



## **SNOHOMISH COUNTY BOARD OF HEALTH AGENDA**

September 9, 2025

3:00 PM

Auditorium, 3020 Rucker Ave, Everett, WA 98201 or Remote;;

<https://us02web.zoom.us/j/87098263636>

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- 1. Call to Order**
- 2. Roll Call**
- 3. Approval of Agenda Contents and Order**
- 4. Approval of Minutes**
  - a. Approval of Minutes of the Regular Meeting of August 12, 2025
- 5. Public Comment**
  - a. It's customary for each board meeting to include an assigned period for public comment from individuals present at the meeting. Generally, the public comment occurs near the beginning of the meeting and comments are limited to no more than three minutes per person. The Chair of the board may, as circumstances require at each meeting, reduce the time allotted to individuals or reduce the overall time assigned for public comments.
- 6. Public Hearing**
  - a. Ordinance BOH25-07 Reorganizing Title 5 of the Board of Health Code (SR 25-020B; Hailey Fagerness)
- 7. Action**
  - a. Proclamation 25-06 Regarding National Preparedness Month (SR 25-023; Gabby Hadly)
- 8. Health Officer's Report**
  - a. Health Officer's Report
- 9. Briefings**
  - a. Ordinance BOH25-08: Relating to Health Department Fees; Amending Chapter 1.40 of the Snohomish County Board of Health Code (SR 25-024; Ragina Gray)
  - b. Code of Conduct (SR 25-025; Nicole Thomsen)
  - c. Epidemiology and Informatics program (SR 25-026; Vivian Hawkins)

- d. Strategic Plan Report (SR 25-027; Pamela Aguilar)

## **10. Old Business**

## **11. New Business**

## **12. Information Items**

- a. Upcoming Meetings

## **13. Adjournment**

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### **Board of Health members:**

Jared Mead, Megan Dunn, Heather Logan, Dale Kaemingk, Lisa George, Janet Anderberg, Desmond Skubi, Summer Hammons

The public is invited to attend. Parking and meeting rooms are accessible for persons with disabilities. Questions or additional information about the board meeting may be obtained by contacting Sarah de Jong at 425.339.5210; Relay: 711; Email [sarah.dejong@co.snohomish.wa.us](mailto:sarah.dejong@co.snohomish.wa.us). To request reasonable accommodations, please contact Ms. de Jong by the Friday prior to the board meeting.



BOARD OF HEALTH STAFF REPORT ()  
SEPTEMBER 9, 2025  
APPROVAL OF MINUTES

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Approval of Minutes of the Regular Meeting of August 12, 2025

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**ATTACHMENTS:**

Description

- ▣ Draft Minutes - August 12, 2025

**Snohomish County Board of Health  
Board of Health Minutes  
August 12, 2025**

The regular meeting was held in the auditorium of the Rucker Building and via Zoom conference call/video.

**Members Present**

Megan Dunn, Chair  
Heather Logan, Vice Chair  
Dale Kaemingk  
Desmond Skubi  
Janet Anderberg  
Jared Mead  
Lisa George

**Members Absent**

Summer Hammons

**Call to Order**

The regular meeting of the Board of Health was called to order using a hybrid setting at 3:00 p.m. by Ms. Megan Dunn.

**Roll Call**

Roll call was taken by Ms. Sarah de Jong who reported there was a quorum present.

**Approval of Agenda Contents and Order**

It was moved by Ms. Heather Logan and seconded by Mr. Jared Mead to approve the agenda contents and order. The motion passed unanimously.

**Approval of Minutes**

It was moved by Ms. Lisa George and seconded by Mr. Desmond Skubi to approve the minutes of the regular meeting of July 8, 2025. The motion passed unanimously.

**Public Comment**

Ms. Dunn opened the floor for public comment. No member of the public wished to speak and Ms. Dunn closed the public comment period.

**Action**

*Board of Health consumer of public health appointment recommendation (SR 25-019; Nicole Thomsen)*

After a thorough application and review process, Ms. Melinda Woods was chosen as the best candidate for the vacant board of health position. This recommendation would put Ms. Woods' name forward to the County Executive for further recommendation to the County Council for approval.

It was moved by Mr. Skubi and seconded by Ms. Logan to approve the recommendation for the public health appointment for Melinda Woods. Ms. Dunn shared there were a lot of wonderful people coming forward to apply for this position and believes Ms. Woods will be a valuable member in this position.

The motion passed unanimously.

**Director's Report**

Interim Director Pamela Aguilar shared updates including:

- Strategic plan



- Unpermitted food stands
- Federal/state financial news
- Legislative Foundational Public Health Services July 31 visit recap
- Director recruitment
- CHIP process

Mr. Skubi requested the strategic plan be sent prior to the September meeting to allow board members to review. Mr. Skubi also requested the director's and health officer's reports be shared prior to the meetings moving forward.

### **Briefings**

*Ordinance 25-07 reorganizing title 5 of the Board of Health code (SR 25-020; Hailey Fagerness)*

Healthy Communities Specialist Hailey Fagerness briefed the Board on this topic, which will be presented as an ordinance for public hearing and action at next month's meeting.

*Community Navigator program presentation (SR 25-021; Cristina Ciupitu-Plath)*

Healthy Communities Supervisor Cristina Ciupitu-Plath presented on the Community Navigator program that wrapped up at the end of June.

*Immunizations and vaccination panel (SR 25-022; James Lewis)*

Dr. James Lewis moderated a panel of experts that included Dr. John Dunn, Medical Director Preventive Care, Kaiser Permanente; Dr. Cornelius Van Niel, Clinical Director of Pediatrics, SeaMar Community Health Centers; Dr. Catherine Yee, Medical Director, Western Washington Medical Group; and Dr. Jay Cook, Former Chief Medical Officer, Providence Regional Medical Center – Everett; who provided education regarding immunizations.

### **Old Business**

### **New Business**

### **Information Items**

#### *Upcoming Meetings*

Ms. Dunn reviewed the dates of the next Board of Health meetings.

### **Adjournment**

The meeting was adjourned at 5:16 p.m.

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Megan Dunn  
Board of Health, Chair

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Pamela Aguilar, Interim Director

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Ordinance BOH25-07 Reorganizing Title 5 of the Board of Health Code (SR 25-020B; Hailey Fagerness)

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**Division:**

Environmental Health / Hailey Fagerness, Healthy Communities Specialist

**Prior Board Review:**

August 12, 2025

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**Background**

The proposed ordinance repeals and replaces the current Title 5 of the Snohomish County Board of Health Code, which governs onsite sewage systems (OSS), commonly known as septic systems. The Board of Health received a briefing in August 2025 regarding this ordinance; since then, staff have made minor edits to improve clarity and consistency of language. These changes do not alter the substance or intent of the proposed code revisions.

The proposed new layout does not introduce significant policy changes; instead, it reorganizes and streamlines the content from the repealed Title 5 to improve the usability, structure, and consistency of these regulations for OSS contractors, Health Department staff, and the public.

The key changes reflected in this new layout include:

- Adding a general provisions chapter (5.05) – establishes a consistent framework that includes purpose and applicability, state rule adoptions, definitions, and information about waivers, fees, and appeals. There is one new policy element: a section on Historic and Archaeological Sites (5.05.090), which clarifies compliance with Snohomish County Code for historic and archaeological resources.
- Reviewing and reordering chapters – permitting content is now grouped at the beginning of Title 5, followed by monitoring and maintenance content at the end of Title 5, to reflect the general progression of OSS system oversight. Vertical separation chapter (formerly 5.10) is removed, as its content is now fully addressed in the adopted OSS WAC.
- Merging rules for septic contractors into one, streamlined chapter - former chapters 5.40, 5.50, 5.55, and 5.70 have been merged into a single chapter (5.55). This chapter now covers all OSS contractors, including installers, pumpers, and monitoring and maintenance specialists.
- Updating terminology, grammar, and clarity across all chapters, as needed. Streamlining repetitiveness and redundancy across all chapters, as needed.

This update is the first step of a broader effort to update Title 5 in phases. This layout is intended to accommodate future rule revisions and new policy additions that may be necessary.

**Board Authority**

RCW 70.05.060 (3) Enact such local rules and regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof.

**Recommended Motion**

**Motion to Approve Ordinance BOH25-07**

**ATTACHMENTS:**

Description

- ▣ Ordinance BOH25-07: Reorganizing Title 5 of the Board of Health Code

SNOHOMISH COUNTY BOARD OF HEALTH  
Snohomish County, Washington

ORDINANCE NO. BOH25-07

REPEALING AND READOPTING TITLE 5 OF THE BOARD OF HEALTH CODE TO  
REORGANIZE AND CONSOLIDATE WASTEWATER REGULATIONS

WHEREAS, under RCW 70.05.060(3), the Snohomish County Board of Health has authority to enact such local rules and regulations as necessary in order to preserve, promote, and improve the public health and provide for the enforcement thereof; and

WHEREAS, the Snohomish County Board of Health has determined that a reorganization of the existing Title 5 of the Snohomish County Board of Health Code is necessary to improve clarity and effectively communicate the local rules and regulations to the people of Snohomish County;

NOW, THEREFORE, BE IT ORDAINED:

Section 1. Snohomish County Board of Health Code Title 5, *Wastewater*, consisting of Chapters 5.05, 5.10, 5.15, 5.20, 5.25, 5.30, 5.35, 5.40, 5.50, 5.55, 5.60, 5.65, and 5.70 is repealed.

Section 2. A new Title 5 is added to the Snohomish County Board of Health Code to read:

**Title 5**  
**WASTEWATER**

Chapters:

- 5.05 General Provisions
- 5.10 Permit Application and Installation Procedures for New On-Site Sewage Systems
- 5.11 On-Site Sewage System Design and Record Drawings (As-Built) Standards
- 5.15 Repairs and Remodels
- 5.20 Land Division Review
- 5.25 Community Systems
- 5.30 Use of Sand Filter System/Mound System on Sites with 12 Inches to 18 Inches of Suitable Soil, Use of Boot with Sand Filter Liner
- 5.55 On-Site Sewage System Contractor Regulations

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## Chapter 5.05 GENERAL PROVISIONS

Sections:

- 5.05.010 Authority and purpose.
- 5.05.020 Applicability.
- 5.05.030 Adoption of state rules and regulations.
- 5.05.040 Snohomish County board of health on-site sewage system regulations.
- 5.05.060 Waiver requests.
- 5.05.070 Fees.
- 5.05.080 Appeals.
- 5.05.090 Historical and archeological discovery.

**5.05.010 Authority and purpose.**

- A. *Authority.* The board of health adopts these regulations under the authority of chapters 70.05, 70A.105, and 70A.110 of the Revised Code of Washington (RCW) and chapter 246-272A of the Washington Administrative Code (WAC).
- B. *Purpose.* The purpose of these regulations is to protect the public health by:
  - 1. Eliminating or minimizing the potential for public exposure to sewage from on-site sewage systems (OSS);
  - 2. Eliminating or minimizing adverse effects to public health that discharges from OSS may have on ground and surface waters; and
  - 3. Establishing minimum standards of sanitation for sewage.

**5.05.020 Applicability.**

This title shall apply to on-site sewage systems for treatment, siting, design, installation, operation and maintenance measures treating sewage and dispersing effluent from residential sources with design flows up to 3,500 gallons per day.

This title may apply to OSS for nonresidential sources of sewage if treatment, siting, design, installation, and operation and maintenance measures provide treatment and effluent dispersal equal to that required of residential sources.

It is the specific intent of this title to place the obligation for complying with these regulations upon property owners, or occupants, where sewage originates and/or sewage producers, sewage contractors, or other persons as applicable under this title. If any provision of this title conflicts with any other local or state regulations, the more stringent shall apply.

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2 **5.05.030 Adoption of state rules and regulations.**

3  
4 Chapter 246-272A WAC, On-Site Sewage Systems, is adopted by reference, as now in  
5 effect or hereafter amended.  
6

7 **5.05.040 Snohomish County board of health on-site sewage system**  
8 **regulations.**

9  
10 The provisions of chapter 246-272A WAC together with any provision found in this title  
11 shall be the Snohomish County Board of Health On-Site Sewage System Regulations.  
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14 **5.05.060 Waiver requests.**

15  
16 Requests for a waiver from the requirements of this title must comply with WAC 246-  
17 272A-0420, as now in effect or hereafter amended, and follow the waiver application  
18 process established in SCBHC 1.05.100. In addition, requests for a waiver from the  
19 requirements of chapter 246-272A WAC will be reviewed and decided in accordance  
20 with Washington State Department of Health publication number 337-021, titled  
21 "Granting On-site Sewage System Waivers," dated April 2025 or as hereafter amended.  
22

23 **5.05.070 Fees.**

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25 Fees related to wastewater shall be determined and periodically reviewed by the board  
26 of health. Such fees shall be codified in chapter 1.40 SCBHC.  
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28 **5.05.080 Appeals.**

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30 Any aggrieved person may appeal a final administrative decision, final determination, or  
31 final order made by the health officer or a health department official in the  
32 administration, interpretation, or enforcement of this title in accordance with the appeal  
33 procedures under chapter 1.20 SCBHC, right of appeals, as now in effect or hereafter  
34 amended.  
35

36 **5.05.090 Historic and archaeological discovery.**

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38 On-site sewage systems must be designed and installed in compliance with chapter  
39 30.32D of the Snohomish County Code (SCC), Historic and Archaeological Resources,  
40 as now in effect or hereafter amended.  
41  
42

**Chapter 5.10**  
**PERMIT APPLICATION AND INSTALLATION PROCEDURES FOR NEW ON-SITE**  
**SEWAGE SYSTEMS**

Sections:

- 5.10.010 Purpose.
- 5.10.020 Permit.
- 5.10.030 Installation.

**5.10.010 Purpose.**

The process herein described relates to the permit process for application proposals for construction of new on-site sewage systems. This process does not apply to an application to repair, replace, or alter an existing on-site sewage system.

- A. Applications for a new on-site sewage system must be submitted to the health department along with payment of review fees, as set forth in chapter 1.40 SCBHC. The proposed OSS must be designed by a certified designer or professional engineer.
- B. A review is conducted in accordance with sewage disposal/water supply requirements and department procedures. Upon review of the application, the health department shall issue a written decision approving or denying the application. An approved application is valid for two years and can be renewed for an additional two-year period, with written concurrence from the system designer, review, and approval from the health department and payment of a renewal fee.

**5.10.020 Permit.**

- A. Upon receipt of a request for building permit clearance for the subject use from the city or county Department of Planning and Development Services (PDS), a permit to install the approved on-site sewage system will be approved for issuance provided the site plan reviewed by PDS and the health department site plan are compatible.
- B. The on-site sewage system permit is valid only when issued concurrently with the building/development permit. The permit will then remain valid for the term of the building/development permit. Expiration or termination of the building/development permit will cause the on-site sewage system permit to expire. Renewal of an expired on-site sewage system permit will require submittal of a new application and payment of fees, as set forth in chapter 1.40 SCBHC.
- C. In no case will an on-site sewage system permit be issued prior to issuance of the building permit for the proposed structure.

**5.10.030 Installation.**

- A. The health department shall require certified installers to construct the on-site sewage system, except as noted under SCBHC 5.55.120. In all cases, construction of the on-site sewage system shall include system back fill and final grading.
- B. The health officer may allow the owner of a single-family residence to install the on-site sewage system for his/her single-family residence when:
  1. The on-site sewage system is a conventional gravity system; and
  2. A certified installer performs all installation work not done by the resident owner.
- C. The installer shall:
  1. Follow the approved design. Design revisions must have the concurrence of the designer and the health department before commencing work;
  2. Have the approved design and permit in possession during installation;
  3. Be on the site at all times during the construction of the on-site sewage system;
  4. Install the on-site sewage system to be watertight, except for the disposal component;
  5. Upon completion, post the permit on site in a conspicuous location until such time as the health officer has granted final approval;
  6. Cover the installation only after the health officer has given approval to cover; and
  7. Back fill and grade the site to prevent surface water from accumulating over any component of the on-site sewage system.

## **Chapter 5.11**

### **ON-SITE SEWAGE SYSTEM DESIGN AND RECORD DRAWINGS (AS-BUILT) STANDARDS**

#### **Sections:**

- |          |                                       |
|----------|---------------------------------------|
| 5.11.010 | Purpose.                              |
| 5.11.020 | Site identification and preparation.  |
| 5.11.030 | Application and design procedures.    |
| 5.11.040 | Record drawings (as-built) procedure. |
| 5.11.050 | Deficiencies.                         |

#### **5.11.010 Purpose.**

A completed application shall consist of adequate written and physical site information to support the issuance of a permit for an on-site sewage system. Such information must be presented in the prescribed written format and the proposed site prepared in sufficient detail to allow visual examination of its characteristics. A uniform presentation format is intended to provide consistent evidence of compliance with chapter 246-272A WAC, On-Site Sewage Systems.



1  
2 **5.11.020 Site identification and preparation.**  
3

- 4 A. Property line shall be identified by corner flagging.  
5 B. Access to the on-site sewage system site shall be flagged and identified with the  
6 applicant's name or property tax account number.  
7 C. The path to the on-site sewage system site shall be flagged and cleared.  
8 D. Drainfield and reserve area must be sufficiently cleared so as to make ground  
9 surface contours easily observable. Further staking of proposed laterals may be  
10 necessary to demonstrate the feasibility of installation.  
11 E. All soil log test holes shall be flagged and numbered to correspond with the lot  
12 number and soil log number as shown on the design. If soil log test holes are part of  
13 a proposed short plat, soil log test hole identification shall include the proposed lot  
14 number.  
15 1. Soil log test holes shall be placed so as to demonstrate representative soil types  
16 in the on-site sewage system area and reserve area.  
17 2. Provide for each single-family dwelling a minimum of three soil log test holes in  
18 representative parts of the on-site sewage system area and two soil log test  
19 holes in the reserve area. Drainfield areas other than for a single-family  
20 residence must have at least two soil log test holes for every 500 square feet of  
21 disposal area and in no case shall there be less than four soil log test holes.  
22 3. Separate soil log test holes by at least 50 feet.  
23 4. Soil log test holes shall be constructed, identified, and maintained to prevent  
24 injury or damage to the general public.  
25 5. Soil log test holes must be dug to the appropriate depth to justify meeting current  
26 minimum vertical separation requirements.  
27 6. Soil log test holes shall be of sufficient diameter for the reviewer to obtain  
28 representative samples from the soil profile and determine soil color, texture,  
29 structure of each horizon and the water table.  
30 7. Soil log test holes must be kept open for inspection until review by a health  
31 department official.  
32 8. After health department application review has been completed, the property  
33 owner/designer is responsible for backfilling and covering soil log test holes on  
34 the property.  
35 9. Additional tests, in accordance with WAC 246-272A-0220, may be required if in  
36 the opinion of the health officer they are necessary for proper soil evaluation of a  
37 specific site.  
38 F. If a mound system or any other type of bed is being proposed, the four corners of  
39 the mound basal area or bed corners shall be staked or flagged and labeled as  
40 "mound corner" or "bed corner." Additionally, the mound or bed reserve area shall be  
41 flagged or staked and identified.

**5.11.030 Application and design procedures.**

When applying for an on-site sewage system permit, the applicant shall:

- A. Complete the application for an on-site sewage system permit form including the following information:
  1. Directions to the subject property (include vicinity map if needed);
  2. Address or approximate address of property;
  3. Barriers that might limit or restrict access to the site including, but not limited to:
    - a. Locked fences or gates;
    - b. Animals on the premises;
    - c. Unpaved, obstructed, or undeveloped access roads;
    - d. The need to schedule an on-site meeting;
  4. Name of current owner and name of system designer;
  5. Type of building proposed. If other than single-family residence, include estimated daily wastewater flow;
  6. Soil and site evaluation completed in accordance with WAC 246-272A-0220;
  7. Identification of the source of domestic water:
    - a. If public water (any source other than an individual supply serving one single-family residence) is provided, identify by name and include a letter from the purveyor confirming water availability and commitment to serve; or
    - b. If an individual water supply (well) is proposed, the proposed well site must be shown on the design in relation to the proposed drainfield areas. In addition, a well site application (detailing the well site and its 100-foot pollution control zone) may be submitted for concurrent review;
  8. Trench depth, width, and required square footage of drainfield;
  9. If an alternative system is proposed, include all information, construction details, calculations, etc., as required in the DOH Department Standards and Guidance, as well as any specific health department requirement;
  10. Signature of designer and date of field testing; and
  11. Any redesign submittals reflecting changes to the application cover sheet must be accompanied by a new design packet.
- B. Complete and submit an on-site sewage system design and site plan including:
  1. A dimensional site plan drawn to a scale which shows one inch to be equal to no more than 30 feet. Indicate compass direction by using a north arrow. If the entire parcel/lot cannot be included on a one-inch equals 30 feet scale, an overall site plan of the lot including location of residence, drainfield and easement (if proposed) shall be required in a smaller scale in addition to the one inch equals 30 feet (i.e., one inch equals 100 feet);
  2. If a short plat is proposed an overall site plan indicating the layout of the lots (in relation to each other) shall be submitted in addition to the individual designs;

3. Identification of elevations at soil log test holes and topographical contours at two feet intervals in the drainfield and reserve area;
4. Identification and location of wells, other sources of potable water, and other surface water bodies within 100 feet of property lines;
5. Identification and location of soil log test holes;
6. The proposed on-site sewage system and proposed site of the structure shall be located by giving dimensions to at least two intersecting property lines. Show driveway parking and any other proposed paving locations;
7. Any proposed well site shall be shown together with the minimum circular area of protection having a radius no less than 100 feet;
8. Construction plan specifications to include:
  - a. Plumbing stub-out elevation in relation to a documented reference point;
  - b. A minimum and maximum trench depth;
  - c. An expected amount of cover soil required;
  - d. The lateral lengths and method of distribution; and
  - e. Location of interceptor, curtain or footing drains, dosing system specifications, etc.;
9. Show all required separations as required under WAC 246-272A-0210;
10. All drainfield laterals shall be shown as dashed lines with tightlines shown as solid lines;
11. Reserve area boundaries shall be labeled and shown by outlining, or by shading of the area or showing the laterals using double dashed lines and identifying as reserve;
12. If an alternative system is proposed include all information, construction details, calculations, etc., as required in the applicable DOH Department Standards and Guidance, together with any specific health department requirements;
13. Design shall include a trench/slope cross-section detail demonstrating compliance with minimum vertical separation and trench depth requirements;
14. Design shall show all existing and proposed structure locations to ensure all setback requirements are met; and
15. Other information determined to be necessary to process the application.

