to the full Board at the regular November meeting. The Health District will provide information about these proposed changes to stakeholders and existing permit holders prior to the adoption of an updated fee schedule.

Please feel free to contact me at any time regarding these proposed fee revisions. I can be reached at (360) 728-2290, or john.kiess@kitsappublichealth.org with any questions or comments.

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2025)**

<u>GENERAL</u> ^{1,2,3}	2024 Fee	2025 Fee
Administrative Meetings or Appeal Hearings:		
Pre-Application / Administrative Review Conference Fee ⁷	150	150
Administrative Review Meeting with Environmental Health Director	150	150
Appeal Hearing with Health Officer	450	450
Appeal Hearing with Board of Health (Hearing with Health Officer is a required prerequisite)	600	600
Standard Hourly Rate	150	150
Delinquent Service/Payment > 30 days Overdue	1%/day up to 30 days	1%/day up to 30 days
Non-Sufficient Funds (NSF) Fee	25	25
Refund Handling Fee ⁴	25	25
Photocopies (Plus postage and handling when applicable)	\$0.15/copy	\$0.15/copy
Work without Prior Approval Fee: The cost of the original applicable permit fee the applicant failed to obtain in addition to the cost of the current applicable permit fee.	Project Specific	Project Specific
<u>WATER</u>	2024 Fee	2025 Fee
(*Note: Please refer to Onsite Sewage Program section for Building Site Applications and Building Clearance service charges.)		
Group B public water system annual operating permit	75	75
Water Status Reports:		
Water Status Reports - Public Water Supply - Group A or B	145	145
Water Status Reports - Private Individual and Private Two-Party (includes bacteriological water sample)	315	315
Water Status Reports - Private Individual and Private Two-Party (includes bacteriological and nitrate water samples)	345	345
Water Status Reports - Private Individual and Private Two-Party (no water samples)	295	295
Amended Water Status Report (following correction of items of non-compliance - includes a site inspection and water sample)	165	165
Amended Water Status Report (following correction of items of non-compliance, no site inspection and no KPHD sampling)	110	110
Building Clearances for Sewered Properties:		
Properties with a public water supply	90	90
Properties with a private water supply	145	145
Water System Reviews:		
New, Expanding, or Existing Unapproved Group B ⁵	1,030	1,030
Alterations to Approved Group B ⁶	580	580
Sanitary Surveys:		
Group A	735	735
Group B	440	440
Surface Seal Inspection	145	145
Well Decommissioning	225	225
Waiver Applications	145	145
Irrigation Well Waiver Applications	295	295
Well Site Inspections (Not Associated with BSA):		
Replacement, Group A or B Public Well Site, Irrigation or other Water Well	590	590
Amended Well Site Inspection	145	145
Coordinated Water System Plan Review	145	145
Miscellaneous:		
Copy of local regulations (Plus postage and handling when applicable)	10	10
Repeat Inspections for Code Violations ⁷ (When not Otherwise Specified).	145	145
Private Water Supply Treatment Design Review ⁷	435	435
Environmental Monitoring Services: Environmental Monitoring/Reporting ⁷ (Labor Only).	145	145

