



Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

2026 Fee Schedule

Environmental Health

Fee Class	DIVISION SERVICE	2026
	Land Use	
550	Plats with Municipal sewer and water	\$75
551	Short Plat, BSP <5 lots Review	\$555
552	Major Plat, BSP >5- 20 lots Review	\$835
552	Major Plat Review, per lot over 20 lots	\$50
559	Project Review Fee	\$125
553	Other Land Use Review (per hour)	\$125
	Water	
520	Private Water Review	\$370
526	Group B System Review, Expanding or Modification	\$625
522	New Group B	\$1040
527	Public water source review	\$370
524	Op Check, Private Water	\$420
523	Op Check, Public System	\$140
513	Sanitary Survey	\$695
525	Record Report, water	\$125
528	Variance Request - Alternative Well Placement	\$235
	On-Site Sewage	
543	Site Evaluation	\$625
545	Site Eval, Bulk Rate	\$280
502	Privy, Compost or Incinerator Toilet	\$280
546	Permit for System <720 gpd	\$885
549	Permit for System > 720 gpd	\$1250
500	Permit Reactivation	\$140
554	Connect to Existing System	\$215
501	Op Check	\$485



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399	Major Repair (Single-family Residential only)	\$680
557	Minor Repair (Single-family Residential only)	\$190
504	Installer Test/O&M Test (includes 1st year license if passed)	\$280
	OSS Service Provider License Fee	\$200
	Operations and Maintenance Review*	\$25
556	Annual Operating Permit w/ site visit	\$215
	Annual Operating Permit no Site Visit	\$140
	Late Fee, permit renewal	15%
547	Misc. Hourly Charge	\$125
1002	Reinspection	\$215
1003	Re-design	\$280
	Food	
1004	New/Remodel Plan Review F1/F2/F5	\$530
1005	New/Remodel Plan Review F3/F4	\$270
1007	Remodel Plan and Menu Review F1/F2/F5	\$270
	Remodel Plan and Menu Review F3/F4	\$135
1020	Ownership Change Inspection	\$200
561	Annual Permit - Complex/Large (F1)	\$1060
562	Annual Permit - Complex/Small (F2)	\$660
563	Annual Permit - Simple (F3)	\$270
564	Annual Permit - Minimum (F4)	\$135
5615	Seasonal F1/F2 operation, ≤ 6 months	50%
	Late Fee, permit renewal	50%
	Penalty Fee, operating without a permit	\$750
1015	Reinspection	\$200
	Temporary Food Permit Fees	
	Temporary, Low Risk, Single Event	\$90
	Temporary, Low Risk, 5 Events	\$360
	Temporary, Low Risk, 10 Events	\$720
	Temporary, High Risk, Single Event	\$135
	Temporary, High Risk, 5 Events	\$540
	Temporary, High Risk, 10 Events	\$1,080
568	Temporary, Reinspection	\$65
569	Food Service Worker Card Test	\$10
1024	Duplicate Card	\$10
	Chemical and Physical Hazards	
	Work Plan Review Fee	\$660



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	Certificate of Completion and Project Completion fee	\$660
	Living Environment	
	Pools	
1027	Yearlong (P1)	\$510
1028	Seasonal (P2)	\$385
1029	B&B Pools PB (P3)	\$325
1065	2nd B&B Pool PB (P4)	\$160
596	Reinspection	\$195
	Penalty, construction w/o health permit	\$405
	Camps	
580	Group Camps (GC)	\$385
581	Plan Review	\$260
582	New Owner	
	Schools	
	Facility Inspections per hour	\$125
	Plan Review per hour	\$125
	Illness or Injury investigation per hour	\$125
	Solid Waste	
	Monitoring Fee @ 308 facility	
	Facility Permits (annual):	
	Transfer Facility Bridgeport Bar (Okanogan County Owner)	
	Interagency /facility Agreement	\$1790
	PCS Permits, per hour	\$125
	Permits Modification and or SEPA, per hour	\$125
	(Plus deposit 1st 8 hours)	
	350 Facility, document reviews, re-inspections, District time	
	(350 facility without operation fees) per hour	\$125
	Landfill Closure per hour	\$125
	Operations Fee/Tipping Fee	
	Waste Management Landfill	\$1.12/ton
	Administrative Fees	
	Hearing Examiner Fee	As billed
	Administrative Fee	\$5