#### **5.11.040 Record drawings (as-built) procedure.**

Whenever a designer has approved an installation, a completely scaled and dimensional as-built plan of the approved on-site sewage system shall be prepared by the designer of the system. Record drawing forms, provided by the health department shall be completed and signed by the designer and, within 30 days, forwarded to the health department. In addition to the requirements outlined in WAC 246-272A-0265, the following plan details are required:

- A. Location of the essential components of the on-site sewage system including:
  1. Septic tank;
  2. All plumbing stub outlets;

3. Tightline between buildings and septic tank;
  4. Tightline between septic tank and distribution box, inspection box, or drainfield line;
  5. Distribution box;
  6. All drainfield lines. The length of each individual drainfield shall be shown together with the total number of lineal feet of drainfield line;
  7. The location of any construction feature, such as a stepdown, must be clearly indicated;
  8. Distances between drainfield lines and the edges of any cuts, banks, property lines, lakes, streams, wells, driveways, water lines, fills, interceptor ditches;
  9. Location, size, shape and placement of all structures on the building site showing their relative location to the on-site sewage system and to any easements, water service supply lines, property lines, etc.;
  10. Location, direction of flow, and discharge point of all ground or surface water interceptor drains;
  11. Orientation of drawing with north direction by arrow;
  12. Pump model number and manufacturer if applicable; and
  13. Pump chamber size and dose volume if applicable.
- B. Alternative system as-builts shall include applicable items described in subsection (A) of this section together with an owner's operational manual as required in the appropriate DOH guideline and as specified in the conditional approval letter.
- C. Location, size, and dimensions of the 100 percent reserve area shall be shown in relation to the on-site sewage system components, listed in subsection (A) and (B) of this section.
- D. Clearly indicate scale. Recommended scale is one-inch equals 20 feet. Scales utilizing ratios in excess of one-inch equals 30 feet are not acceptable.
- E. If the entire parcel/lot cannot be included on a one-inch equals 30 feet scale, an overall site plan of the lot including house and drainfield location as well as the easement (if necessary) shall be required in addition to the detail one inch equals 30 feet design.

#### **5.11.050 Deficiencies.**

Failure to meet all of the above requirements may result in further submittal/inspection and/or payment of additional fees.

### **Chapter 5.15 REPAIRS AND REMODELS**

#### **Sections:**

- 5.15.010 Authority.
- 5.15.020 Purpose.
- 5.15.030 Applicability.

1     5.15.040     Remodeling approval required.

2  
3     **5.15.010     Authority.**

4  
5     The regulations in this chapter are established pursuant to authority vested in the board  
6     of health by RCW 70.05.060 and WAC 246-272A-0013. The regulations are adopted for  
7     the protection of public health through the mechanism of providing guidance to the  
8     health officer with regard to the applicability of chapter 246-272A WAC to proposed  
9     remodeling projects and construction of structures other than residences.

10  
11    **5.15.020     Purpose.**

12  
13    These rules and regulations are enacted as an exercise of the powers and duties of the  
14    board of health to preserve, promote, and improve the public health. The provisions  
15    herein shall be liberally construed for the accomplishment of these purposes. It is the  
16    specific intent of these rules and regulations to prevent the development of any  
17    property, to which a public sanitary sewer is not available, to such an extent or in such a  
18    manner whereby the amount of any sewage produced on the property would exceed the  
19    property's ability to dispose of and treat said sewage effluent in a manner consistent  
20    with chapter 246-272A WAC.

21  
22    **5.15.030     Applicability.**

23  
24    Chapter 246-272A WAC shall apply whenever development or construction of a  
25    structure is proposed on any property to which a sanitary sewer is not available and to  
26    which water under pressure can be made available.

27  
28    **5.15.040     Remodeling approval required.**

29  
30    All existing buildings or structures to which additions, alterations, or improvements are  
31    made after the effective date of these policies and procedures shall be served by an on-  
32    site sewage system complying with chapter 246-272A WAC; provided, however, the  
33    health officer may waive compliance with these requirements for existing buildings or  
34    structures when additions, alterations, repairs, or improvements to the building or  
35    structure are compatible with and do not adversely impact the existing on-site sewage  
36    system and potential reserve drainfield area, the system is adequate to treat the on-site  
37    sewage expected to be generated over the remaining useful life of the structure, and the  
38    continued operation of the system will not adversely affect public health, surface water  
39    quality, or groundwater quality.

40  
41    A. Application for approval by the health officer of an existing on-site sewage system  
42    serving an existing building undergoing addition, alteration, repair, or improvement

shall be made as provided in this section. The application shall be made on forms provided by the health officer.

B. The health officer shall review all applications to determine compatibility of the proposed addition, alteration, repair, or improvement with the existing on-site sewage system.

1. Factors that must be considered shall include, but not be limited to, the following:

- a. Location of septic tank and drainfield in relation to existing foundation and proposed improvements;
- b. Size of drainfield in relation to proposed use;
- c. Condition of existing on-site sewage system;
- d. Useful anticipated life of the existing on-site sewage system;
- e. Potential for reconstruction, replacement, and/or repair of the existing on-site sewage system;
- f. Ultimate purpose of the remodeling;
- g. Approved source of water; and
- h. Potential use or change of use of the structure after remodeling.

2. The health officer may require the applicant to furnish such exhibits and information as may be deemed relevant and necessary to the application.

C. After reviewing the application, the health officer shall notify the building authority and applicant that either:

1. The application is approved; or
2. Correction is required to accommodate the application's approval; or
3. The application is disapproved and the reasons therefor.

## **Chapter 5.20 LAND DIVISION REVIEW**

### **Sections:**

- 5.20.010 Authority.
- 5.20.020 Purpose and policy.
- 5.20.030 Background.
- 5.20.040 Definitions.
- 5.20.050 Short subdivision review procedure.
- 5.20.060 Subdivision review procedure.
- 5.20.070 Restricted use of easements

### **5.20.010 Authority.**

To protect the public health, these regulations are established pursuant to authority vested in the board of health by RCW 70.05.060 and WAC 246-272A-0013. Nothing contained in this chapter shall be construed to prevent the health officer from requiring

compliance with more stringent requirements than those contained herein where more stringent requirements are essential to maintain a safe and sanitary condition.

#### **5.20.020 Purpose and policy.**

In accordance with state and local requirements, the health department is obligated to assess a proposed land division for compliance with chapter 246-272A WAC as well as chapters 6.05 through 6.20 and title 5 SCBHC. These regulations require that each lot of a proposed land division be capable of supporting an on-site sewage system and 100 percent reserve area within the proposed lot line boundaries. Additionally, the regulations contain specific requirements concerning the location of existing and proposed water wells and approved source of potable drinking water.

#### **5.20.030 Background.**

The following process is established pursuant to chapters 6.05 through 6.20 and title 5 SCBHC, prescribing minimum requirements and standards for the use of on-site sewage systems in land divisions, prescribing data to be disclosed to the environmental health division concerning the proposed land division, and setting forth information to be furnished to the environmental health division prior to any request for the health department to make preliminary and final recommendations to municipal land use authority for the approval of a particular land division.

#### **5.20.040 Definitions.**

In addition to the definitions found in chapter 246-272A WAC, the following shall apply:

“Short subdivision” means a division or redivision of land into four or less lots.

“Subdivision” means a division or redivision of land into five or greater lots.

#### **5.20.050 Short subdivision review procedure.**

##### **A. Method A – Soil survey.**

1. *Preliminary short subdivision review requirements and report.* An application requesting the health department to conduct a preliminary short subdivision review is received from a certified on-site sewage system designer or professional engineer. Application is made on the health department form “Septic Subdivision Review Application” and shall provide information as prescribed in WAC 246-272A-0320, Developments, subdivisions and minimum land area requirements.

- a. At a minimum, the application must include the following:

- (i) Applicable review fees, as set forth in chapter 1.40 SCBHC, under Subdivision of Property: Short Subdivision, a) Preliminary Soil Survey.
    - (ii) One copy of the preliminary subdivision plat map showing: scale, north arrow, proposed lot layout, proposed lot sizes, general dimensions of lots, easements, existing structures, location of all existing on-site sewage systems and reserve areas, general contours, streams, and surface water within 100 feet of the project site, proposed well sites, wells within 200 feet of the project site and location of soil log test holes.
    - (iii) Engineer or certified designer's description of soil profile from at least two soil log test holes on each proposed lot. Soil log test hole identification, flagging, construction, and maintenance as well as soil descriptions shall be consistent with the requirements contained in title 5 SCBHC.
    - (iv) Proposed source of potable drinking water.
  - b. Proposed lot corners are to be flagged and identified on site prior to health department site review.
  - c. If nonpublic wells are proposed, WAC 246-272A-0320(2)(b) requires configuration of each lot line to allow a water supply protection zone to fit within the proposed lot lines; or water supply protection zones on more than one lot when the person proposing the subdivision or development provides a copy of a recorded restrictive covenant to each property that is sited partially or completely within the water supply protection zone. In all cases a water supply protection zone of at least a 100-foot radius for each existing or proposed well site is required.
  - d. If a new community/public well is proposed, an application for public well site inspection must be submitted, reviewed, and approved by the health department. Prior to final short subdivision approval, the public water supply must be constructed and approved by the health department and, when applicable, by the Washington State Department of Health.
2. *Final short subdivision review requirements.* Application requesting the health department to conduct a final short subdivision review is received from a certified on-site sewage system designer or professional engineer with required information as prescribed in WAC 246-272A-0320. Application is made on the health department form "Septic Subdivision Review Application."
- a. At a minimum, the application must include the following:
    - (i) Applicable review fees as set forth in chapter 1.40 SCBHC, under Subdivision of Property: Short Subdivision, b) Final Review and Recording.
    - (ii) One copy of the final short subdivision plat map showing: scale, north arrow, final lot layout, lot sizes, dimensions of lots, roads, storm water control features, easements, existing structures, all existing on-site sewage systems and reserve areas, general contours, streams, and surface water within 100 feet of the project site, wetlands, native growth



- 1 protection areas, proposed well sites, wells within 200 feet of the project  
2 site and location of soil log test holes.
- 3 (iii) Description of soil profiles from five soil log test holes located in the  
4 proposed on-site sewage system primary and reserve area on each  
5 proposed lot. Soil log test hole identification, flagging, construction, and  
6 maintenance as well as soil descriptions shall be consistent with the  
7 requirements contained in title 5 SCBHC.
- 8 (iv) Scaled site designs for each proposed lot demonstrating sufficient area  
9 for on-site sewage system and reserve area, lot lines, easement lines,  
10 road locations, wells, surface waters, drainage features, sensitive areas,  
11 and features which may impact the placement of the on-site sewage  
12 system.
- 13 b. Lot corners must be surveyed and staked, all roads cut in, and any storm  
14 water drainage system installed.
- 15 c. If nonpublic wells are proposed, WAC 246-272A-0320(2)(b) requires  
16 configuration of each lot line to allow a water supply protection zone to fit  
17 within the proposed lot lines; or water supply protection zones on more than  
18 one lot when the person proposing the subdivision or development provides a  
19 copy of a recorded restrictive covenant to each property that is sited partially  
20 or completely within the water supply protection zone. In all cases a water  
21 supply protection zone of at least a 100 foot radius for each existing or  
22 proposed well site is required.
- 23 d. If a new community/public well is proposed, the public water supply must be  
24 constructed and proven adequate. Approval by the health department and,  
25 when applicable, by the Washington State Department of Health must be  
26 received prior to recording.
- 27 e. If an existing public water supply will serve the subdivision, the water system  
28 expansion must be approved by the regulatory authority and a letter of  
29 availability from the water system purveyor must be submitted.
- 30 B. *Method B – Individual applications for on-site sewage disposal permit – Preliminary  
31 and Final Short Subdivision Review Process.* Applications for on-site sewage  
32 permits are submitted for each of the proposed lots by a certified designer or  
33 professional engineer.
- 34 1. Payment of applicable review fees as set forth in chapter 1.40 SCBHC.
- 35 2. Application, design preparation, soil log test hole construction, identification,  
36 flagging and maintenance as well as soil descriptions shall be consistent with the  
37 requirements contained in title 5 SCBHC.
- 38 3. An as-built of any existing on-site sewage system must be provided along with  
39 soil logs in the reserve area for any lot that has an existing dwelling.
- 40 4. Proposed lot corners are to be flagged and identified on site.
- 41 5. If nonpublic wells are proposed, WAC 246-272A-0320(2)(b) requires  
42 configuration of each lot line to allow a water supply protection zone to fit within  
43 the proposed lot lines; or water supply protection zones on more than one lot

when the person proposing the subdivision or development provides a copy of a recorded restrictive covenant to each property that is sited partially or completely within the water supply protection zone. In all cases a water supply protection zone of at least a 100-foot radius for each existing or proposed well site is required.

6. If a new community/public well is proposed, an application for public well site inspection must be submitted, reviewed, and approved by the health department. Prior to final short subdivision approval, the public water supply must be constructed. Approval by the health department and, when applicable, by the Washington State Department of Health must be received prior to recording.
7. If an existing public water supply will serve the subdivision, the water system expansion must be approved by the regulatory authority and a letter of availability from the water system purveyor must be submitted.

#### **5.20.060 Subdivision review procedure.**

*A. Preliminary subdivision review requirements and report.* Application requesting the health department to conduct a preliminary subdivision review is received from a certified on-site sewage system designer or professional engineer. Application is made on the health department form "Septic Subdivision Review Application" and shall provide information as prescribed in WAC 246-272A-0320, Developments, subdivisions, and minimum land area requirements.

1. At a minimum, the application must include the following:
  - a. Applicable review fees as set forth in chapter 1.40 SCBHC, under Subdivision of Property.
  - b. One copy of the preliminary plat map showing: scale, north arrow, proposed lot layout, proposed lot sizes, general dimensions of lots, easements, existing structures, location of all existing on-site sewage systems and reserve areas, general contours, streams, and surface water within 100 feet of the project site, proposed well sites, wells within 200 feet of the project site, and location of preliminary soil log test holes.
  - c. Preliminary large long plat soil review (lots five acre minimum) applications shall include a plat map showing the location together with soil profile descriptions of the designer's or professional engineer's preliminary test pits. Backhoe pits as described in subsection (A)(3) of this section are to be provided for the health department at the time of field review.
  - d. Proposed source of potable drinking water for each proposed lot.
2. Reference points must be identified on site for the purpose of identifying map locations in the field (i.e., traverse lines, identified in field, depicted on preliminary plat map).
3. Applicant's certified designer or professional engineer will coordinate a detailed review of the site and soils with the health department representative at which

- 1 time backhoe pits or equivalent prepared and maintained in accordance with  
2 WAC 246-272A-0220(3) shall be provided.
- 3 a. A backhoe should be available on site for additional holes and to backfill pits  
4 after soil profiles have been recorded.
- 5 b. A minimum of one soil log per proposed lot must be provided for review.
- 6 c. Soil profile descriptions and locations are to be recorded by the designer or  
7 professional engineer who shall also show the location of test pits accurately  
8 on subsequent preliminary plat maps.
- 9 d. In accordance with WAC 246-272A-0220, the owner of the property or  
10 owner's agent is responsible for constructing and maintaining the soil log test  
11 hole excavation in a manner to prevent physical injury. The health department  
12 recommends any excavation be done the same day as the soil log test holes  
13 are examined. Furthermore, the health department recommends backfilling all  
14 soil log test holes as soon as the soil logs are recorded, but not later than the  
15 end of the day that the logs are reviewed. The health department assumes no  
16 responsibility for test pit backfilling or uncovered test pits.
- 17 4. A copy of the preliminary plat map showing locations of soil log test holes is to be  
18 submitted prior to health department preliminary plat recommendation to the lead  
19 agency.
- 20 5. If nonpublic wells are proposed, WAC 246-272A-0320(2)(b) requires  
21 configuration of each lot line to allow a water supply protection zone to fit within  
22 the proposed lot lines; or water supply protection zones on more than one lot  
23 when the person proposing the subdivision or development provides a copy of a  
24 recorded restrictive covenant to each property that is sited partially or completely  
25 within the water supply protection zone. In all cases a water supply protection  
26 zone of at least a 100-foot radius for each existing or proposed well site is  
27 required.
- 28 6. If a new community/public well is proposed, an application for public well site  
29 inspection must be submitted, reviewed, and approved by the health department.  
30 Prior to final long plat approval, the public water supply must be constructed and  
31 approved by the health department and, when applicable, by the Washington  
32 State Department of Health.
- 33 B. *Final subdivision review requirements.* Application requesting the health department  
34 to conduct a final subdivision review is received from a certified on-site sewage  
35 system designer or professional engineer with required information as prescribed in  
36 WAC 246-272A-0320 and title 5 SCBHC. Application is made on the health  
37 department form "Septic Subdivision Review Application."
- 38 1. At a minimum, the application must include the following:
- 39 a. Applicable review fees as set forth in chapter 1.40 SCBHC under Subdivision  
40 of Property: Long Plat, Recording.
- 41 b. One copy of the final plat map showing: scale, north arrow, final lot layout, lot  
42 sizes, dimensions of lots, roads, storm water control features, easements,  
43 existing structures, all existing on-site sewage systems and reserve areas,

- 1 general contours, streams, and surface water within 100 feet of the project  
2 site, wetlands, native growth protection areas, proposed well sites, wells  
3 within 200 feet of the project site, and location of soil log test holes.
- 4 c. Scaled site design for each proposed lot demonstrating sufficient area for on-  
5 site sewage system and reserve area, lot lines, easement lines, road  
6 locations, wells, surface waters, drainage features, sensitive areas, and  
7 features which may impact the placement of the on-site sewage system.
- 8 2. Lot corners must be surveyed and staked, all roads cut in, and any storm water  
9 drainage system installed.
- 10 3. If nonpublic wells are proposed, WAC 246-272A-0320(2)(b) requires  
11 configuration of each lot line to allow a water supply protection zone to fit within  
12 the proposed lot lines; or water supply protection zones on more than one lot  
13 when the person proposing the subdivision or development provides a copy of a  
14 recorded restrictive covenant to each property that is sited partially or completely  
15 within the water supply protection zone. In all cases a water supply protection  
16 zone of at least a 100-foot radius for each existing or proposed well site is  
17 required.
- 18 4. If a new community/public well is proposed, the public water supply must be  
19 constructed and approved by the health department and, when applicable, by the  
20 Washington State Department of Health.
- 21 5. If an existing public water supply will serve the subdivision, the water system  
22 expansion must be approved by the regulatory authority and a letter of availability  
23 from the water system purveyor must be submitted.

#### 24 25 **5.20.070 Restricted use of easements**

26  
27 For the creation of new lots, all piping, treatment devices or other facilities that  
28 convey, store, treat or dispose of sewage, including replacement systems, shall be  
29 located within the boundaries of the lot where the sewage originates.

### 30 31 **Chapter 5.25** 32 **COMMUNITY SYSTEMS**

#### 33 **Sections:**

- 34 5.25.010 Authority and purpose.  
35 5.25.020 Applicability.  
36 5.25.030 Definitions.  
37 5.25.040 Community on-site sewage systems.

#### 38 39 **5.25.010 Authority and purpose.**

40  
41 A. *Authority.* The regulations in this chapter are established pursuant to preserve,  
42 promote, and improve the public health by authority vested in the board of health by  
43 RCW 70.05.060 and WAC 246-272A-0013.