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2025)**

<u>ONSITE SEWAGE</u> ^{2,3}	2024 Fee	2025 Fee
New/Alteration/Expansion Building Site Applications (BSA) (Total includes mandatory Drinking Water service charges as shown):		
Single Family Residential Onsite Sewage System w/Private Water Supply (Existing or proposed water source)	1,085	1,085
Single Family Residential Onsite Sewage System on Public Water Supply	820	820
Multi-Family/Community, Residential or Commercial Onsite Sewage System on Private Water Supply	1,250	1,250
Multi-Family/Community Residential or Commercial Onsite Sewage System on Public Water Supply	955	955
Redesign BSA - with site visit	330	330
Redesign BSA - Design package change only, no site visit	145	145
Repair or Replacement BSA (No Alteration or Expansion) - Includes OSS Waiver(s)	550	550
OSS Remediation Application	295	295
Drainfield Aeration Report	115	115
BSA Revisions (Minor Site Plan changes)	75	75
BSA Wet Weather Review ¹⁰	295	295
Building Clearance (BC) - Residential	335	335
Building Clearance - Commercial	550	550
Building Clearance Exemption ¹¹	110	110
Commercial Building Clearance Exemption ¹¹	145	145
Accepted BSA/BC Records Replacement for Building Permit	10	10
BSA - Compliance: (For Reserve area/Records establishment for Onsite Sewage System (OSS) when submitted independently)	295	295
Sewage System Permits:		
New, Replacement, or Repair Installation	600	600
Tank Replacement/Connection, Component Repair/Replacement, Remediation	225	225
Re-Inspection for Sewage Disposal Permit Violation	225	225
OSS Installation Wet Weather Review	145	145
Monitoring and Maintenance Fees: ¹³		
Annual Contract fee	30	20
Incomplete/Erroneous Report Resubmittal Fee	30	20
Pumping or Inspection Report Submittal Fee (RESERVED)	TBD	TBD
OSS Waiver Requests	145	145
Installer, Pumper and Maintenance Specialist (including Residential Homeowner) Certifications:		
Initial Certification	440	440
Annual Renewals of Valid Certifications: ⁸		
Installer, Maintenance Specialist & Pumper (1st Truck)	225	225
Annual Pumper Renewal for Each Additional Truck	75	75
Homeowner Monitoring & Maintenance	145	145
Delinquent Certification Renewal Fee	295	295
Administrative Conference Fee for Health District Certified Contractors	295	295
State Licensed Designer/Engineer: Local Referral List Publishing & Maintenance (Optional)	75	75
Property Conveyance Inspection and Evaluation Report for Onsite Sewage System (Non-refundable; See Water Status Report item in Drinking Water section for water only review) ¹⁴	295	295
Amended OSS and/or Drinking Water Supply Evaluation Report - without a site visit (at Health District discretion)	110	110
Amended OSS and/or Drinking Water Supply Evaluation Report - with site visit	145	145
Land Use Applications (Total Includes Mandatory Drinking Water Service Charges as Shown): ⁷		
Subdivision with Public Sewer	215	215
Subdivision with Onsite Sewage Systems (OSS)	645	645
Amended Subdivision with OSS	295	295
Large Lot Subdivision (These include Preliminary/Final/Amendment/Alteration reviews)	145	145
Conditional Use/Other Land Use Applications	145	145
Miscellaneous:		
Copy of Local OSS Regulations (Plus Postage and Handling if Applicable)	10	10
Repeat Inspections for Code Violations ⁷ (When not Otherwise Specified).	145	145

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2025)**

FOOD ¹⁶	2024 Fee	2025 Fee
Plan Review and Pre-Op Inspections: ¹⁸		
Change in Menu and/or Equipment Review	255	265
Mobile Units	955	995
Food Establishment Plan Review - All Other Establishments	820	855
Variance Request Review	255	265
Special Process Plan Review	425	445
Change of ownership application (New permit holder without menu or equipment change, must be submitted within 30 days of ownership change or the fee will be two (2) times the approved fee)	160	165
Permanent Food Establishment Annual Permits		
Bakeries	460	480
Bed & Breakfasts/Hotel/Motel (Breakfast Only)	370	385
Caterers:		
With Commissary	755	790
Seasonal Caterer with commissary (75% of fee)		595
With Restaurant	335	350
Seasonal Caterer with restaurant (75% of fee)		265
Demonstrators	335	350
Food Handler Permits:		
(Set by State BOH)	10	10
Duplicate for Lost Card	10	10
Food Worker Class Fee - Regular business day by appointment Only (minimum 20 people; includes card fee for up to 20 people. \$10/person additional for each person over the first 20)	360	375
Groceries:		
1-2 checkouts	335	350
3 or more checkouts	710	740
Limited Menus	370	385
Meat/Fish Markets	460	480
Mobile Units	755	790
Seasonal Mobile Unit (75% of fee)		595
Restaurants (No Lounge):	755	790
Special Process Permit	335	350
Seasonal Restaurant Permit (75% of applicable fee)	565	590
Restaurants (With Lounge):	830	865
Special Process Permit	335	350
Warewashing Permit (No Food)	320	335
Schools:		
Central Kitchen	745	780
Preschools/Headstart/ECAP	335	350
Warming Kitchen	370	385
Additional Inspections ^{17,19}		
Reinspection with a site visit	160	165
Reinspection without a site visit (at Health District discretion)	90	95
Temporary Permits (due 14 days prior to event): ²⁰		
Bake Sale/Exempt Food Application Review	No Charge	No Charge
Limited Menu - Single Event	65	70
Limited Menu - Seasonal Multiple Events	105	110
Non-Complex Menu:		
Single Event	105	110
Seasonal Multiple Events	150	155
Complex Menu:		
Single Event	125	130
Seasonal Multiple Events	205	215
Single Menu, Single Event, Multiple Vendors	400	420