Personal Health

The following are minimum fees and may be changed by State, Federal mandates, or local costs. Unless otherwise stated, fees are set by Medicaid allowances and are subject to change throughout the year.



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Fee Class	DIVISION SERVICE	2026
	Office Calls	
99201	Brief - New Patient	\$26
99211	Brief - Est Patient	\$15
99202	Limited - New Patient	\$45
99212	Limited - Est Patient	\$27
99203	Intermediate - New Patient	\$66
99213	Intermediate - Est Patient	\$44
99204	Intermediate - New Patient	\$101
99214	Intermediate - Est Patient	\$65
99204	Intermediate - New Patient	\$127
99214	Intermediate - Est Patient	\$88
	TB Fees	
86580/ 99201	TB Skin Test	\$31
86480	Quantiferon Test	\$88
89220	Sputum Induction	\$10
87116	Sputum Smear/Culture	\$12
81025	Urine Pregnancy Test	\$5
84450	Hepatic Function Panel	\$12
87116	Urine for AFB Culture	\$12
N/A	Vision Acuity Test	n/c
N/A	Color Blindness Test	n/c
71010	CXR PA + Reading	\$57
71020	CXR PA + Lat + Reading	\$74
71021	CXR Apical + Lordotic + Reading	
71022	CXR + Lat + Oblique + Reading	
	DOT (Directly Observed Therapy)	
	Office Calls - pricing as stated above	



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	Home Visit by RN	
99341	Brief - New Patient	\$35
99347	Brief - Est Patient	\$38
99342	Limited - New Patient	\$51
99348	Limited - Est Patient	\$51
99343	Intermediate - New Patient	\$81
99349	Intermediate - Est Patient	\$74
99344	Intermediate - New Patient	\$106
99350	Intermediate - Est Patient	\$103
99345	Intermediate - New Patient	\$128
	Home Visit by O/R	
T1020	Brief - New Patient	\$38
T1020 TS	Brief - Est Patient	\$23
	Immunizations	
	Flu PH 6-35 month	\$23.44
	Flu PH 36 month +	\$23.44
	PH Flumist	\$23.44
	Private Flu 36 month +	\$40
	Private Flu High Dose (65 Years +)	\$100

Vital Statistics Fees

Fee Class	DIVISION SERVICE	2026
	Certified Copy of Birth Certificate	\$25
	Certified Copy of Death Certificate	\$25



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	Extra Copies of Death Certificate	\$25
	Vital Records Expedited Service	\$10
	Corrected Death Certificates	\$10
	Record Search Fee	\$8
	Late Fee (other than permits)	1.5% of Bal (\$10 min)
	Returned Check/Bank Draft Fee	\$39
	Other fees relating to mailing	Cost + 10%
	Postage (large envelope)	\$3.00
	Fax	\$3.00 1 st pg \$1.50 each add'l

Misc. Fees

Fee Class	DIVISION SERVICE	2026
	Infant/Toddler Nurse Consultation Fee (monthly visit)	\$125
	Returned Check/Bank Draft Fee	\$39
	Late Fee Charge (Other Than Permits) CA = Cost Allocation (overhead)	1.5% of Bal (\$10 min)
	Shipping/Handling Fee (Fed Ex, UPS, etc.)	Cost + CA
	FAX (Long Distance)	\$3.00 \$1.50
	Postage (large envelopes)	\$3.00

*Implemented no later than February 2027 pursuant to WAC 246-272A-0270