1  
2 B. *Purpose.* These regulations are adopted for the protection of public health through  
3 the mechanism of establishing design guidelines together with ongoing operation and  
4 management requirements for community on-site sewage systems as further defined  
5 hereinafter. The provisions herein shall be liberally construed for the accomplishment of  
6 these purposes.  
7

8  
9 **5.25.020 Applicability.**  
10

- 11 A. These policies and procedures shall apply to all lots, parcels, and tracts not served  
12 by public sewer without regard to whether such lots, parcels, or tracts may have  
13 been in existence prior to the effective date of these policies and procedures.  
14 B. All existing buildings or structures served by a community on-site sewage system to  
15 which additions, alterations, or improvements are proposed shall comply with  
16 chapter 5.15 SCBHC and these policies and procedures.  
17 C. Deviations from these policies and procedures may be granted only for repair of  
18 existing, failing, on-site sewage systems which cannot meet current regulations and  
19 these policies and procedures because of site limitation.  
20 D. Nonexpanding, existing/approved community on-site sewage systems are exempt  
21 from these policies and procedures.  
22

23 **5.25.030 Definitions.**  
24

25 In addition to the definitions found in chapter 246-272A WAC, the following shall apply:  
26

27 “Community on-site sewage system” means any on-site sewage system having more  
28 than one service with an anticipated flow of less than 3,500 gallons per day and where  
29 services are located on more than one parcel of land.  
30

31 “Service” means a connection to an on-site sewage system designed to serve a single-  
32 family residence, commercial structure, dwelling unit, or equivalent use.  
33

34 **5.25.040 Community on-site sewage systems.**  
35

- 36 A. Design of these systems shall comply with chapter 246-272B WAC.  
37 B. Prior to construction, plans and specifications for community on-site sewage  
38 systems shall be submitted to and approved by the health officer or delegated  
39 representative.  
40 1. *Submission of plans and specifications.*  
41 a. Before installing or entering into a contract for installing a community system,  
42 an on-site sewage system application with complete plans and specifications  
43 shall be submitted to and approved by the health department. Upon receipt of

- 1 written approval by the health officer or delegated representative the plans  
2 and specifications shall be adhered to unless deviations are first submitted to  
3 and receive written approval of the health officer or delegated representative.  
4 b. A detailed operation and maintenance manual, fully describing the treatment  
5 and systems and outlining routine maintenance procedures for proper  
6 operation of the system, shall be submitted prior to final approval of the  
7 system.
- 8 2. All applications, plans and specifications for new community on-site sewage  
9 systems, extensions, or alterations, shall be prepared by a sewage disposal  
10 designer certified with the health department or a Washington State registered  
11 professional engineer.
- 12 3. Management and maintenance of community on-site sewage systems shall be  
13 provided by a public agency as defined in RCW 39.34.020 acting as the  
14 management authority or acting as a third-party trust if management is performed  
15 by a private entity. The management system shall comply with chapter 246-272B  
16 WAC, as now in effect or hereafter amended.
- 17 a. The fee for review of the proposed waste management document is set by  
18 the board of health, as set forth in chapter 1.40 SCBHC.
- 19 b. The application shall be accompanied by an opinion letter from an attorney  
20 licensed to practice law in the state of Washington representing that the  
21 management agreement complies with all applicable laws and regulations  
22 and is a valid and binding obligation of all parties thereto. The opinion letter  
23 shall be in such form as the health officer or delegated representative may  
24 require.
- 25 c. The management authority shall prepare a user's manual which describes the  
26 responsibilities and duties of the user along with precautionary information as  
27 may be necessary to preclude inadvertent abuse to the sewage system. A  
28 copy of such manual shall be provided to each user at the time of purchase.
- 29 4. After approval of the application and design by the health department, an on-site  
30 sewage system installation permit shall be obtained prior to installing the  
31 community system. When applicable, on-site sewage disposal system installation  
32 permits shall be obtained for each structure prior to the septic tank, pump, or  
33 dosing tank and connecting line to the community system being installed.

### Chapter 5.30

## **USE OF SAND FILTER SYSTEM/MOUND SYSTEM ON SITES WITH 12 INCHES TO 18 INCHES OF SUITABLE SOIL, USE OF BOOT WITH SAND FILTER LINER**

### Sections:

- 40 5.30.010 Sand filter system – purpose.  
41 5.30.020 Sand filter liner – purpose.  
42 5.30.030 Sand filter liner – standards.

1  
2 **5.30.010 Sand filter system – purpose.**

3  
4 The health department may approve the use of a mound system preceded by a sand  
5 filter for existing legal lots of record when site conditions comply with all requirements  
6 described in Recommended Standards and Guidance for Performance, Application,  
7 Design and Operation and Maintenance Mound Systems, July 1, 2007.

8  
9 The health department will not approve the creation of new lots, parcels, or tracts that  
10 would utilize the sand filter/mound system on sites with only 12 inches to 18 inches of  
11 suitable soil.

12  
13 **5.30.020 Sand filter liner – purpose.**

14  
15 The following standards are for the design and construction of a sand filter using a  
16 synthetic membrane-lined pit with an underdrain and attached underdrain boot. These  
17 standards are established to assure that the boot is used as designed by the  
18 manufacturer, to assure that leakage at the boot is prevented through good design and  
19 construction practice, and to allow for testing the performance of the boot installation.

20  
21 **5.30.030 Sand filter liner – standards.**

- 22  
23 A. The system designer is to identify the use of a sand filter liner with underdrain and  
24 boot as a part of the application for on-site sewage disposal permit and provide  
25 specifications detailing design and installation requirements.  
26 B. The boot is to be installed by the manufacturer or the manufacturer's representative.  
27 C. The boot outlet is to be bedded in sand.  
28 D. The boot is to be sized to accommodate a four-inch underdrain outlet pipe.  
29 E. The boot is to be secured to the four-inch outlet pipe with two stainless steel bands  
30 and screws and sealant strips as recommended by the manufacturer.  
31 F. The underdrain is to be designed in accordance with Recommended Standards and  
32 Guidance for Performance, Application, Design, and Operation and Maintenance  
33 Intermittent Sand Filter Systems, July 1, 2007, Appendix C, Underdrains, and exit  
34 the side of the liner.  
35 G. Sewer pipe from the sand filter to the drainfield shall be ASTM 3034 ring tight.  
36 H. The trench from the sand filter to the drainfield shall be backfilled with a minimum  
37 five-foot clay or hardpan dam to prevent the trench from acting as a conduit for  
38 groundwater movement towards the drainfield.  
39 I. During the initial implementation period of this procedure, the health department may  
40 require performance testing of the sand filter/boot for leakage. The need for a  
41 performance test shall be discussed and agreed upon at the preconstruction  
42 conference. The performance test shall be conducted by:  
43 1. Block outlet pipe.

2. Fill underdrain gravel with water.
3. Measure and record elevation of water through observation/inspection port.
4. Let stand 24 hours minimum.
5. Measure and record elevation of water through observation/inspection port.
6. No allowable drop in the water level.

## Chapter 5.55 ON-SITE SEWAGE SYSTEM CONTRACTOR REGULATIONS

### Sections:

- 5.55.010 Authority and purpose.
- 5.55.020 Applicability.
- 5.55.030 Definitions.
- 5.55.040 Certificate required.
- 5.55.050 Duties and obligations.
- 5.55.060 OSS contractor certification.
- 5.55.070 OSS contractor company certification.
- 5.55.080 Monitoring and maintenance inspection.
- 5.55.090 Limited repair measures.
- 5.55.100 Reporting requirements.
- 5.55.110 Construction and installation requirements.
- 5.55.120 Health officer approval required for owner installations.
- 5.55.130 Owner's responsibility.

### **5.55.10 Authority and purpose.**

- A. *Authority:* The board of health adopts these regulations under the authority granted in RCW 70.05.060 and chapter 246-272A WAC. WAC 246-272A-0340, authorizes the health officer to establish programs for the certification of on-site sewage system (OSS) installers, monitoring and maintenance specialists, and pumpers.
- B. *Purpose:* The purpose of this chapter is to establish regulations for the certified OSS contractor program administered by the health department, by setting forth:
  - 1. Minimum competency standards for OSS installers, monitoring and maintenance specialists, and pumpers operating within the jurisdiction of the health department;
  - 2. Specific requirements for the certification of such individuals and the activities associated with OSS installation, monitoring, maintenance, and pumping.
  - 3. Minimum requirements for reporting activities and observations related to OSS installation, monitoring, maintenance, and pumping.



1  
2  
3 **5.55.020 Applicability.**  
4

5 The following rules contained herein apply to all persons and companies engaged in the  
6 commercial activity of installing, monitoring and maintaining, and pumping all or any part  
7 of an OSS.  
8

9 **5.55.030 Definitions.**  
10

11 In addition to the definitions found in chapter 246-272A WAC, the following shall apply  
12 to this chapter:  
13

14 “Certificate of competency” or “certification” means a document issued by the health  
15 department indicating an individual’s satisfactory completion of the application and  
16 testing procedures relative to an installer, monitoring and maintenance specialist, or  
17 pumper.

18 “Certification by reciprocity” means current certification or licensure as a monitoring and  
19 maintenance specialist in a local health jurisdiction with an examination process  
20 deemed acceptable by the health department’s director of environmental health.  
21

22 “Certified company” means a business entity which employs individuals possessing an  
23 installer, monitoring and maintenance, and/or pumper certification.  
24

25 “Design.” An OSS design shall consist of a complete scale drawing of the site plan  
26 showing the proposed on-site sewage system installation, including all relevant values  
27 and details, and using the format and application forms provided by the health  
28 department. The presentation of requisite soil log test holes, information, and markers at  
29 the site of the intended development is considered to be part of the design.  
30

31 “DOH” means the Washington State Department of Health.  
32

33 “Inspection” means a complete and thorough evaluation of OSS components and the  
34 ground surface over the gravity subsurface soil absorption system (SSAS). The  
35 evaluation of proprietary and nonproprietary pretreatment devices, SSAS other than  
36 conventional gravity and other related components such as timers and control panels  
37 must be deferred to a certified monitoring and maintenance specialist. Inspection may  
38 also include other incidental activities enumerated within the supplemental procedures  
39 or for which prior approval has been granted by the health department.

40 “Installer” means a person who personally holds an installer certificate issued by the  
41 health department of competency and performs the actual work of installing, repairing,

1 and renovating on-site sewage treatment and disposal systems. A homeowner may act  
2 in the capacity of the installer and install his/her own system in accordance with SCBHC  
3 5.55.120.

4  
5 “Limited repair measure” or “minor repair” means the repair or replacement of existing  
6 damaged or malfunctioning OSS components as defined in WAC 246-272A-0010 under  
7 “minor repair”. “Limited repair measure” as defined in title 5 SCBHC is synonymous  
8 with “minor repair” as that term is defined in chapter 246-272A WAC.

9  
10 “Limited repair report (for limited repair measures)” or “minor repair report (for minor  
11 repairs)” means a documentation of limited repair measures or minor repair work  
12 performed, submitted in the format and by the means designated by the health officer  
13 within 30 days from the date of service in accordance with SCBHC 5.55.100.

14  
15 “Monitoring and maintenance specialist” means a person who personally holds a  
16 monitoring and maintenance certificate of competency issued by the health department  
17 and performs the actual work of monitoring, maintaining, and limited repairs of on-site  
18 sewage treatment and disposal systems.

19  
20 “On-site sewage system contractor” or “OSS contractor” or “contractor” means a person  
21 who is in possession of an installer, monitoring and maintenance specialist, or pumper  
22 certificate of competency.

23 “Permit” means written approval from the health department to construct or repair an  
24 OSS in accordance with an approved design and use.

25  
26 “Professional development hour” or “(PDH)” means the equivalent to one hour  
27 participation in trainings or seminars where the major topic is related to OSS  
28 regulations, practices, or products.

29  
30 “Pumper” means a person that personally holds a pumper certificate of competency  
31 issued by the health department and performs the actual work of removal of septic tank  
32 and/or sewage holding tank contents and the inspection and/or limited repair measures  
33 of conventional gravity or pump to gravity on-site sewage systems.

34  
35 “Pumper’s manual” means a manual developed and distributed by the health  
36 department that outlines minimum standards, procedures, and essential information for  
37 pumpers.

38  
39 “Violation” means any of the following:

- 40  
41 A. The construction or omission of any significant element of an on-site sewage  
42 system which, if left uncorrected, may result in the malfunction of the

- 1 wastewater treatment or disposal system, or would allow the use of the  
2 system to circumvent required treatment and disposal of wastewater;
- 3 B. OSS construction work that is performed without a permit or approval from  
4 the health department. This includes but is not limited to: a drainfield  
5 installation in violation of the applicable rules and regulations; an installation  
6 not fitting the size, shape or topography of the site or its setbacks; use of  
7 inadequate construction materials, devices or methods; a sewage disposal  
8 system construction flaw that could allow the contamination of groundwater;  
9 an on-site sewage system that is installed at an unsafe distance from a water  
10 supply or surface water; OSS construction that could malfunction or allow  
11 sewage to discharge to the surface;
- 12 C. Any OSS work that is performed outside the scope of that individual's  
13 certificate of competency;
- 14 D. Performance of services not consistent with these regulations and health  
15 department's minimum standards, procedures, and information for septic tank  
16 pumpers as set forth in the pumper's manual and under chapter 246-272A  
17 WAC;
- 18 E. On-site sewage system construction or repair work that is performed beyond  
19 the scope of limited (minor) repair measures as defined by these regulations;
- 20 F. Failure to electronically submit limited (minor) repair reports, monitoring and  
21 maintenance reports, or pumping reports to the health department no later  
22 than 30 days from the date the work was completed as required by these  
23 regulations;
- 24 G. Failure to electronically submit a limited (minor) repair report, monitoring and  
25 maintenance report, or pumping report to the health department within 24  
26 hours upon discovery of an OSS failure, or by the end of the next business  
27 day, whichever is later;
- 28 H. Omission of any significant element of an of an on-site sewage system  
29 monitoring inspection or maintenance activity which, if left uncorrected, may  
30 result in the malfunction of the wastewater treatment or disposal system, or  
31 would allow the use of the system to circumvent required treatment and  
32 disposal of wastewater; or
- 33 I. Failure to truthfully report all pertinent observations and activities associated  
34 with the pumping or monitoring and maintenance of an OSS.

35  
36 "Violation notice" means a written determination that the named OSS installer,  
37 monitoring and maintenance specialist, or pumper and/or certified company has  
38 committed a violation of these rules or regulations.

39  
40 "WOSSA" means the Washington On-Site Sewage Association.  
41  
42

1 **5.55.040 Certificate required.**

- 2
- 3 A. No person shall engage directly or indirectly in the installation, monitoring and
- 4 maintenance, or pumping on all or any part of an OSS without first having obtained
- 5 the applicable certificate of competency from the health department.
- 6 B. A certificate of competency shall be nontransferable.
- 7 C. Each certified person shall conduct their work in the employ of a certified company
- 8 appropriate to the work performed, provide to the health department the name of the
- 9 certified company with which they are employed, and shall notify the health
- 10 department within 30 days of any employment changes.
- 11 D. When complying with the requirements of this chapter, the certified person
- 12 represents the certified company with which they are employed. The certified
- 13 company, as well as the certified person, may be subject to disciplinary action for
- 14 violating the requirements of this chapter.
- 15

16 **5.55.050 Duties and obligations.**

- 17
- 18 A. *Installers.* By virtue of performing OSS construction, an installer shall comply with
- 19 the minimum requirements for on-site sewage which includes proper installation of
- 20 an approved system design in conformance with health department standards. All
- 21 installation work is subject to inspection and approval prior to use.
- 22 B. *Monitoring and maintenance specialists.* By virtue of performing OSS maintenance,
- 23 a monitoring and maintenance specialist shall comply with the minimum
- 24 requirements for OSS which includes proper OSS monitoring and maintenance in
- 25 conformance with health department standards. These standards include any
- 26 applicable health department policies, chapter 246-272A WAC, and DOH
- 27 department standards and guidance. Further, it is the monitoring and maintenance
- 28 specialist's responsibility to be knowledgeable regarding any proprietary or public
- 29 domain technologies they monitor or maintain. All maintenance work and associated
- 30 records are subject to health department inspection and review to determine
- 31 compliance with these requirements.
- 32 C. *Pumpers.* By virtue of performing OSS pumping, inspection and/or servicing, a
- 33 pumper shall comply with the minimum requirements of these rules and regulations
- 34 and chapter 246-272A WAC including proper OSS pumping, inspection, and
- 35 servicing in conformance with health department standards. These standards
- 36 include any applicable health department policies, chapter 246-272A WAC and DOH
- 37 standards and guidance. All pumping work and associated records are subject to
- 38 health department inspection and review to determine compliance with these
- 39 requirements.
- 40

41 **5.55.060 OSS contractor certification.**

- 1 A. *Qualification.* Under these regulations a person shall be subjected to testing, as is  
2 further defined herein, as well as be obligated to obtain a Washington State general  
3 or specialty contractor license to be a certified installer, maintenance and monitoring,  
4 or pumping specialist. Each person applying for certification as a monitoring and  
5 maintenance specialist must demonstrate the equivalent of two years' work  
6 experience related to OSS design and/or installation. A determination by health  
7 department staff that an applicant does not satisfy the qualification and experience  
8 requirements of this section, may be appealed to the director of environmental  
9 health whose decision shall be final and not subject to administrative appeal under  
10 chapter 1.20 SCBHC, right of appeals.
- 11 B. *Term.* A certificate of competency is valid from the date of issue through December  
12 31 of the year of issue unless otherwise suspended or revoked.
- 13 C. *Application and testing.* Upon the health department receiving a complete  
14 application and any applicable fees, a certification of competency shall be  
15 determined in the following manner:
- 16 1. Installer exam process:
- 17 a. A written exam to determine the applicant's knowledge of public health  
18 problems involved in on-site treatment and disposal of sewage; of water and  
19 wastewater rules, regulations and policies; of standards of design,  
20 construction and installation; of soil/site evaluation; and of sewage treatment  
21 theory. If the applicant scores below 70 percent on the written exam, the  
22 applicant fails that exam and must wait until the next scheduled examination  
23 to re-take the exam and may not continue with any other part of this  
24 examination.
- 25 b. A practical field exercise consisting of the examination of a site for a proposed  
26 OSS installation, at a time and place selected by the health officer, and a  
27 verbal description of methods of installation, and submittal of a preliminary  
28 written bid for construction of the proposed OSS including an itemization of  
29 materials, equipment, and labor costs. This exercise must be taken within 90  
30 days of passing the written examination and completed to the satisfaction of  
31 the health officer; otherwise, the applicant will be required to retake the entire  
32 testing procedure.
- 33 2. Monitoring and maintenance exam process:
- 34 a. A score of 70 percent or greater for each exam portion on the WOSSA  
35 administered O&M specialist examination. Scores may not be combined to  
36 achieve 70 percent; or
- 37 b. A passing score on an examination administered by a local health jurisdiction,  
38 as determined by that jurisdiction, to be deemed relevant to the knowledge  
39 expectations of the health department.
- 40 3. Pumper exam process:
- 41 a. A written exam to determine the applicant's knowledge of public health  
42 problems involved in on-site treatment and disposal of sewage; of water and  
43 wastewater rules, regulations, and policies; of these rules and regulations;

- and, of standards and procedures for septic tank maintenance and limited repair measures as contained in the pumper's manual. If the applicant scores below 70 percent on the written exam, the applicant fails that exam and must wait until the next scheduled examination to retake the exam and may not continue with any other part of this examination.
- b. A satisfactory oral review with the health officer of the test results completes the exam.
- Test results for the purpose of certification will be valid for 90 days from issuance. Failure to complete requirements for a certification of competency within 90 days of testing will require reapplication and reexamination unless an extension is granted by the health officer.
- D. *Issuance.* A certificate of competency will be issued by the health officer to qualified applicants who have passed the applicable written examination, field exercise, oral review, and otherwise complied with the other licensing and bonding requirements contained herein demonstrating the applicant is qualified to perform OSS work consistent with the certificate being sought. This certification of competency does not constitute a guaranty, a warranty, or any representation by the health department of specific work or performance of the certificate holder. Certificates of competency are nontransferable.
1. A certificate of competency shall be issued to installers and monitoring and maintenance specialists upon:
    - a. Determination of competency through testing as described in subsection (C) of this section;
    - b. Proof of a current, valid general or specialty contractor license issued by Washington State; and
    - c. Payment of the annual certification fee as set forth in chapter 1.40 SCBHC.
  2. A certificate of competency shall be issued to pumpers upon:
    - a. Meeting the requirements set forth under subsection (D)(1)(a) through (D)(1)(c) of this section;
    - b. Satisfactory review of the applicant's pumping equipment consistent with the equipment requirements established in the pumper's manual; and
    - c. Confirmation of a septage dump site approved by the Washington State Department of Ecology.
- E. *Renewals.* Certificates of competency must be renewed annually prior to December 31 of the calendar year of issuance. Renewals of a certificate of competency will not be charged a late fee if the applicable requirements, as set forth in subsection (E)(1) or (E)(2) of this section, are met prior to the last day of February of the calendar year after expiration. From March 1 through March 31, a late fee, as set forth in chapter 1.40 SCBHC, shall be assessed on applications for renewal. After March 31, the certificate will be nonrenewable, and the OSS contractor must apply for a new certification under subsection (C) of this section. An OSS contractor shall not undertake any work without a current certificate of competency.