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2025)**

<u>LIVING ENVIRONMENT</u> ¹⁶	2024 Fee	2025 Fee
Public or Semi Public Swimming Pools and Hot Tubs: ²¹		
One Pool - Year Round Operation	1,125	1,175
Each Additional Year Round Pool	205	215
One Pool - Seasonal Operation	870	910
Each Additional Seasonal Operation Pool	170	175
Residential Neighborhood Private Pools ⁷	255	265
Pool Pre-op Inspections	480	500
Additional Inspections ^{17,19}		
Reinspection with a site visit	160	165
Reinspection without a site visit (at Health District discretion)	90	95
Water Recreation Facility Variance Request Review	160	165
School Plan Reviews ⁷		
Primary School Construction Plan Review (hourly rate will apply after the first 10 hours)	1,500	1,500
Secondary School Construction Plan Review (hourly rate will apply after the first 14 hours)	2,100	2,100
Playground Construction Plan Review (hourly rate will apply after the first 4 hours)	600	600
Portable School Building Plan Review (hourly rate will apply after the first 3 hours)	450	450
Other School Project (hourly rate will apply after first 3 hours)	450	450
Camps ²²	500	500
 <u>SOLID AND HAZARDOUS WASTE</u>	2024 Fee	2025 Fee
Permit Application/Permit Modification Service Charges: ^{7,23}		
Compost Facilities	145	145
Land Application Facilities	145	145
Energy Recovery/Incineration	145	145
Intermediate SW Handling Facilities: Transfer Stations, Compaction/Baling Sites and Drop Boxes	145	145
Storage/Treatment Piles	145	145
Surface Impoundments/Tanks	145	145
Waste Tire Storage Facility	145	145
Mixed Municipal Waste Landfill	145	145
Limited Purpose Landfill	145	145
Inert Waste Landfills	145	145
Annual Permit Renewal Service Charges: ²⁴		
Recycling Facilities Conditionally - Exempt Facility Fee ²⁵	145	145
Compost Facilities:		
Conditionally Exempt Facility Fee ²⁵	145	145
Commercial Compost Facilities	2,940	2,940
Land Application Facilities:		
Sites Without Monitoring	880	880
Sites With Monitoring	1,765	1,765
Energy Recovery/Incineration	1,765	1,765
MMSW Haulers	180	180
Plus Per Truck	15	15
Site Restoration Haulers	145	145
Biomedical Waste Hauler	265	265
Plus Per Truck	15	15
CRT Haulers	170	170

**Kitsap Public Health District
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<u>SOLID AND HAZARDOUS WASTE</u>	2024 Fee	2025 Fee
Intermediate SW Handling Facilities: Transfer Stations, Compaction/Baling Sites and Drop Boxes		
Conditionally Exempt MRF Facility Fee ²⁵	145	145
Transfer Stations	2,940	2,940
Compaction/Baling Sites	1,765	1,765
Drop Boxes	1,615	1,615
Decant Facilities	880	880
Storage/Treatment Piles:		
Conditionally Exempt Facility Fees - Wood and Inert Waste Piles ²⁵	145	145
Piles	1,765	1,765
Surface Impoundments/Tanks:		
Tanks	880	880
Surface Impoundments With Leak Detection	1,765	1,765
Surface Impoundment With GW Monitoring	2,645	2,645
Waste Tire Storage Facility	880	880
Moderate Risk Waste Handling Facility:		
Conditionally Exempt Facility Fees ²⁵ (Mobile Systems, Collection Events, and Limited MRW Facilities)	145	145
Moderate Risk Waste Facility	2,645	2,645
Mixed Municipal Waste Landfill: ⁷	145	145
Limited Purpose Landfill	2,645	2,645
Inert Waste Landfills > 250 CYDS Landfill	2,940	2,940
Landfill Closure Permit ⁷	145	145
Landfill Post Closure Permit ^{7,26}	145	145
Other Methods of Waste Handling ⁷	145	145
Disposal Plan Reviews ²⁷	145	145
Site Development Activity Permit (SDAP-Fill & Grading)	145	145
Biosolids State Permit, Plan, and Report Reviews ²⁸	145	145
Environmental Monitoring Activities (Labor Only)	145	145
Illegal Drug Manufacturing Operation Inspection, Notification, Assessment, Plan and Record Review	145	145
Copy of Local Regulations (Plus Postage and Handling if Applicable)	10	10