1. A certificate of competency shall be renewed to installers and monitoring and maintenance specialists upon:
  - a. Proof of a current, valid general or specialty contractor license issued by Washington State; and
  - b. Payment of the annual certification fee as set forth chapter in 1.40 SCBHC.
2. A certificate of competency shall be renewed to pumpers upon:
  - a. Meeting the requirements of subsection (E)(1)(a) and (E)(1)(b) of this section;
  - b. Satisfactory review of the applicant's pumping equipment consistent with the equipment requirements established in the pumper's manual; and
  - c. Confirmation of a septage dump site approved by the Washington State Department of Ecology.
- F. *Suspension and revocation.* The health officer may suspend or revoke any certificate of competency upon determining that the OSS contractor has performed any work with negligence, incompetence, misrepresentation, or violation of the rules, regulations, guidelines, policies, or practices adopted by the health department which pertain to water supply and wastewater disposal, either existing at the time of certification or as thereafter enacted. The OSS contractor shall be notified of any issuance of violation, as well as any suspension or revocation of a certificate of competency, in accordance with SCBHC 1.05.060.
- G. *Suspension.* The certificate of competency may be suspended by the health officer for any of the following reasons:
  1. *Violation.* When the health officer finds that the OSS contractor has committed a violation of the regulations, principles, or practices of OSS installation, monitoring and maintenance, septic pumping, or system servicing, a notice of violation shall be issued. Where such violation notice constitutes the third notice of violation within any 12-month period, the OSS contractor shall also be notified of the immediate suspension of the certificate of competency;
  2. Upon finding that the conditions of the certificate of competency are no longer in effect, specifically the maintenance of the Washington State contractor license, or by the abandonment of the occupation either by relocation out of state, or by inactivity for more than one year; or
  3. For committing a violation that would allow the existence of a real or potentially serious threat to the public health or to the quality of surface and groundwaters, or for making any serious, material misrepresentation of major facts as part of the construction of any OSS.
- H. *Reinstatement after suspension.*
  1. The OSS contractor may make written application for reinstatement to the health officer, specifying what practices, performance, and conditions that were named as grounds for suspension have been remedied, and a description of changes in performance that will occur which will directly avoid the repetition of past violations.
  2. The health officer, upon determining that noted deficiencies have been satisfactorily addressed, shall allow the applicable OSS contractor to schedule

- 1 the next available test. Recertification is subject to the OSS contractor's  
2 successful completion of the application and testing procedure and payment of  
3 testing and licensing fees as per subsections (C) and (D) of this section.
- 4 3. Upon proof of reinstatement of the performance bond or contractor's license,  
5 where that is the only fault, the certificate of competency may be immediately  
6 reinstated by the health officer.
- 7 I. *Appeal of suspension.*
- 8 1. Appeals of a suspension of a certificate of competency shall be conducted in  
9 accordance with chapter 1.20 SCBHC.
- 10 2. Suspension of the certificate of competency will be stayed pending outcome of  
11 the final hearing unless, in the opinion of the health officer, there exists an  
12 imminent health hazard that would result from the continued activity of the OSS  
13 contractor.
- 14 J. *Revocation.* The certificate of competency may be revoked for any of the following  
15 reasons:
- 16 1. A violation of a severity and magnitude that, in the opinion of the health officer,  
17 warrants immediate revocation. Including but not limited to:
- 18 a. The creation of an extremely serious health hazard;  
19 b. The concealment of major facts or pertinent information regarding OSS work;  
20 c. Allowing another to submit work using the name on the certificate of  
21 competency;  
22 d. Using the name of another certificate holder; fraudulent representation; or  
23 e. Asserting undue influence on or interference with health department staff.
- 24 2. When a violation has resulted in the issuance of a notice of violation beyond the  
25 second suspension of certification, the certificate may be subject to revocation by  
26 the health officer.
- 27 K. *Revocation decision.* The health officer may not revoke a certificate of competency  
28 until an opportunity has been provided for an administrative review before the health  
29 officer or the health officer's designee. Certificates shall be revoked through  
30 issuance of a health officer's order, to be mailed to the certificate holder in  
31 accordance with SCBHC 1.05.060.
- 32 L. *Reinstatement after revocation.* Upon revocation, a certificate of competency shall  
33 not be issued to the OSS contractor at any time for three years following the date the  
34 contractor was notified of the revocation. After such three-year period, the OSS  
35 contractor may apply for a new certification under subsection (C) of this section.
- 36 M. *Appeal of revocation.* A revocation may be appealed under chapter 1.20 SCBHC.
- 37 N. *OSS work without certification.* A person found to be engaging in the business of  
38 OSS installation or repair, monitoring and maintenance, pumping, inspecting, or  
39 servicing without applicable certificate of competency shall be notified by the health  
40 officer, in accordance with SCBHC 1.05.060, of these requirements. If eligible, the  
41 person is to submit for examination at the next regularly scheduled time and pay the  
42 test and certification fee. Refusal to comply with these requirements shall make the  
43 person ineligible for certification for three years.



- 1 O. *Fees*. An applicant for a certificate of competency must submit the fees required  
2 under chapter 1.40 prior to issuance of a certificate of competency. Application for  
3 reinstatement following suspension or revocation requires submittal of the  
4 appropriate annual certificate and examination fees under chapter 1.40 by the OSS  
5 contractor.
- 6 P. *Professional development hours (PDHs)*.
- 7 1. Each person holding a monitoring and maintenance specialist certificate of  
8 competency shall obtain 10 PDHs per calendar year, beginning with the first year in  
9 which they are certified for greater than 10 months. PDHs earned in excess of the 10  
10 per year requirement may be carried over to the next calendar year. PDHs carried  
11 over expire December 31 of the year they are carried over to. It is the monitoring and  
12 maintenance specialist's responsibility to maintain adequate records concerning  
13 PDHs. The health department reserves the right of auditing PDHs at time of  
14 certificate of competency renewal.
- 15 2. Signature confirmation concerning earned PDHs must be provided on the  
16 appropriate form(s) at time of certification renewal for monitoring and maintenance  
17 specialists. The health department may audit up to 20 percent of the applicants in  
18 any calendar year concerning their PDHs by being required to document their  
19 participation in the listed events as a condition of renewal. Any person thus audited  
20 will not be audited in the next calendar year.
- 21 Q. *Good standing*. The OSS contractor must be current and in good standing on all  
22 reports and submission fees.
- 23 R. *Restrictions*. An OSS contractor certificate of competency does not allow an  
24 individual pumper to perform construction or repair work outside the scope of limited  
25 repair measures as defined in these regulations. In addition, an individual installer  
26 who also holds a designer's license may not concurrently act as both the installer  
27 and the designer of the same system.

28  
29 **5.55.070 OSS contractor company certification.**  
30

31 Each company applying for certification or recertification must satisfy the following:  
32

- 33 A. *Fees*. Fees as adopted by the board of health must be submitted prior to issuance of  
34 an OSS contractor company certificate of competency. Application for reinstatement  
35 following suspension or revocation requires submittal of appropriate annual fee.
- 36 B. *Provider list*. Annual submittal of a list of OSS contractors who will be performing the  
37 work on the company's behalf. A minimum of one certified OSS contractor shall be  
38 required for each company.
- 39 C. *Contractor's license*. Each OSS contractor company must hold a Washington State  
40 general contractor's license or applicable specialty contractor's license. A copy of  
41 the applicable valid contractor's license must be submitted to the health department  
42 prior to initial certification and annually thereafter at time of certification renewal. The

- OSS contractor provider list shall be maintained and distributed by the health department and will be organized alphabetically by company name.
- D. *Equipment inspection.* For pumper company certification, satisfactory review of the applicant's pumping equipment consistent with the equipment requirements established in the pumper's manual.
- E. *Good standing.* Be current and in good standing on all reports and submission fees.

#### **5.55.080 Monitoring and maintenance inspection.**

A. *Pumpers.* A monitoring and maintenance inspection conducted by pumpers involves a complete and thorough evaluation of OSS components and the ground surface of a conventional gravity or pump-to-gravity subsurface soil absorption system (SSAS) where no pretreatment or disinfection occurs. The contents of the inspection will include, but will not necessarily be limited to:

1. Condition of the septic tank, pump tank and grease trap as well as determining the need for pumping;
2. Condition of baffles, lids, risers, and filters;
3. Condition and operation of the pump, floats, alarm, valves;
4. Visual observation of the gravity SSAS and monitoring ports if so equipped; and
5. Any other information deemed pertinent by the contractor.

B. *Monitoring and maintenance specialists.* A monitoring and maintenance inspection conducted by a monitoring and maintenance specialist includes the evaluation of pretreatment devices, all SSAS, and other related components such as timers, control panels, and disinfection equipment, in addition to all items listed in subsection (A) of this section.

#### **5.55.090 Limited repair measures.**

A. *General.* An OSS contractor may perform limited repair measures as defined in SCBHC 5.55.030.

B. *Pumpers.* In addition to those items defined as limited repair measures in SCBHC 5.55.030, a certified pumper may also perform the following activities on a permitted conventional gravity or pump-to-gravity subsurface soil absorption system (SSAS), provided that no pretreatment or disinfection occurs:

1. Repair of sewage transport lines;
2. Repair or replacement of pump, floats and/or baffle screen;
3. Clearing of blocked sewage transport lines; and
4. Provided there exists an approved as-built for the system, repair or replace the distribution box (D-Box) on gravity systems.

C. *Monitoring and maintenance specialists and installers.* In addition to those items listed in subsection (B) of this section and as defined under limited repair measures in SCBHC 5.55.030, a certified monitoring and maintenance specialist and certified installers may also perform the following activities on a permitted OSS:

1. Repair or replacement of sewage effluent transport lines;
2. Replacement or repair of disinfection equipment such as ultraviolet light bulbs and related components;
3. Recalibration and adjustment of timer mechanisms; and
4. Provided there exists an approved as-built for the system, repair or replace the distribution box (D-Box) on gravity systems.

#### **5.55.100 Reporting requirements.**

- A. OSS contractors performing monitoring and maintenance activities, pumping, and/or limited repair measures as described under this chapter, chapter 246-272A WAC, and/or in the applicable DOH Department Standards and Guidance documents, shall report the activities to the health department within 30 days of completion in the manner herein described.
- B. OSS contractors shall report the discovery of an OSS failure to the health department within 24 hours upon discovery or the end of the next business day, whichever is later.
- C. The health department will maintain an electronic database for the purpose of submitting reports of monitoring and maintenance activities, pumping, as well as limited repair measures.
- D. The health department will maintain and distribute an electronic minimum standard report form to be completed by the OSS contractor upon servicing, monitoring and maintaining, pumping, or providing limited repair measures of an OSS. This report will be given to the property owner upon completion of work and an electronic copy forwarded to the health department no later than 30 days from the date of service. A limited exception to this requirement is provided for discovery of OSS failure which must be reported to the health department within 24 hours of discovery, or by the end of the next business day, whichever is later. The contents of this report will include, but not necessarily be limited to:
  1. Location of property;
  2. Date of service;
  3. Property tax number of property;
  4. Owner of property;
  5. Description of any observed discharge, sewage, or effluent to the surface of the ground or surface waters;
  6. Septage disposal location, if applicable;
  7. Summary of work performed:
    - a. Monitoring and maintenance inspection report requirements:
      - (i). Monitoring and maintenance specialists must report:
        - (A). A complete and thorough evaluation of each system component;
        - (B). Any adjustments or calibrations performed on the system and related components;

- 1 (C). Limited repair measures as defined under this chapter; and  
2 (D). Replacement or repair of proprietary system components.  
3 (ii). Pumpers must report:  
4 (A). A complete and thorough evaluation of each system  
5 component; and  
6 (B) Limited repair measures as defined under this chapter.  
7 b. Limited repair report requirements:  
8 (i). Monitoring and maintenance specialists and installers must report:  
9 (A). Any adjustments or calibrations performed on the system and  
10 related components such as changes to timer and dose settings;  
11 (B). A list of system components that are replaced or added  
12 including the name of the manufacturer and model number; and  
13 (C). A list of components that were repaired along with an accurate  
14 description of the work performed;  
15 (ii). Pumpers must report:  
16 (A). Pump make and model;  
17 (B). Dose setting; and  
18 (C). A list of components that were repaired along with an accurate  
19 description of the work performed.  
20 c. Pumping report requirements:  
21 (i). Gallons pumped;  
22 (ii). Condition of tank, lids, risers, baffles, and effluent screens;  
23 (iii). Recording of ponding levels in monitoring ports;  
24 (iv). Depth in inches of floating scum mat and sludge layer; and  
25 (v). Description of any other services performed;  
26 8. Name and certificate number of person performing the work; and  
27 9. Signature and date.  
28 E. Any fee required under chapter 1.40 SCBHC.

#### 30 **5.55.110. Construction and installation requirements.**

31  
32 Certified installers are required to construct and install all OSS, except as otherwise  
33 allowed under SCBHC 5.55.120. Construction and installation of the OSS shall include  
34 system back fill and final grading.

35  
36 The installer shall:

- 37 A. Construct and install the OSS using approved design. Any revisions to the approved  
38 design must be approved by both the designer of the OSS and the health  
39 department before work to implement the revision is commenced;  
40 B. Have the approved design and permit in possession during installation;  
41 C. Be on the site at all times during the construction of the OSS;  
42 D. Ensure that the installed OSS is watertight, except for the disposal component;

- 1 E. Upon completion, post the permit on site in a conspicuous location until such time as  
2 the health officer has granted final approval;  
3 F. Cover the installation only after the health officer has given approval to cover; and  
4 G. Back fill and grade the site to prevent surface water from accumulating over any  
5 component of the OSS.  
6

7 **5.55.120 Health officer approval required for owner installations.**  
8

9 The health officer may allow the owner of a single-family residence to install the OSS for  
10 the owner's single-family residence that the owner intends to occupy provided:

- 11 A. The OSS is a conventional gravity system that has been designed by a licensed  
12 septic designer or professional engineer;  
13 B. The property owner possesses a valid, approved design and permit for a gravity  
14 OSS with no pump or siphon required;  
15 C. The installation follows the approved design and meet the requirements of this  
16 chapter, except for the professional installer certificate of competency requirements;  
17 and  
18 D. A certified installer performs all installation work not undertaken and completed by  
19 the resident owner.  
20

21 Under no circumstances shall a property owner perform more than one installation of an  
22 OSS in a calendar year.  
23

24 **5.55.130 Owner's responsibility.**  
25

26 The owner of each operating OSS is responsible for ensuring that the system is  
27 monitored and maintained, in accordance with the requirements of chapter 246-272A  
28 WAC, the applicable Washington State Department of Health's guidance document  
29 titled Department Standards and Guidance for Performance, Application, Design, and  
30 Operation and Maintenance, and the rules and regulations contained within this chapter.  
31  
32

33 Section 3. Severability. If any provision of this ordinance or its application to any  
34 person or circumstance is held invalid, the remainder of the ordinance or the application  
35 of the provision to other persons or circumstances is not affected.  
36  
37  
38  
39  
40  
41  
42  
43

PASSED this \_\_\_\_ day of \_\_\_\_\_, 2025.

SNOHOMISH COUNTY BOARD OF HEALTH  
Snohomish County, Washington

\_\_\_\_\_  
Chairperson

ATTEST:

\_\_\_\_\_  
Clerk of the Board

( ) APPROVED  
( ) EMERGENCY  
( ) VETOED

DATE: \_\_\_\_\_

Approved as to form only:

 9/3/25  
\_\_\_\_\_  
Deputy Prosecuting Attorney

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Proclamation 25-06 Regarding National Preparedness Month (SR 25-023; Gabby Hadly)

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**Division:**

Office of the Director / Gabby Hadly, Public Health Emergency Preparedness and Response Manager

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**Background**

September is recognized as National Preparedness Month, an annual observance that promotes the importance of preparing for emergencies and disasters. For public health, this month serves as a critical reminder that readiness is a continuous, year-round effort to protect communities from a wide range of threats, from natural disasters to disease outbreaks. A strong public health preparedness framework is essential for effective response and community resilience. By focusing on disease surveillance, volunteer training, and strong interagency partnerships, Snohomish County is actively translating the principles of National Preparedness Month into tangible actions that protect the health and safety of its residents.

**Board Authority**

**RCW 70.05.060 - Powers and duties of local board of health**

**Recommended Motion**

Motion to approve proclamation 25-06 regarding National Preparedness Month

**ATTACHMENTS:**

Description

- ▣ Proclamation 25-06 Regarding National Preparedness Month



# Proclamation

## Snohomish County Board of Health

**WHEREAS**, National Preparedness Month is observed annually each September to encourage individuals, families, and communities across the United State to take steps to prepare for disasters and emergencies; and

**WHEREAS**, disasters and emergencies can occur at any time, often without warning, and may result from natural hazards, human-caused incidents, or public health emergencies; and

**WHEREAS**, disasters can impact human health through increased rates of injury, disease, and illness, and by damaging essential infrastructure and the healthcare systems; and

**WHEREAS**, public health is a foundational pillar of community resilience, requiring continuous vigilance and proactive measures to protect the well-being of all residents from both known and emerging threats; and

**WHEREAS**, the resiliency of Snohomish County depends on both community-level preparedness and the personal actions taken by residents to safeguard themselves and their families; and

**WHEREAS**, preparedness planning includes knowing your hazards and risks, establishing evacuation routes and reunification locations, and maintaining up-to-date emergency contacts; and

**WHEREAS**, the preparedness of Snohomish County's public health system is significantly bolstered by the dedication and service of our Medical Reserve Corps (MRC) volunteers, a group of medical and non-medical professionals who train year-round to support health-related care during crises; and

**WHEREAS**, communities of color and other historically marginalized populations are disproportionately affected by emergencies and disasters, a reality that necessitates a targeted approach to public health preparedness and response; and





**WHEREAS**, a foundational commitment to equity in public health requires prioritizing the unique needs of these populations to ensure that all members of our community are protected, which in turn strengthens our collective resilience during times of crisis; and

**WHEREAS**, the shared responsibility between public agencies, community partners, and prepared residents is essential to mitigating the impact of any disaster, thereby ensuring the health and safety of our entire population.

**NOW, THEREFORE, BE IT RESOLVED** that the Snohomish County Board of Health proclaims the month of September 2025 as National Preparedness Month and calls on all residents, businesses, and organizations of Snohomish County to join in this observance to take three simple steps: make a plan, build a kit, and stay informed, so that together, our community is prepared for any disaster or emergency.

## **National Preparedness Month September 2025**

*ADOPTED this 9<sup>th</sup> day of September 2025.*

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*Megan Dunn  
Chair, Board of Health*

*Attest:*

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*Pamela Aguilar  
Interim Director, Health Department*



BOARD OF HEALTH STAFF REPORT ()  
SEPTEMBER 9, 2025  
HEALTH OFFICER'S REPORT

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Health Officer's Report

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**ATTACHMENTS:**

Description

- ▣ Health Officer's Report - September 9, 2025



**SNOHOMISH  
COUNTY**   
HEALTH DEPARTMENT

# **BOARD OF HEALTH HEALTH OFFICER REPORT**

**September 2025**



# CDC Turmoil

- Director Monarez being fired
- Multiple top officials resigned
- This will have huge impacts on PH:
  - Grant oversight
  - Guidance issues
  - A lot of work to maintain
  - This is very bad for Public Health



Senators demand oversight, reject vaccine guidance as illegitimate as CDC turmoil...

1 day ago





# Immunizations Updates

- [FDA updates COVID vaccine indications](#)
- Increasing local and national reports of difficulty obtaining COVID shots

ig News  
COVID  
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ago



n › 2025/08/28 › well › cvs-ph... ⋮

[Depends Covid Vaccine Access at](#)

at pharmacies are limiting access to vaccines w

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inable

ews ⋮

a COVID vaccine just  
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ew FDA restrictions

hours ago



n › policy › healthcare › 5477209-cvs-... ⋮

[COVID-19 vaccine in multiple state](#)

nal vaccines typically don't require prescriptions, be  
re eligible for the shots. Earlier this week, ...

ow results with: unable

# Immunization Updates



WA DOH providing evidence-based recommendations



Working toward a statewide standing order

Updated June 17, 2025 - The Washington State Department of Health (DOH) continues to recommend that everyone 6 months and older, including pregnant people, receive the current COVID-19 vaccine to protect against severe illness.

DOH is continuing to monitor federal updates on COVID-19 vaccine recommendations and assess how changes may impact the health and safety of Washington residents. At this time, we are not making any changes to our programs or recommendations and will continue to monitor federal guidance as it evolves.

Our priority remains ensuring equitable access to COVID-19 vaccines. The COVID-19 virus continues to pose serious health risks in Washington state, including hospitalizations, long COVID, and preventable deaths. These risks are most prominent in pregnant people, young children, older adults, people with chronic conditions, and those who remain unvaccinated.

COVID-19 vaccines remain one of our most effective tools for preventing severe illness. We encourage all eligible Washingtonians to stay up to date on their vaccinations to protect themselves, their loved ones, and the broader community.

# Immunizations Updates

[New AAP immunization schedule](#)

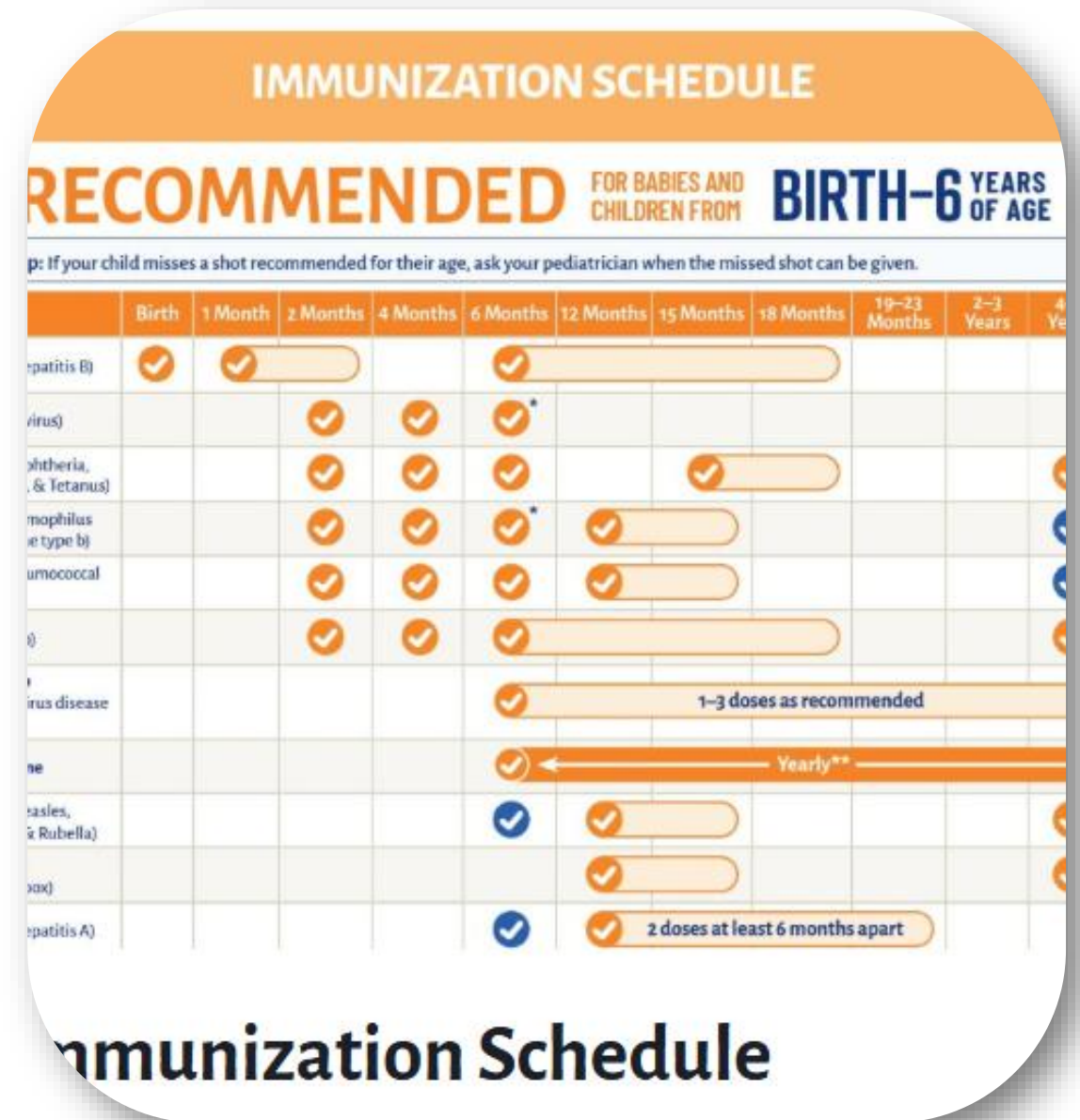
Differs from recent FDA/ACIP recommendations

[VIP meeting](#) in August

[ACOG recommendations](#)

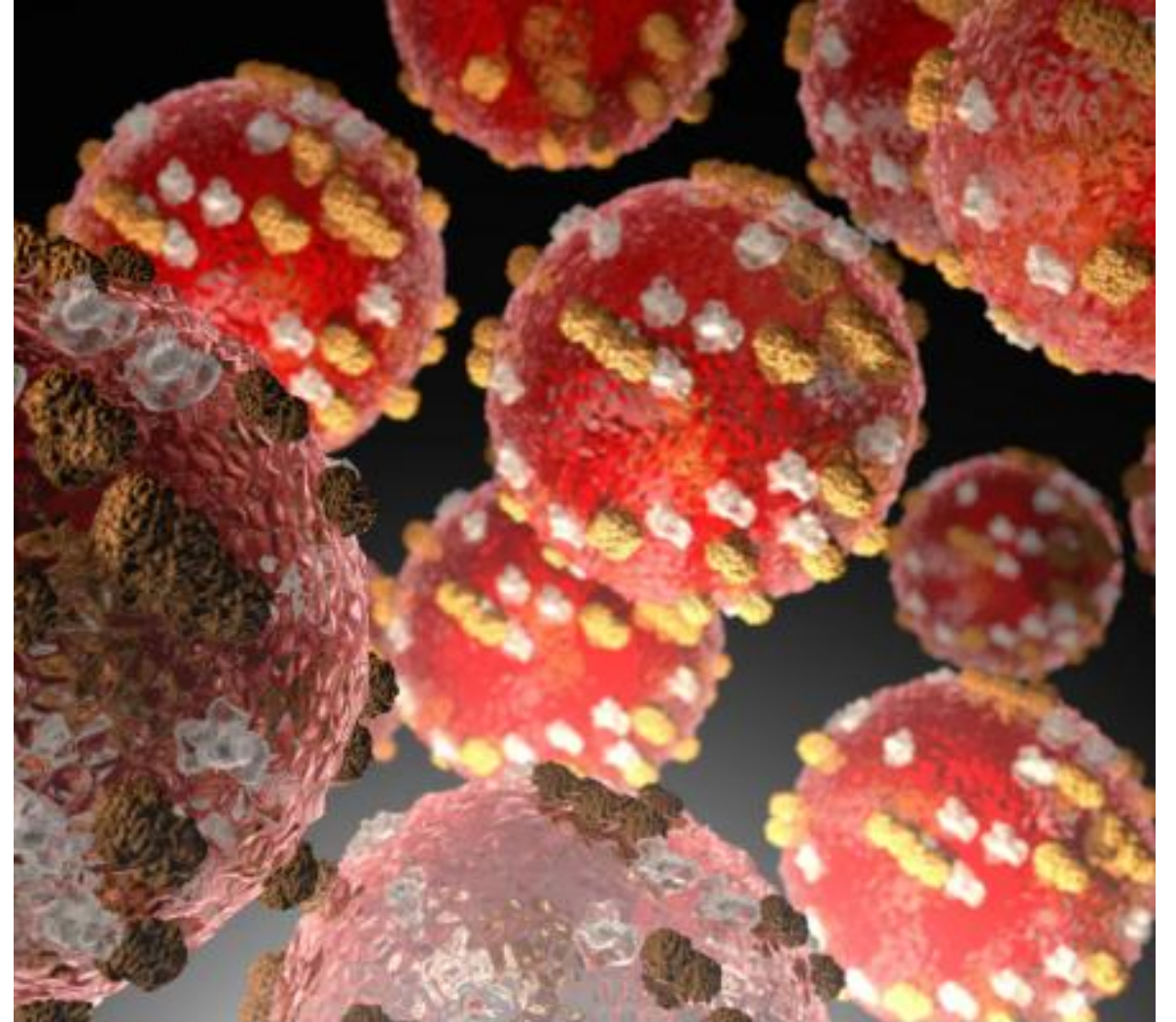
Pending recommendations from IDSA

[BOH panel – blog article and recording](#)



# Measles Update:

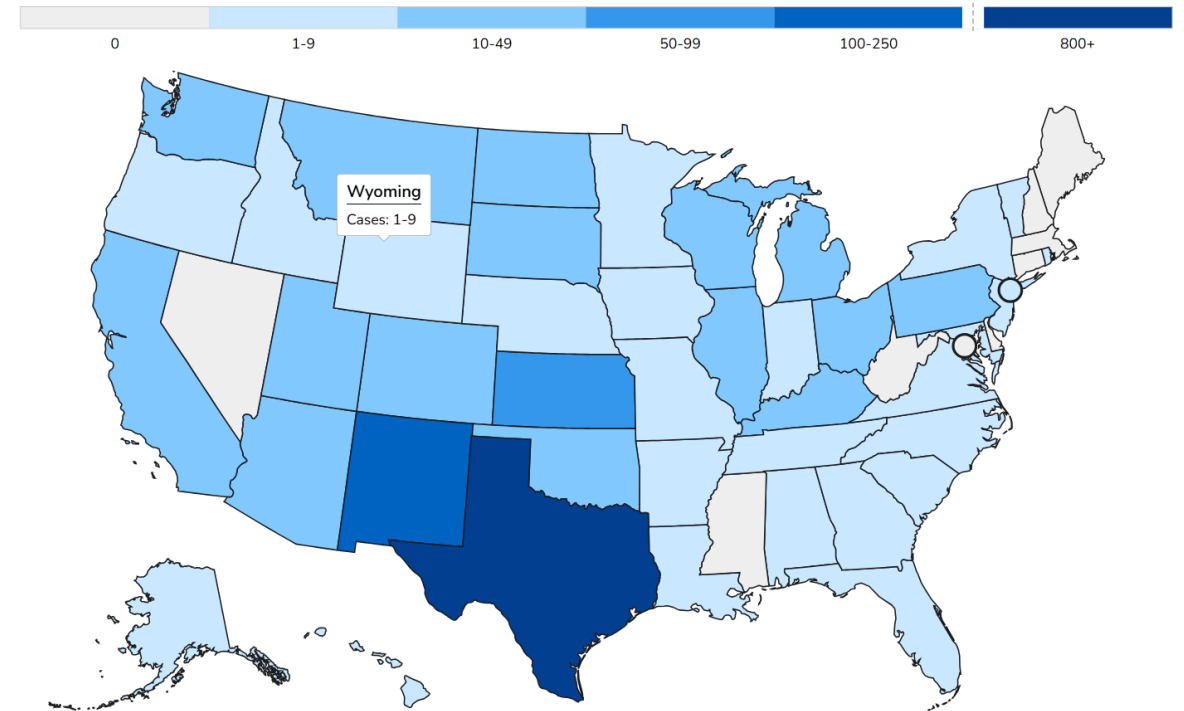
- 11 cases in WA to date
  - King, Snohomish, Whatcom, Spokane
  - Spokane case related to ID outbreak
- Continue to have suspect cases occasionally





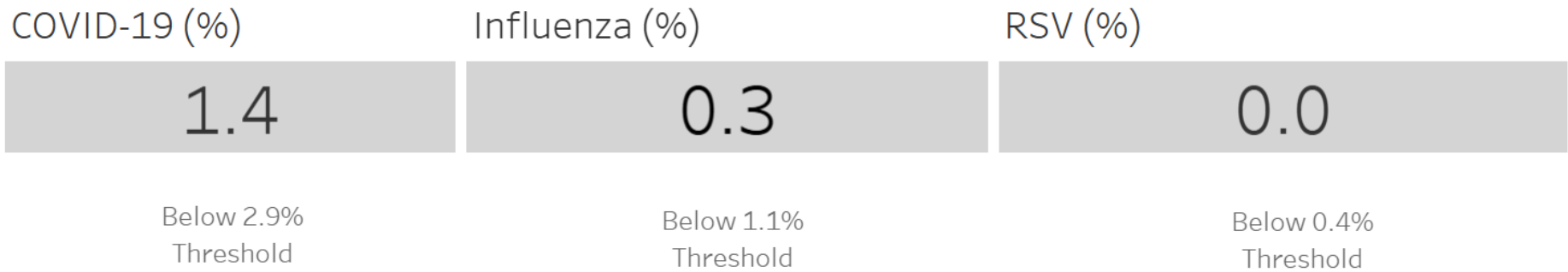
# Measles Update

- 1408 cases so far in 2025 (285 total in 2024)
  - 43 jurisdictions (last meeting was 37)
  - Ongoing outbreaks across the globe
  - 13% hospitalization in US, 3 deaths
- TX Outbreak declared over 8/18
- Take Away: Measles is still all over the place, but might be slowing down in US

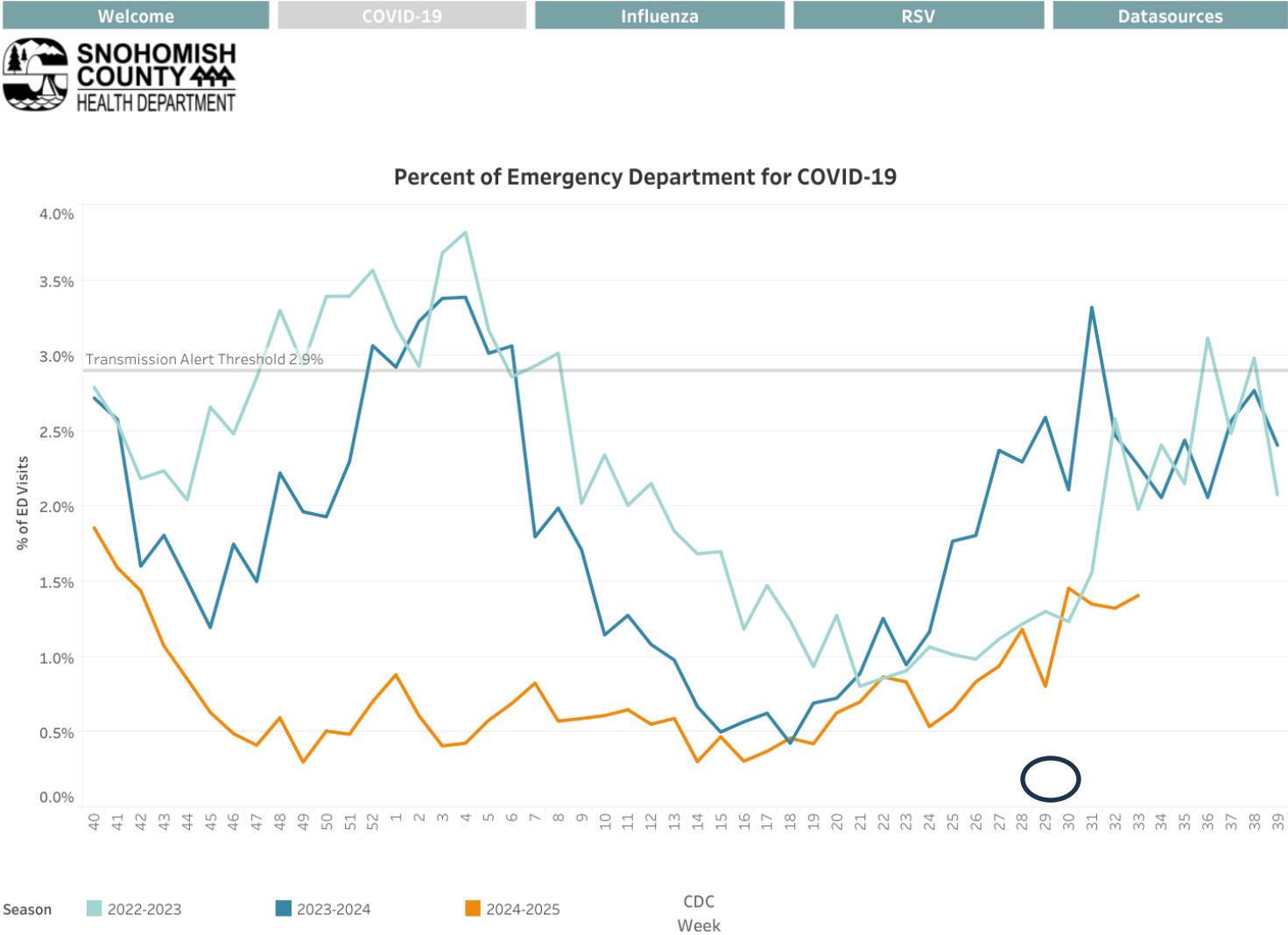


# Respiratory Virus Transmission Update: Below the thresholds and plans for 25-26 season

Percent of Emergency Department (ED) Visits *(Data as of 8/16/2025)*



# COVID-19



# Executive Summary



Influenza & RSV: No updates, new season will be here soon



COVID has been increasing and indications a wave is beginning, will see how it develops, possible it could cross the threshold if trajectories continue in the coming weeks and could be the start of resp season.

# Masking Threshold changes for 25-26 season:



[NHWRN memo](#) – updates memo forthcoming



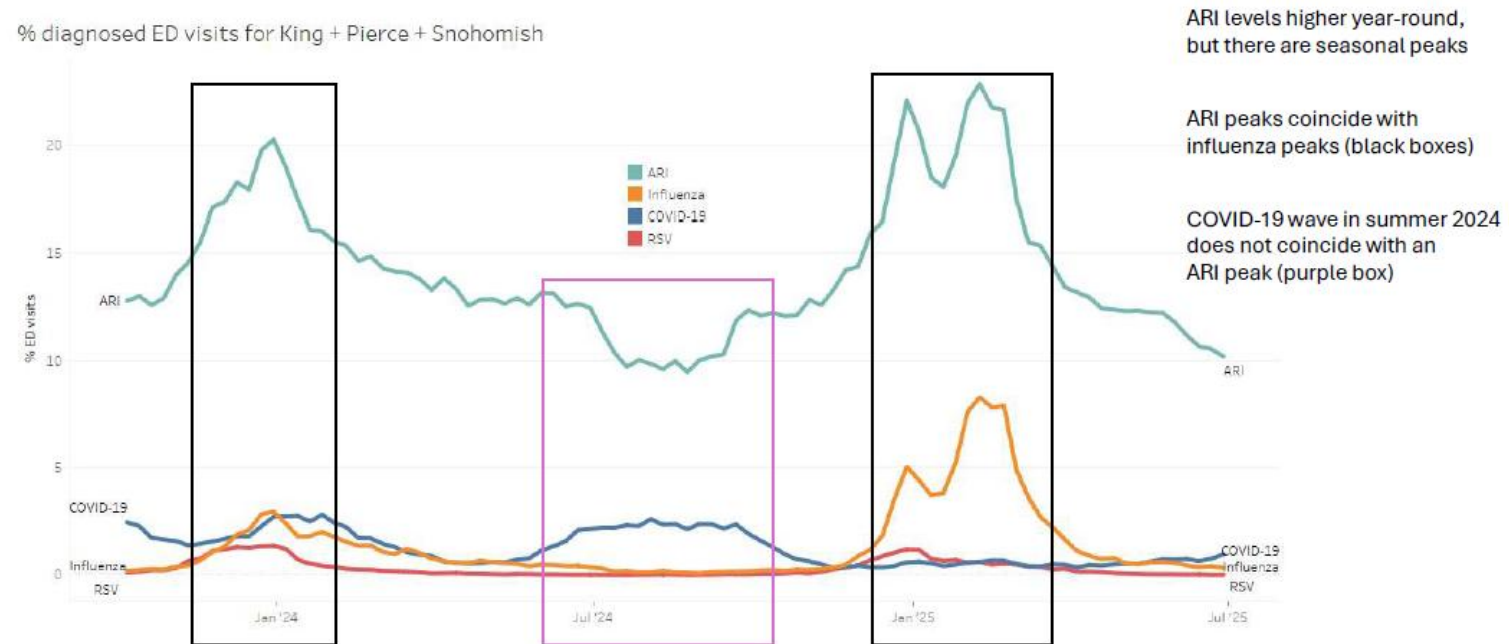
New approach for 25-26 season – combined acute respiratory illness (ARI) syndromic surveillance metric.



Will still provide numbers for each RSV, COVID, Influenza but the threshold will only be applied to ARI curve

# ARI v Pathogen Specific Thresholds

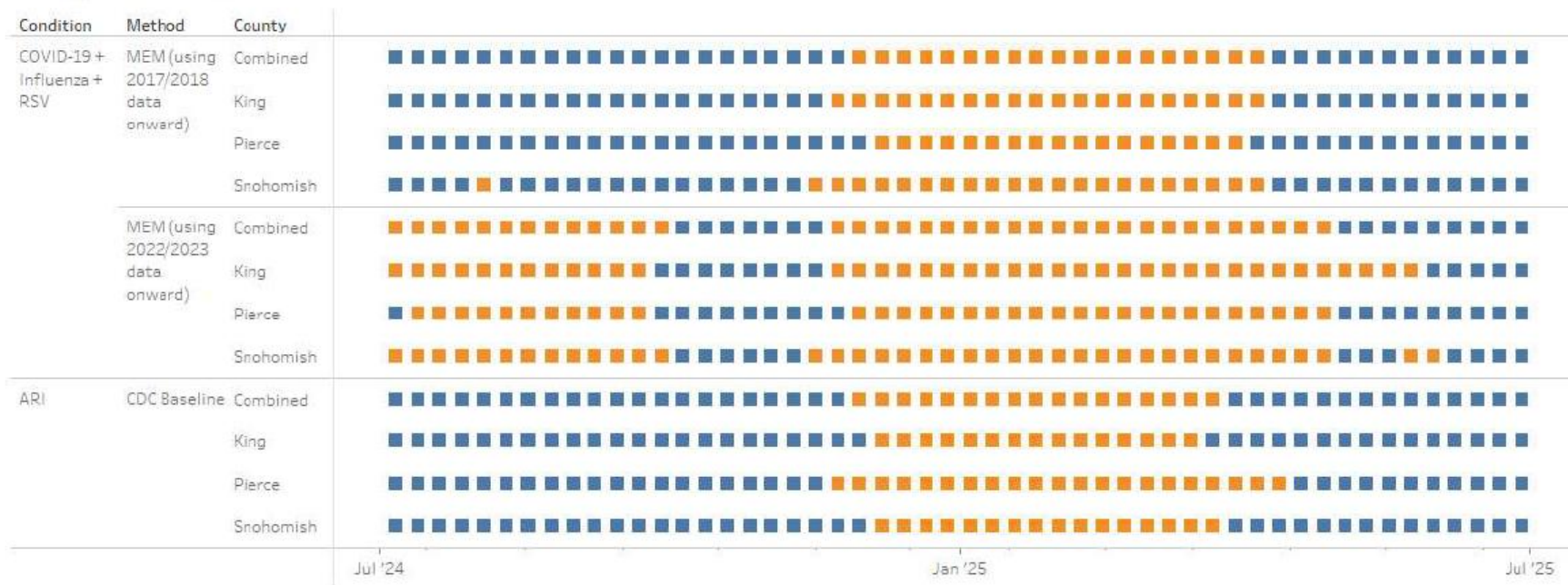
## Syndromic surveillance conditions from October 2023 – June 2025



# ARI v Pathogen Specific Thresholds

## Weeks above threshold for King + Pierce + Snohomish

2024/2025 season



# Respiratory Return to Work Guidance for HCWs

New guidance under review at DOH

Moving to combined respiratory illness approach

Similar to California approach for the last few years

Other states joining as well including MA

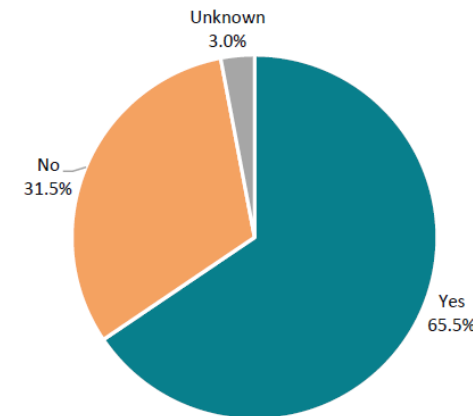


# Pertussis Update

- Incidence declining
- 145 cases in 2024; 236 cases in 2025 to date (205 at last meeting)
  - ~88% of cases in 0-19 yo age groups
- ~65.5% of cases had at last one Pertussis containing vaccine
  - Of those with at least 1 Vaccine ~90% are considered “up-to-date” (UTD)
  - 0-3 ~80% never received vaccine