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2025)**

FOOTNOTES	
1	Fees and applications are not transferable, fee prices are rounded to \$5 increments
2	The Health Officer may waive all, or part, of any service charge on a case-by-case when just cause is demonstrated. When written application for waiver to a service charge is made and granted, the new service charge shall be based at the standard hourly rate.
3	Activities not specifically identified in this Service Charge Schedule will be billed at the hourly rate.
4	Refunds are at the discretion of the Health Officer; the handling fee will be subtracted from any Health Officer-approved refund.
5	The hourly rate will apply after the first seven (7) hours. Fee includes final inspection.
6	The hourly rate will apply after the first four (4) hours. Fee includes final inspection.
7	The hourly rate will apply after the first hour or the time allocation applicable to the fee based on the hourly rate.
8	If the certification is not paid prior to the due date, the applicant must pay, in addition to the certification service charge, a Delinquent Certification Renewal Fee. After a 90 day delinquent period, a retest for certification will be required. On July 1 of each year all certifications, unless renewed, shall become void and of no effect.
9	Reserved
10	Wet Weather Review for BSA pays for the number of site visits required in the current review policy.
11	Building Clearance Exemption service charge covers staff time to conduct records search, plan review, and record processing; subject to the Health District's policy covering Building Clearance Exemption Referrals.
12	Reserved
13	For each system dispersal component.
14	Duplexes will require full fees for each address unless the duplex shares an individual drainfield. Duplexes with shared drainfields will receive one report for both addresses. If separate Property Conveyance Reports are requested for each address when a drainfield is shared, separate applications must be submitted and full service charges paid for each report.
15	Reserved
16	If a permit service charge is not paid prior to the due date, the applicant must pay, in addition to the permit service charge, a late penalty equal to 1% of the regular service charge for each day payment is late. The late penalty of 1% will be assessed only for thirty (30) days. If payment is not made within thirty (30) days of the due date, the establishment will be subject to closure in accordance with food service rules and regulations. The Health Officer may waive penalties, in whole or in part, at their discretion.
17	The requirement for re-inspections is at the discretion of the Health Officer and is determined by the severity of violations in accordance with applicable state and local food regulations.
18	Minimum one (1) hour.
19	Payment of re-inspection service charges must be made within thirty (30) days of the billing date. If payment is not made prior to annual licensing renewal time, a new permit will not be issued.
20	Single event temporary permits are good for a maximum of 21 days. Applications and service charges for temporary permits are due fourteen (14) calendar days prior to the event to allow for weekend inspection scheduling and coordination with participants for approval. There is a 25% permit fee surcharge for applications submitted from 13 to 2 days prior to an event. There is a 50% permit fee surcharge for applications submitted 48 hours or less prior to an event.
21	Inspections will be made in accordance with provisions of rules and regulations of the State Board of Health governing swimming pool facilities. The requirement for re-inspections is at the discretion of the Health Officer and is determined by the severity of violations in accordance with applicable state and local regulations.

**Kitsap Public Health District
Environmental Health Division
Fee Schedule (Effective January 1, 2025)**

FOOTNOTES	
22	Camps, which are serving food year round are required to license the food service facility according to the Food Program Service Charge Schedule in effect at the time of application. It is the intent to provide two (2) food service facility inspections per year for those operating year round. Camps operating on a seasonal basis shall license the food service facility according to the seasonal Food Program Service Charge Schedule. Camp pool facilities shall be licensed and inspected according to this Service Charge Schedule. Camp inspections include a bathing beach and one sanitary facility inspection.
23	Charge covers completed permit application review, new or modified permit drafting/issuance, facility inspections for permit compliance, required monitoring and data review, and required plan and design review.
24	Charges cover annual permit renewal/issuance, facility inspections for permit compliance, required monitoring and data review, and required plan and design review. Charges are assessed based on staff hours expended at the hourly rate approved by the Kitsap County Board of Health for that year. Charges will be billed at a frequency agreed to by the permittee.
25	Conditionally exempt hourly fees are assessed to evaluate conditional exemption status, annual reports, and to conduct annual inspections, as needed. These fees include time expended on non-compliance and re-inspection and will be based on the hours spent regulating the facility the previous calendar year.
26	A permit issued to a facility once closure construction activities are completed, which governs the requirements placed upon a facility after closure to ensure its environmental safety for at least a twenty-year period or until the site becomes stabilized (i.e., little or no settlement, gas production, or leachate generation).
27	Service charges will be assessed for the review of plans or proposals not specifically associated with a facility permit application.
28	Fees for Biosolid facilities include time to review permits, review reports and to conduct inspections. Non-compliance issues would be billed separately. In addition to review charges for Biosolids State Permit, Plan and Report Reviews, charges are assessed for non-routine regulatory activities associated with facility noncompliance.