- No new outbreaks since last meeting
- ~89% of cases exposed in school setting have been UTD

Percent of Pertussis Cases that Ever Received Vaccine



# Pertussis In Snohomish

- Incidence declining past 3 mo substantially

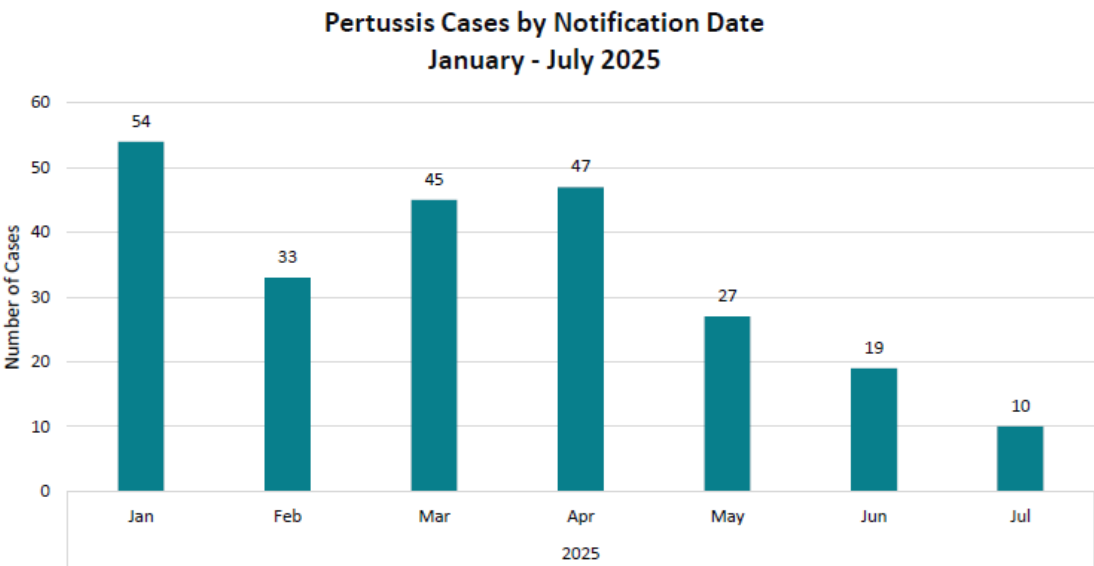
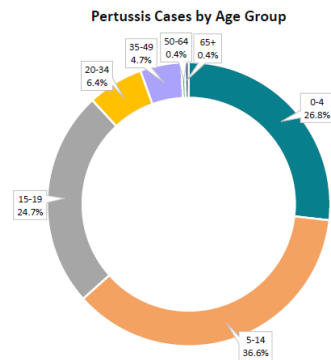
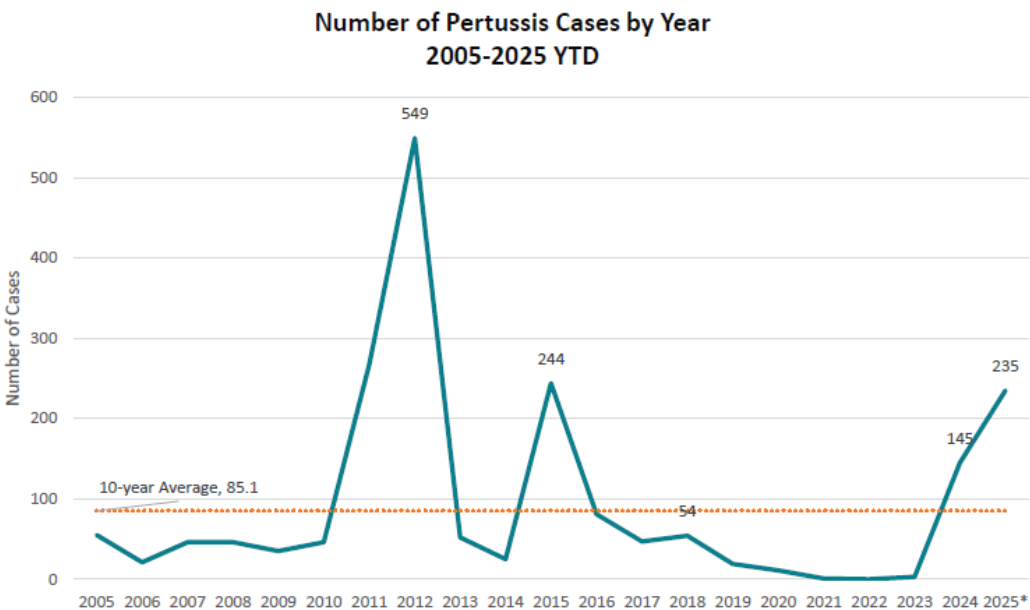
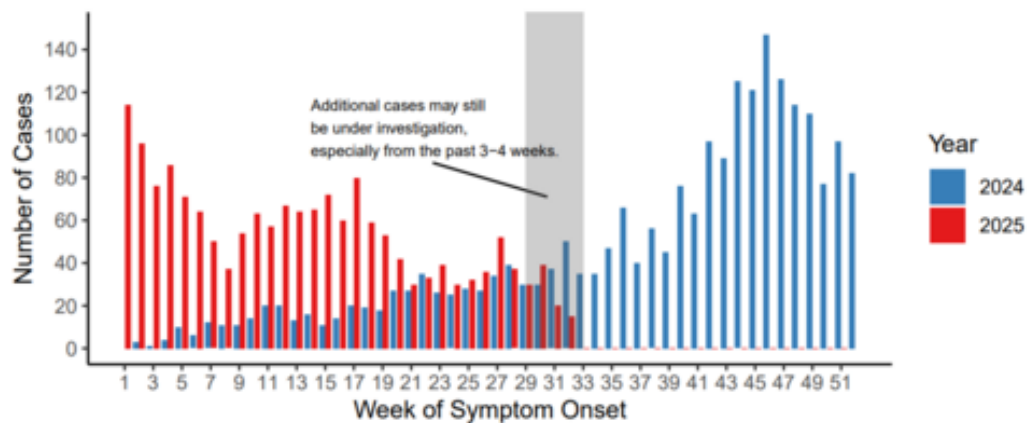


Figure 1: Number of Pertussis Cases Reported in Washington State by CDC Week of Symptom Onset: 2024 (blue) vs 2025 (red)



# Malaria in WA??? Really?..Maybe

Further investigation pending

Also a case in NJ

## We are investigating possible locally acquired case of malaria

August 6, 2025

### The risk to the public is very low.

An East Pierce County woman who has not traveled recently was diagnosed Aug. 2 with malaria. She is receiving treatment and we continue to monitor her status.

We are working with Washington State Department of Health (DOH) and Centers for Disease Control and Prevention (CDC) to investigate potential sources of infection. It's possible she was recently infected with malaria in Washington. If confirmed, this would be the first known locally acquired case of malaria in Washington.

The most likely cause of a locally acquired case is a mosquito biting someone infected with a travel-associated case of malaria, then passing the infection on to this patient.

Top stories



**The New York Times**  
New Malaria Case Prompts Testing of Mosquitoes in New Jersey  
1 day ago

**People.com**  
N.J. Health Officials Are Investigating the First Possible Locally-Acquired...  
1 day ago

**NBC New York**  
Health officials investigate rare case of malaria in New Jersey  
2 days ago

**Scripps News**  
Malaria case in New Jersey resident raises concern of local transmission  
11 hours ago

**AOL.com**  
Malaria case in New Jersey resident who hasn't traveled under investigation  
2 days ago

More news >

# PUBLIC HEALTH

always working for a safer & healthier

# SNOHOMISH COUNTY

# Questions?





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Ordinance BOH25-08: Relating to Health Department Fees; Amending Chapter 1.40 of the Snohomish County Board of Health Code (SR 25-024; Ragina Gray)

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**Division:**

Environmental Health / Ragina Gray, Director

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**Background**

This is an ordinance that amends Chapter 1.40 in the Snohomish County Board of Health Code, which covers the Health Department fee schedule. The Snohomish County Board of Health last adjusted fee amounts in April 2024 via Ordinance No. BOH24-01, and those changes took effect on November 1, 2024.

**Environmental Health Budget Background**

The Environmental Health Division's 2025 revenue budget for 2025 is \$15,597,025. About 40% of that budget is comprised of fees collected for providing regulatory services, and fees are a major source of funding for each Environmental Health program. However, fees do not fully cover total costs and Foundational Public Health Services (FPHS) funding, grants and contracts, and other flexible funds are needed to fill the gap between fee revenue and total costs. The Health Department is preparing to update the software used to track staff time and activities, and this may help improve data quality for future fee studies and cost analyses.

SCHD is striving to recover program costs via fees, but still needs a more formalized cost recovery strategy. There is some gray area between where fees are expected to cover 100% of costs and where other funding may be appropriate to subsidize costs. It is also important to note that Snohomish County fees are currently comparable to fees set by other local health jurisdictions. While local health jurisdictions all calculate their rates differently, it is not advantageous to raise fees well beyond this bracket of comparability.

**Proposed 2025 Fee Adjustment**

Historically, fees have been adjusted every year based on the previous year's negotiated cost-of-living increase for Environmental Health staff. The 2026 staff cost-of-living adjustment (COLA) was published in July; based on the timing of this ordinance, it is possible to proactively capture both the 2025 COLA (3.63%) and the 2026 COLA (2.72%) into this fee adjustment. This may help set a precedent for updating fees based on the current year's COLA which would better connect current fees to current costs.

Therefore, this proposal includes an across-the-board 5% increase over all fees, with some exceptions (see below). The 5% adjustment directly correlates to the combined 2025-26 COLA of 6.35%. The 1.35% gap left between this proposal and the COLA will be reassessed during the 2026 annual fee adjustment and may be incorporated then.

### Deviations from Proposed 2025 Fee Adjustment

There are some exceptions to the proposed 5% increase to all fees. First, this proposal would adjust the division-wide hourly rate from \$225 to \$235. It would not adjust late fees and the Health Officer's Order fee. The rest of the deviations are grouped by Environmental Health program below:

#### Food Safety Program:

- Food Safety fees would increase by 10% instead of by 5%. The additional 5% would support plan review capacity building.
- In 1.40.040, the Hazard Analysis Critical Control Point (HACCP) review fee would be lowered from \$2,100 to \$900. The multiple permit facility review fee would be set to be the equivalent to the hourly rate. The consultation fee would be left at the hourly rate to encourage use.
- Many fees in 1.40.041 and 1.40.044 follow a low/medium/high risk structure. These fees would be adjusted to keep a uniform percent difference between each of those distinctions.
- Many fees in 1.40.042 would be standardized to the same fee amount of an applicable food establishment permit fee. This includes bakeries, bed and breakfasts, and campgrounds being set to the equivalent of a low risk food establishment, caterers being set to the equivalent of a 0-50 seat food establishment, vending machines being set to the equivalent of half a low risk food establishment, and mobile food units being set to a 0-50 seat food establishment.
- In 1.40.044, the additional location of a recurring event would be set to be the same fee as a single temporary event fee. An additional location option would also be added to the food demonstrator permit with the same proposed price break as the recurring event additional location.

#### Safe Environments Program (covers pools, schools, group camps, and illegal drugs):

- There has not historically been a fee associated with school site reviews in 1.40.070, but this proposal would set this to one hour's worth of the hourly rate.
- The pre-occupancy inspection in 1.40.080 was originally an additional line on the fee schedule. This proposal would roll that inspection fee into each plan review fee to give an applicant a better sense of true costs.
- The water recreational facilities office conference in 1.40.082 would be standardized to the office conference offering in the Food Safety program.

#### Land Use Program:

- In 1.40.090, some language in the fee descriptions would be modified. For community systems, "Permit" would be replaced with "Per service connection fee" to better describe the charge. For renewals, language would be added to state that renewals must meet current code.
- Land use review fees in 1.40.093 were originally set at one hour of the hourly rate (\$225). Analysis has shown that these reviews typically take about two hours, so the fee would increase to two hours of the adjusted hourly rate (\$470).
- Monitoring and maintenance report submittal fees for inspections and pumpings (both found in 1.40.094) would be increased from \$40 to \$42 and \$12 to \$13, respectively.
- There were some inconsistencies in subdivision review fees in 1.40.095 - some were set at \$145, and some were set at \$150. They would all be adjusted to be \$150.

#### Vital Records:

- Most Vital Records fees are set at the state level. However, there is a new state offering for a no-cost birth certificate for school enrollment. The eligibility requirements are set in SB 5030. This option would now be reflected in the fee schedule.

#### Outreach and Next Steps

Staff are currently consulting interested parties that will be affected by this proposed change in fees. The Master Builders Association and the Washington Hospitality Association were briefed in late August. The proposed fee adjustments have also been posted on the Health Department website and shared via newsletter to regulated community members. No comments have been received as of early September.

Action on this ordinance is planned for the October Board of Health meeting. As this matter relates to fees, only elected officials on the Board of Health will be eligible to vote. If adopted, this proposed fee increase would take effect November 1, 2025.

#### **Board Authority**

RCW 70.05.060 (7) Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by the law and the rules of the state board of health: PROVIDED, That such fees for services shall not exceed the actual cost of providing any such services.

#### **Recommended Motion**

**Briefing only.**

#### **ATTACHMENTS:**

Description

- ▢ Fee Schedule Presentation
- ▢ Ordinance BOH25-08 Relating to Health Department Fees; Amending Chapter 1.40 of the Snohomish County Board of Health Code



**SNOHOMISH  
COUNTY**   
HEALTH DEPARTMENT

# Annual Fee Adjustment

**Snohomish County  
Board of Health**

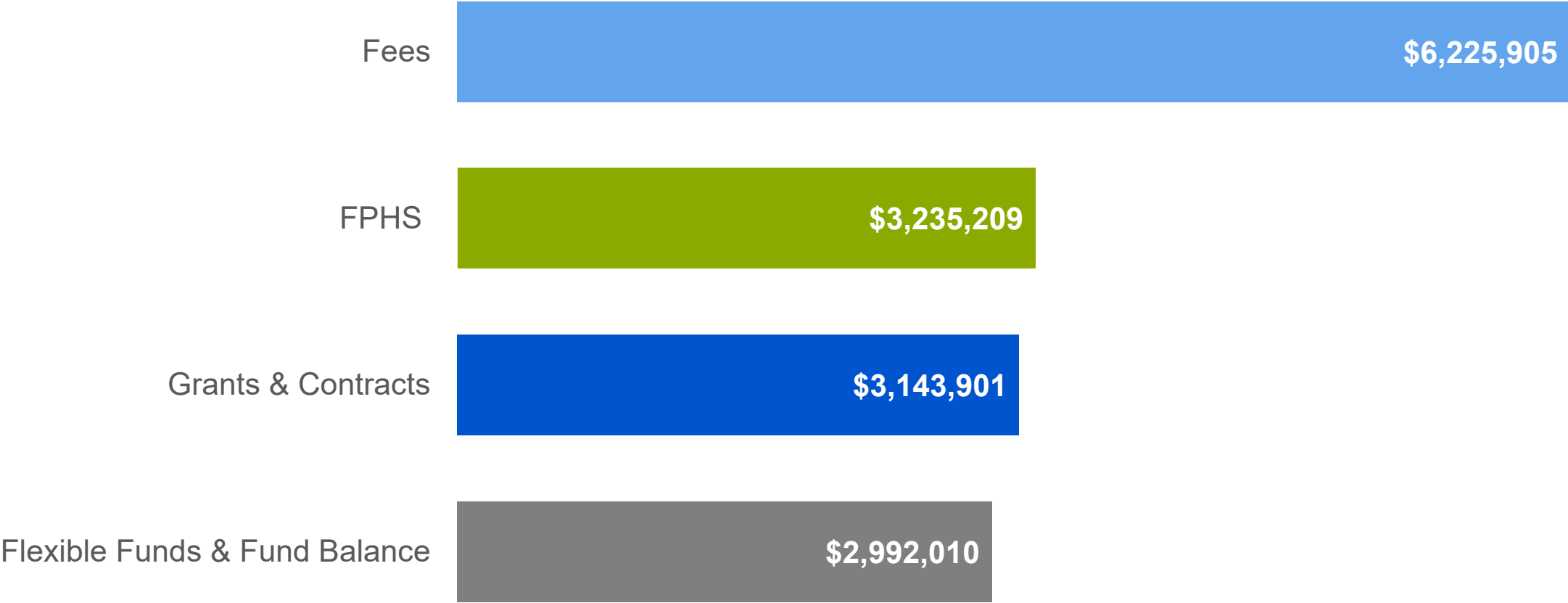
September 2025





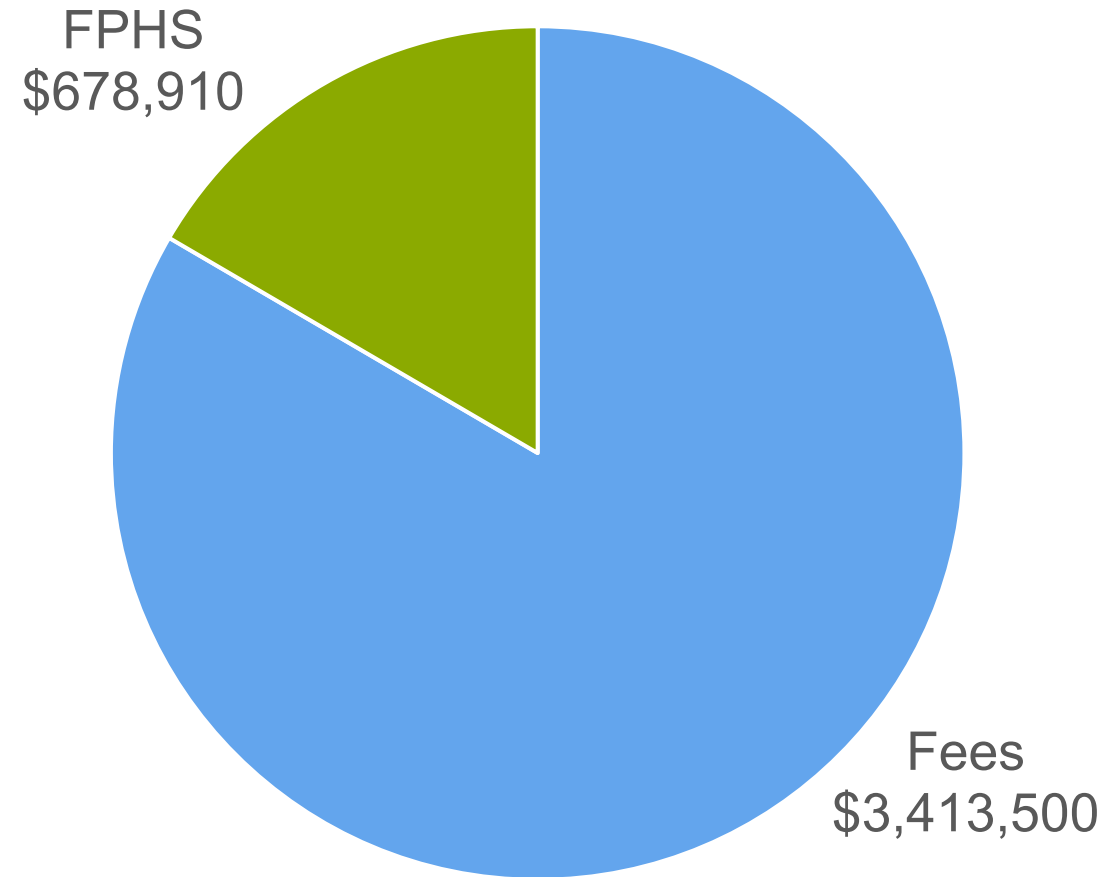
# 2025 Environmental Health Budget

Revenue total: \$15,597,025



# Food Safety 2025 Budget

- Revenue total: \$4,092,410
- 26% of 2025 EH budget

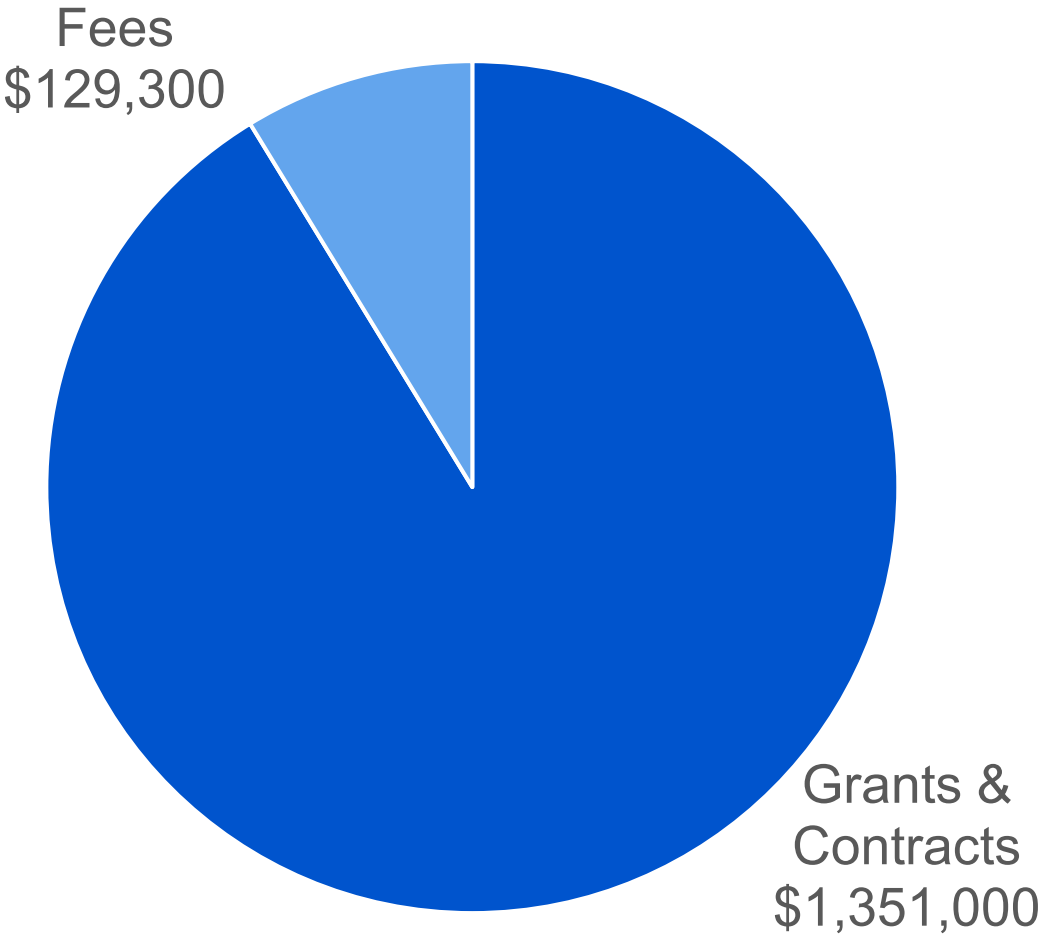


# Food Safety Fees – LHJ Comparison

Fee	Snohomish	King	Pierce	Spokane	Clark	Skagit
Low-risk food service establishment permit	<b>\$450</b>	\$425	\$368	\$290	\$448	\$320
Mobile food unit low-risk permit	<b>\$440</b>	\$608	\$368	\$630	\$475	\$320
General plan review	<b>\$1,000</b>	\$972	\$1,139	\$180/hr	\$1,286	\$725
Single temporary event low-risk permit	<b>\$100</b>	\$122	\$81	\$100	\$140	\$95

# Solid Waste 2025 Budget

- Revenue total: \$1,480,300
- 9% of 2025 EH budget



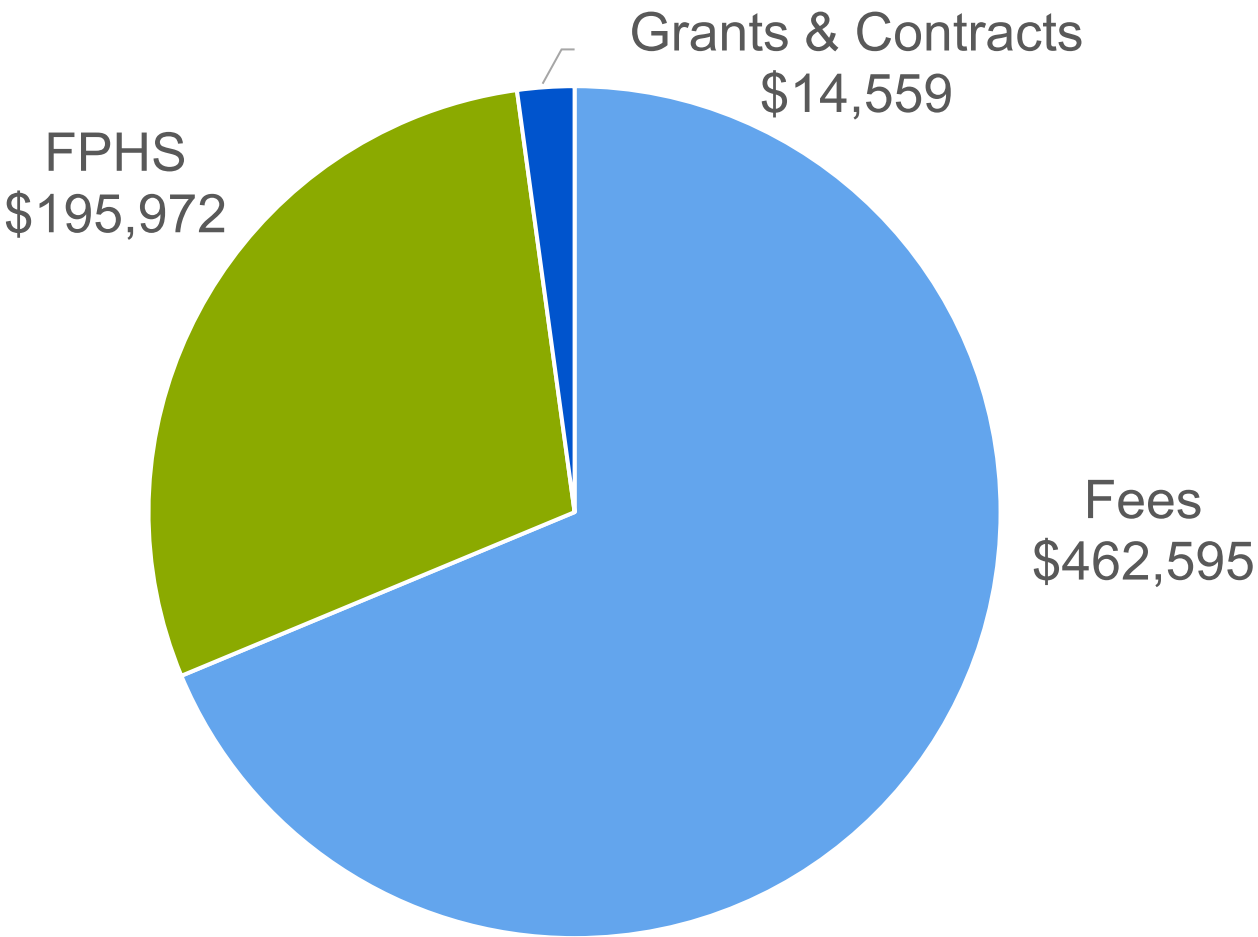
# Solid Waste Fees – LHJ Comparison

Fee	Snohomish	King	Pierce	Spokane	Clark	Skagit
Solid waste plan review	<b>\$2,705 + \$225/hr after 11 hrs</b>	\$864 + \$216/hr after 4 hrs	\$230/hr	\$180/hr	\$3,493	\$2,500 \$125/hr after 20 hrs
Limited purpose landfill permit	<b>\$4,280 + \$225/hr after 19 hrs</b>	\$7,992 + \$216/hr after 37 hrs	\$6,210	\$2,500	\$6,782	\$6,000
Surface impoundment and tanks permit	<b>\$4,280</b>	\$5,616 \$216/hr after 26 hrs	\$3,220	\$2,500	\$6,782	\$840
Closure or closed landfill	<b>\$675</b>	\$216/hr	\$1,150	\$600	\$5,753	\$1,200

# Safe Environments 2025 Budget

(Pools, schools, group camps, illegal drugs)

- Revenue total: \$673,126
- 4% of 2025 EH budget



# Safe Environments Fees – LHJ Comparison

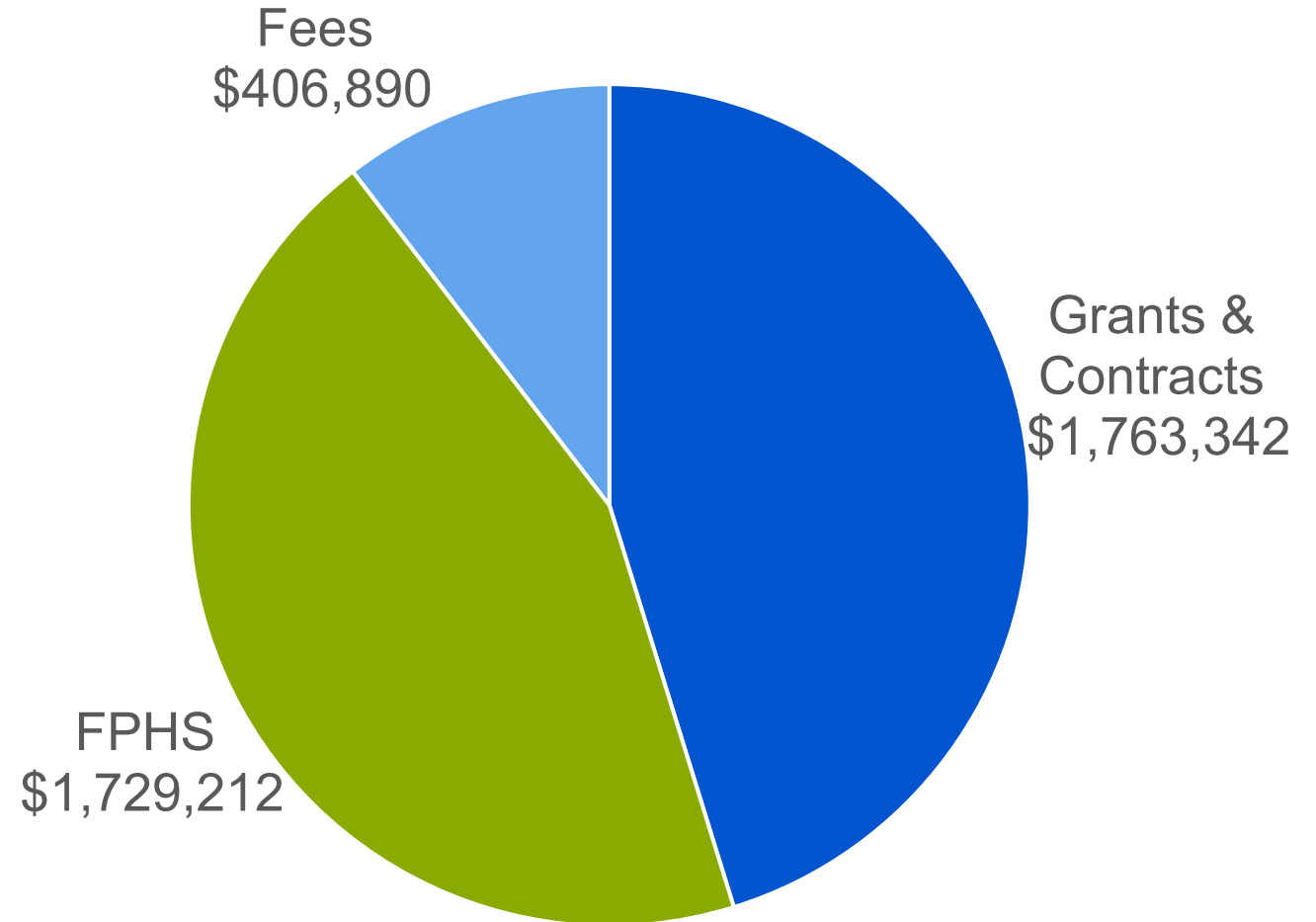
(Pools, schools, group camps, illegal drugs)

Fee	Snohomish	King	Pierce	Spokane	Clark	Skagit
Pool permit – year-round	<b>\$855</b>	\$668	\$920	\$1,280	\$1,161	\$500
Swimming pool plan review	<b>\$1,130</b>	\$972	\$1,610	\$180/hr	\$1,670	\$800*
School safety inspection	<b>\$225</b>	\$486	\$377 - \$1,081	\$180	\$1,149 - \$2,009	\$125
Group camp permit	<b>\$380</b>	N/A	\$575	N/A	N/A	\$310

\*WA DOH manages plan review and sets fee

# Land Use Monitoring & Maintenance 2025 Budget

- Revenue total: \$3,899,444
- 25% of 2025 EH budget



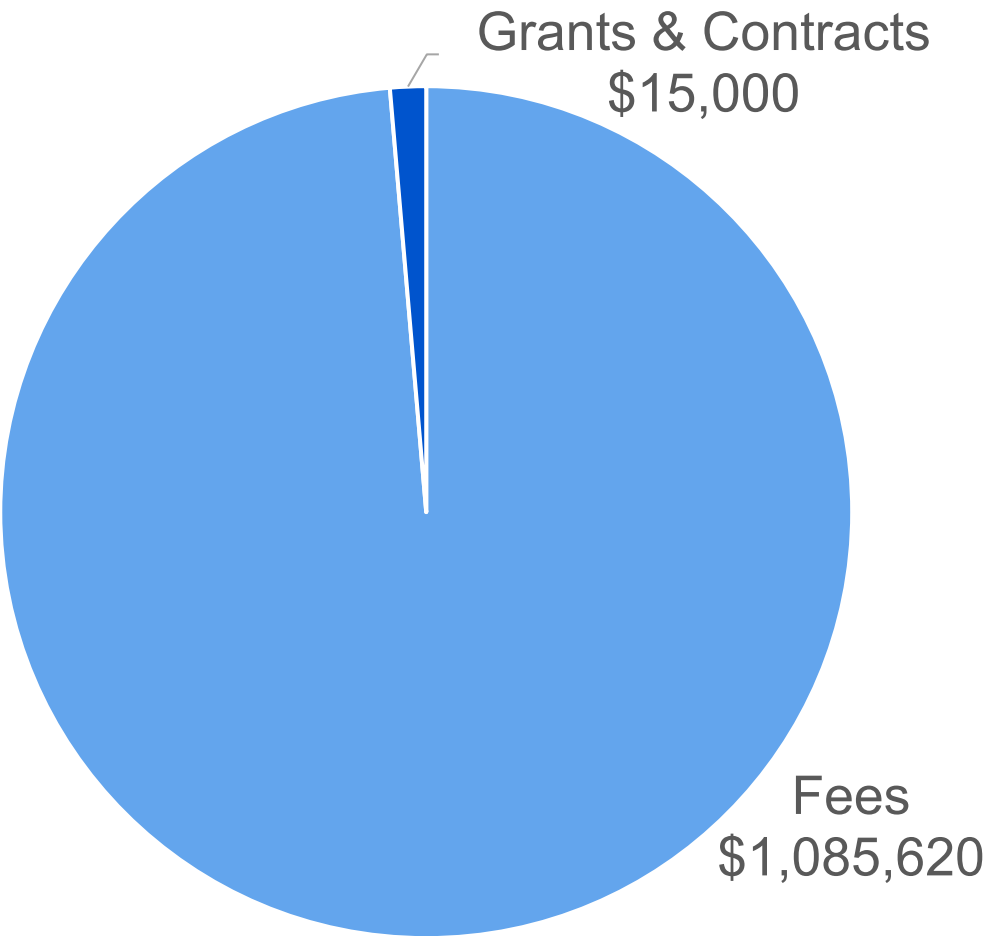


# Land Use M&M Fees – LHJ Comparison

Fee	Snohomish	King	Pierce	Spokane	Clark	Skagit
Inspection report submittal	\$40	\$32	\$58	N/A	N/A	N/A
Annual OSS operating permit	N/A	N/A	N/A	N/A	\$13.21	N/A
Annual certification – installer, M&M specialist	\$485	\$378	\$345	\$460	\$260	\$260

# Land Use Permitting 2025 Budget

- Revenue total: \$1,100,620
- 7% of 2025 EH budget

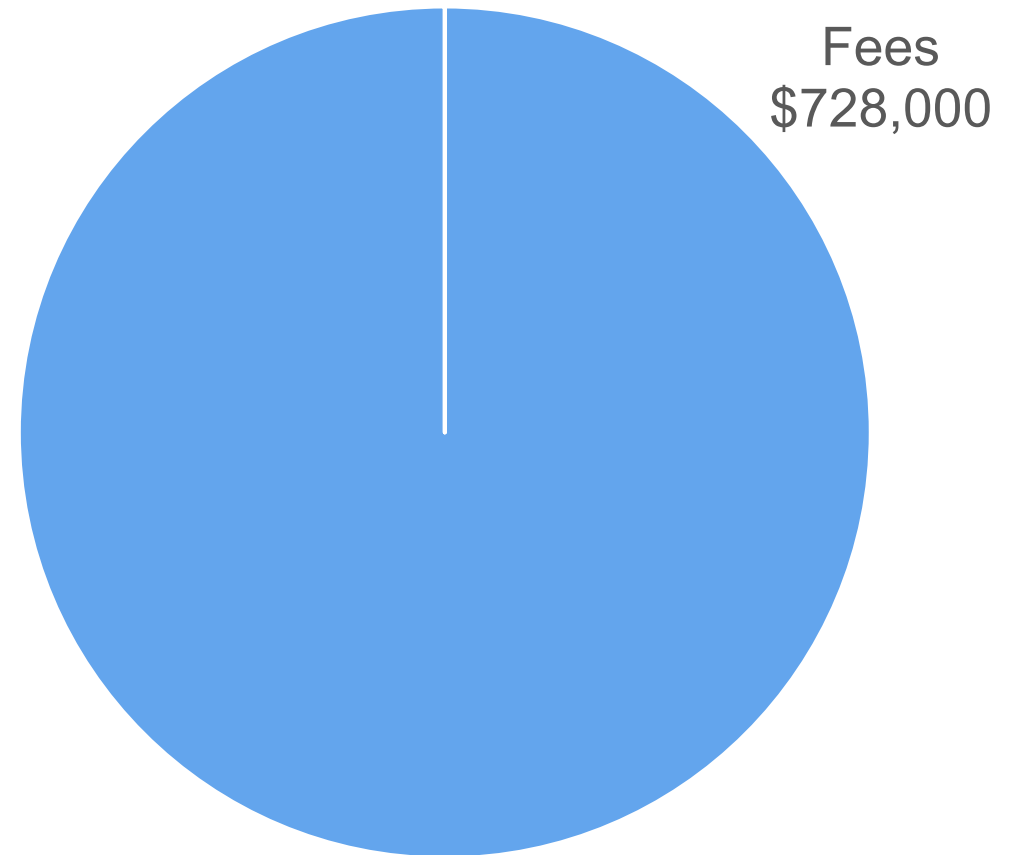


# Land Use Permitting Fees – LHJ Comparison

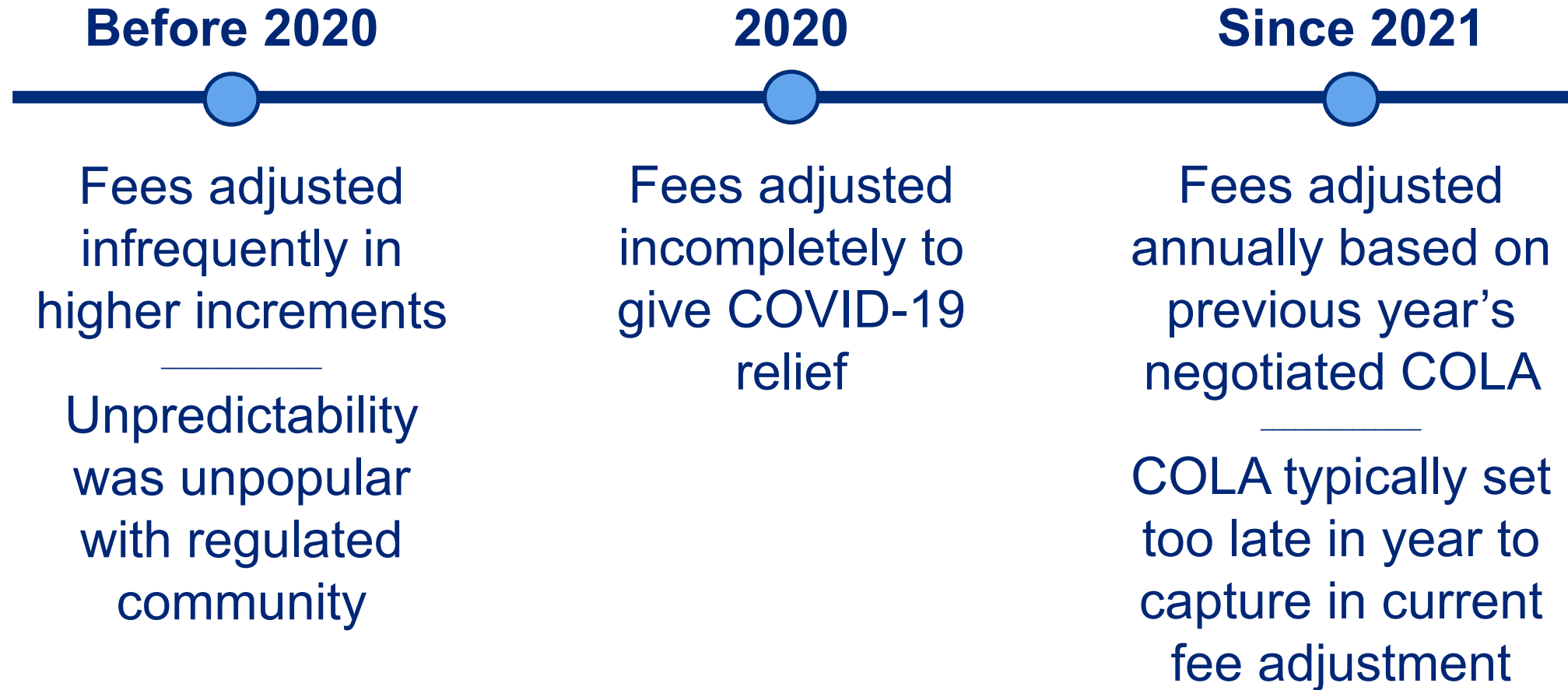
Fee	Snohomish	King	Pierce	Spokane	Clark	Skagit
Gravity system app review + install permit	<b>\$1,440</b>	\$1,728	\$1,496	\$1,890	\$1,204	\$1,080
OSS redesign	<b>\$375</b>	N/A	\$633	\$360	N/A	\$430
OSS repair app review + permit	<b>\$370</b>	\$1,242	\$978	\$360	\$766	\$550
Land use review	<b>\$225</b>	\$756	\$460	\$180	N/A	\$125

# Vital Records 2025 Budget

- Revenue total: \$728,000
- 5% of 2025 EH budget
- Most VR fees set by state



# Historical Fee Adjustments

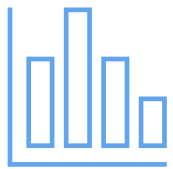


# Are We Covering Costs?

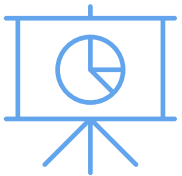


2022 fee study was inconclusive

- Consultant found that data quality makes cost analysis hard



Getting new software to more accurately track staff time/activities

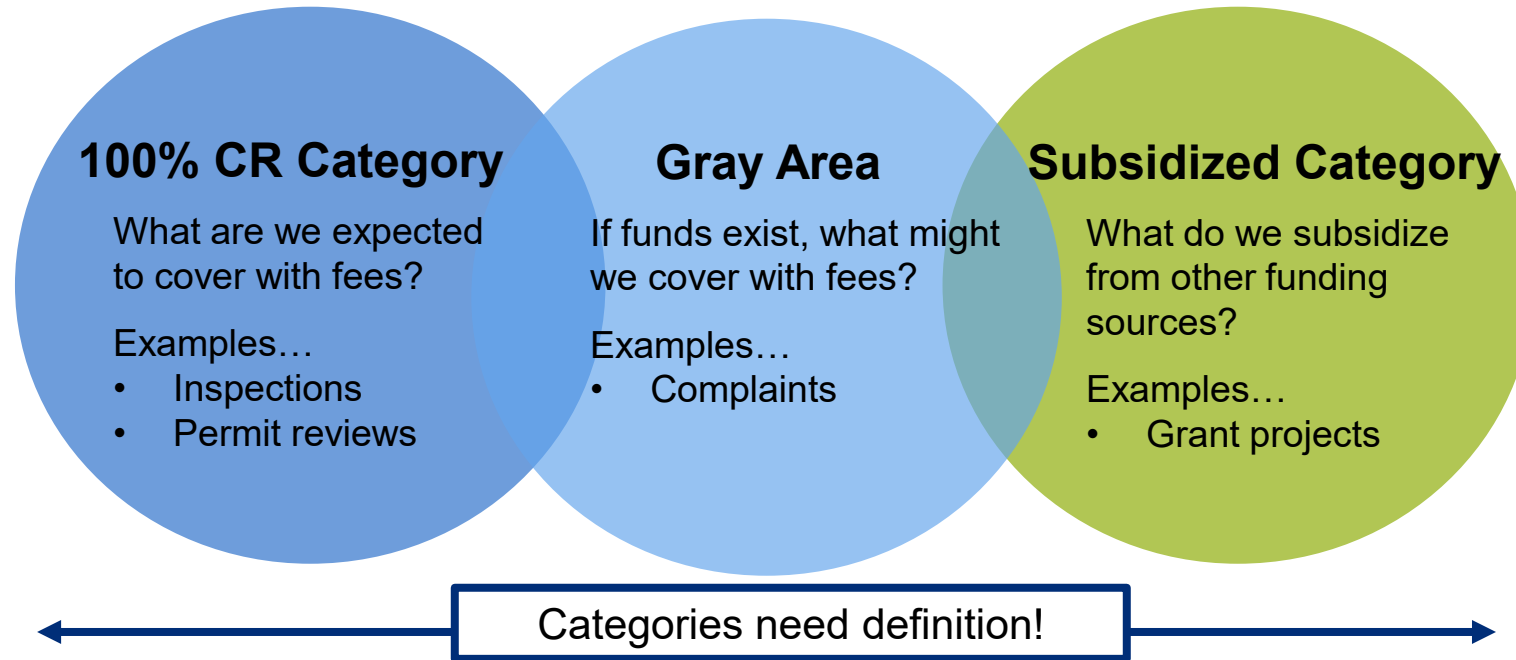


We know that fees don't fully cover total costs

- FPHS/flexible funds are needed to fill the gap

# What is Cost Recovery?

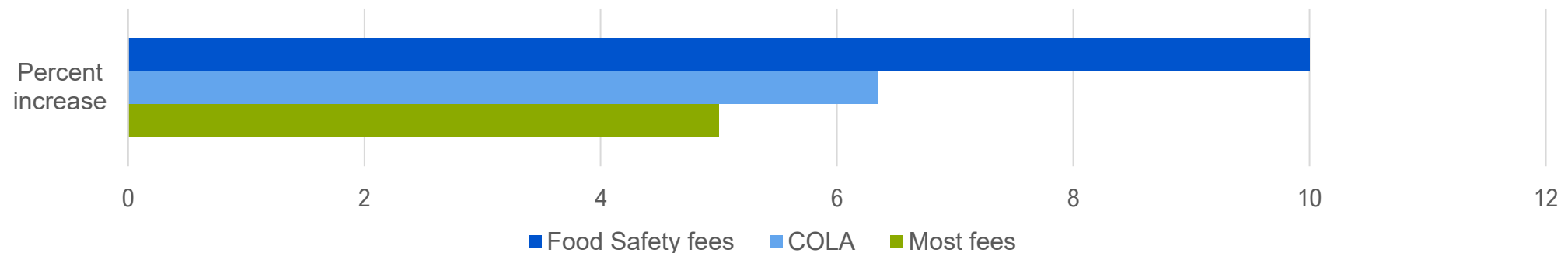
- SCHD goal: create a defined cost recovery strategy



- We can't raise fees enough to cover all costs without being out of sync with comparable LHJs

# Proposed 2025-2026 Fee Adjustment

- Most fees: **5% increase**
- Food Safety fees: **10% increase**
  - Supports plan review capacity building
- COLA factors: 3.63% for 2025 and 2.72% for 2026 = 6.35% total
  - 2026 COLA released in July, can proactively capture both years
  - Reassess gap between proposed increases and COLA next year





# Exemptions to Proposed 10% Increase

## Food Safety

General

- Aligned jumps between low, med, and high risk categories in annual permits + temporary permits

## Food Safety

Annual Permits

- Bakeries, B&Bs, campgrounds: set to low risk food establishments
- Caterers: set to 0-50 seat food establishments
- Vending machines: set to ½ low risk food establishments
- Mobile food units: set to 0-50 seat food establishments

# Exemptions to Proposed 10% Increase

## Food Safety

### Temporary Event Permits

- Temp late fee unchanged
- Recurring events: additional location fee set to single temp event fee
- Food demonstrator: added additional location option with same price break as above

## Food Safety

### Plan Review

- Multiple permit facility: same as hourly rate
- HACCP review: \$2,100 → \$900
- Left consultation at one hour to encourage use

# Exemptions to Proposed 5% Increase

## Solid Waste

- No exemptions

## Safe Environments

(Pools, schools, group camps, illegal drugs)

- School site review: no fee → hourly rate
- WRF plan review: rolled pre-occupancy inspection fee into all plan review fees
- WRF office conference: set to as Food Safety's office conference fee

# Exemptions to Proposed 5% Increase

## Land Use M&M

- M&M inspection report submittal: \$40 → \$42
- Pumper report submittal: \$12 → \$13

## Land Use Permitting

- Community system permit language change: “per service connection”
- Renewals language change: require that renewals meet current code
- Land use reviews: increased from one hour (\$225) to two hours (\$470)
- Subdivision reviews: made all the same (\$150)

# Exemptions to Proposed 5% Increase

## Vital Records

- No fee changes
  - Most VR fees set at by state
- New no-cost birth certificate for school enrollment
  - Eligibility requirements set by SB 5030

## Miscellaneous Fees

- Hourly rate adjustment: \$225 → \$235
- Late fee and HOO fee unchanged

# Fee Adjustment Outreach



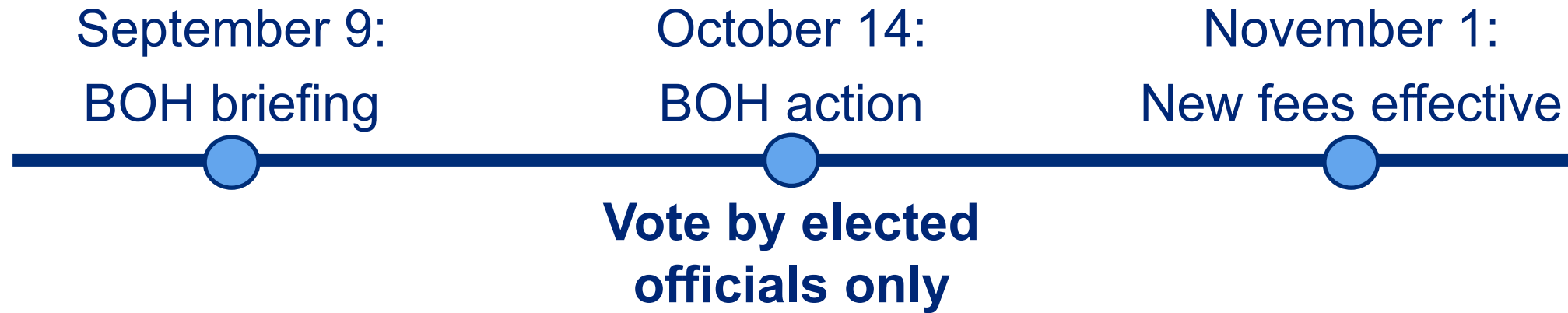
Currently consulting affected parties

- Regulated community members
- Master Builders Association of King/Snohomish Counties
- WA Hospitality Association



Feedback period ongoing through end of September

# Next Steps



- Looking ahead to 2026-2027 fee schedule...
  - Ordinance briefing/action in early 2026
  - Effective date November 1, 2026



# Q&A and Discussion





SNOHOMISH COUNTY BOARD OF HEALTH  
Snohomish County, Washington

ORDINANCE NO. BOH25-08

RELATING TO HEALTH DEPARTMENT FEES; AMENDING CHAPTER 1.40 OF THE  
SNOHOMISH COUNTY BOARD OF HEALTH CODE

WHEREAS, under RCW 70.05.060(7), the Snohomish County Board of Health has authority to establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by law and the rules of the state board of health; and

WHEREAS, only city and county elected officials on the board of health may vote on any decision related to the setting or modification of permit, licensing, and applications fees; and

WHEREAS, revisions to the existing fee schedules are necessary to reflect the changing costs of delivering services;

NOW, THEREFORE, BE IT ORDAINED:

Section 1. Snohomish County Board of Health Code Section 1.40.020, last amended by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.020      Miscellaneous fee schedule.**

TITLE	FEE	DESCRIPTION
<b>APPEAL PROCEDURE</b> Fee also applies to appeals to health department enforcement of chapter 70.160 RCW, entitled "Smoking in Public Places." a) Step one  b) Step two	  NO FEE  <del>(\$1,455.00)</del> \$1,530.00	     <u>Fee refundable if appellant prevails in step two decision</u>
<b>VARIANCES/WAIVERS</b>	  <del>(\$225.00)</del> <u>\$235.00</u>	Base fee <b>plus:</b>

	<del>(\$225.00)</del> <u>\$235.00</u>	Per hour for each additional hour over <del>((one))</del> <b>one</b>
<b>MISCELLANEOUS PERMIT FEES</b> The health officer is authorized to establish fees on an individual basis for any environmental health division operations which do not precisely conform to any of the defined categories. Such fees to be determined by the health officer to be the closest related fee or <b>per hour charge</b> .	<del>(\$225.00)</del> <u>\$235.00</u>	Per hour
<b>HOURLY CHARGE</b> For project/permit/enforcement investigations and reviews.	<del>(\$225.00)</del> <u>\$235.00</u>	Per hour
<b>ENFORCEMENT FEES</b> Reinstatement following closure by health officer's order.	\$450.00	Reinstatement fee
<b>RECORD RETRIEVAL</b> a) Duplicating b) Color copies c) Other (oversized document, postage, etc.)	\$0.15 \$0.26 Varies	(Fee set by RCW) per page (Fee set by RCW) per page
<b>REFUND PROCESSING FEE</b>	\$35.00	May be waived upon approval by division director
<b>SERVICE CHARGE</b>	\$35.00	Returned check (bank service charge)

Section 2. Snohomish County Board of Health Code Section 1.40.030, last amended by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.030 Solid waste plan review.**

TITLE	FEE	DESCRIPTION
<b>PLAN REVIEW</b> Application review (applies to initial permit application)	<del>(\$2,705.00)</del> <u>\$2,840.00</u>  <del>(\$225.00)</del> <u>\$235.00</u>	Base fee <b>plus:</b>  Per hour for each additional hour over <b>11</b> , <b>plus</b> costs for publishing SEPA notices in newspaper.

<b>REVISED OR AMENDED PLAN REVIEW</b> Application review (applies to approved plans and permitted sites/facilities)	<del>(((\$675.00))</del> <u>\$710.00</u> <del>(((\$225.00))</del> <u>\$235.00</u>	Base fee <b>plus:</b>  Per hour for each additional hour over <b>three</b> , <b>plus</b> costs for publishing SEPA notices in newspaper.
<b>WASTE SCREENING DETERMINATION</b> Application review	<del>(((\$225.00))</del> <u>\$235.00</u> <del>(((\$225.00))</del> <u>\$235.00</u>	Base fee <b>plus:</b>  Per hour for each additional hour over <b>one</b>

Section 3. Snohomish County Board of Health Code Section 1.40.031, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.031 Solid waste annual permits.**

TITLE	FEE	DESCRIPTION
<b>ANNUAL PERMIT (VALID JULY 1 TO JUNE 30)</b> Includes composting facilities (30,000 tons or less of incoming feedstock), demolition/industrial waste, energy recovery and incineration, inert waste landfills, land applications, limited purpose landfills, and piles (for storage and treatment).	<del>(((\$4,280.00))</del> <u>\$4,495.00</u> <del>(((\$225.00))</del> <u>\$235.00</u>	Base fee <b>plus:</b>  Per hour for each additional hour over <b>19</b>
<b>CLOSURE (ENGAGED IN) or CLOSED LANDFILL</b>	<del>(((\$675.00))</del> <u>\$710.00</u>	Includes abandoned landfill permit review and inspection
<b>COMPOSTING FACILITY</b> Over 30,000 tons (incoming feedstock)	<del>(((\$5,870.00))</del> <u>\$6,165.00</u> <del>(((\$225.00))</del> <u>\$235.00</u>	Base fee <b>plus:</b>  Per hour for each additional hour over <b>26</b>
<b>CONDITIONALLY EXEMPT SITES AND FACILITIES</b> a) New sites and facilities	<del>(((\$675.00))</del> <u>\$710.00</u>	

b) Existing sites and facilities	<del>(((\$450.00))</del> \$470.00	
<b>ENERGY RECOVERY AND INCINERATION</b> Mixed municipal waste	\$6.00	Per ton, annual permit fee
<b>MODERATE RISK WASTE</b> (For facilities not operated by Snohomish County)		
a) Fixed	<del>(((\$450.00))</del> \$470.00	Annual permit fee
b) Limited	<del>(((\$225.00))</del> \$235.00	Annual permit fee
<b>SNOHOMISH COUNTY FACILITIES</b>		
a) Permit/municipal solid waste landfill	**	**System-wide negotiated fee
b) Permit/transfer station		
c) Permit/drop box		
d) Plan review		
e) Moderate risk waste		
f) Waste screening determination		
g) Other activity (closed landfills)		
<b>SURFACE IMPOUNDMENT AND TANKS</b>	<del>(((\$4,280.00))</del> \$4,495.00	Annual permit fee
<b>WASTE TIRE STORAGE</b>	<del>(((\$2,240.00))</del> \$2,350.00	Annual permit fee
<b>LESS THAN FULL YEAR PERMIT/FOR PERMITS EXPIRING JUNE 30</b>		Permits issued on or after the preceding January 1 are charged one-half of annual permit fee.

Section 4. Snohomish County Board of Health Code Section 1.40.032, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.032 Miscellaneous solid waste fees.**

TITLE	FEE	DESCRIPTION
<b>LATE CHARGE FOR RENEWAL OF ANNUAL PERMITS</b>	\$350.00	Additional charge if annual permit renewal fee has not been received by the health department by the end of the last day that the permit is valid.

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<b>MULTIPLE SOLID WASTE PERMITS</b>		Fees for multiple solid waste facilities at one location are charged the highest permit fee plus 2/3 the applicable permit fee for each additional permitted operation.
<b>OTHER METHODS OF SOLID WASTE HANDLING</b>	Varies	The health officer is authorized to establish fees on an individual basis for any environmental health division operations which do not precisely conform to any of the defined categories. Such fees to be determined by the health officer to be the closest related fee.

Section 5. Snohomish County Board of Health Code Section 1.40.040, last amended by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.040 Food safety plan review.**

A.

<b>TITLE</b>	<b>FEE</b>	<b>DESCRIPTION</b>
<b>PLAN REVIEW</b>		
a) Tap room/tasting room/vending machine	<del>(((\$225.00))</del> <u>\$250.00</u>	Plan review and pre-operation inspection fee
b) General plan review	<del>(((\$1,000.00))</del> <u>\$1,100.00</u>	Plan review and pre-operation inspection fee
c) Multiple permit facility (additional permits)	<del>(((\$215.00))</del> <u>\$305.00</u>	Each additional permit
d) Change of ownership	<del>(((\$455.00))</del> <u>\$500.00</u>	Charged with <del>((the))</del> change in UBI number.
e) Variance without hazard analysis critical control point (HACCP) review	**	<b>**See SCBHC 1.40.020 for variance/waiver fees.</b> For new plan reviews, charged in addition to plan review fee. See SCBHC 1.40.040(C) for information on variance application fees waived for

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f) Hazard analysis critical control point (HACCP) review (when required by chapter 246-215 WAC for menu items) with or without variance.	<del>(((\$2,100.00))</del> <u>\$900.00</u>	unplumbed espresso stands. For new plan reviews, charged in addition to plan review fee. Lab fees are additional.
g) Remodel/plan revision	<del>(((\$275.00))</del> <u>\$305.00</u>	HACCP review is required for some types of food or food processing methods. For alteration to existing establishment or revision of approved plan. Includes pre-operation inspection.
h) Plan review consultation (on and/or off site)	<del>(((\$225.00))</del> <u>\$235.00</u>	

**B. *Mobile food unit permit fee credit during permit review***

1. Applicants applying for an annual mobile food unit permit for a new establishment will qualify for an application fee credit that can be applied to offset the cost of the annual mobile food unit permit fee if:
  - a. The applicant has not operated a mobile food unit without a valid permit to operate from the department at any time prior to or during application review; and
  - b. After submitting a complete application for an annual mobile food unit permit to the department, the applicant has been issued a temporary food service – single event permit or permits allowing operation of the mobile food unit during department review of the annual mobile food unit permit application.
2. For those applicants qualifying under subsection (B)(1) above, the application fee credit shall equal the sum of all temporary food service – single event permit fees and associated late fees from any permits issued 85 days after the date the applicant submitted a complete mobile food unit annual permit application until the date the department issues its first decision letter for the annual permit. Temporary food service – single event permit fees from permits issued during the first 84 calendar days (12 weeks) after the date the applicant submitted a complete mobile food unit annual permit application shall not be included in the application fee credit. In no case shall the application fee credit exceed 100% of the cost of the annual mobile food unit permit fee.

**C. *Variance application for unplumbed espresso stands***

1. An owner of an unplumbed espresso stand, as defined under SCBHC 3.05.050, that was legally operating on or before March 1, 2022, is not required to pay an application fee when seeking a variance from plumbing requirements listed in chapter 246-215 WAC. Only one variance fee shall be waived for each unplumbed espresso stand eligible under this section. When an unplumbed espresso stand having a current annual food service establishment permit is sold or otherwise transferred to a new owner, the new owner shall either apply for and obtain a variance from the department with payment of any applicable application fees or plumb the stand as required by code to continue operation. Unplumbed espresso stands without a current annual food service establishment permit are ineligible for a variance to plumbing requirements.
2. This variance application fee will only be waived for variance applications submitted to the department on or before December 31, 2026. Any application submitted after December 31, 2026, shall be subject to the variance application fee established in SCBHC 1.40.040.

Section 6. Snohomish County Board of Health Code Section 1.40.041, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.041 General food safety annual permits.**

TITLE	FEE	DESCRIPTION
<b>FOOD SERVICE ESTABLISHMENT PERMIT FEES</b> Includes but not limited to restaurant (with or without lounge), concession stand, mobile food vehicle, food stand concession, commissary, bakery, caterer, grocery with multiple permits, limited grocery with or without food prep, private club, retail meat dealer, retail fish dealer, tavern with or without food prep, year-round campground/park food service. Additional onsite sewage system review fee and catering endorsement fee may apply.		
<b>LOW RISK PERMIT</b> <b>(All low risk food service establishments)</b>	<del>(\$450.00)</del> <u>\$500.00</u>	Annual permit fees

<b>0 – 50 SEATS:</b> a) Medium risk  b) High risk	<del>(((\$675.00))</del> <u>\$745.00</u> <del>(((\$930.00))</del> <u>\$1,025.00</u>	Annual permit fees
<b>51 – 150 SEATS:</b> a) Medium risk  b) High risk	<del>(((\$780.00))</del> <u>\$850.00</u> <del>(((\$1,175.00))</del> <u>\$1,150.00</u>	Annual permit fees
<b>151 SEATS OR OVER:</b> a) Medium risk  b) High risk	<del>(((\$850.00))</del> <u>\$940.00</u> <del>(((\$1,160.00))</del> <u>\$1,300.00</u>	Annual permit fees
<b>FOOD SERVICE OPERATING WITHOUT A PERMIT</b> Double prescribed permit fee	<b>**</b>	<b>**Double permit fees</b>

Section 7. Snohomish County Board of Health Code Section 1.40.042, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.042 Specialty food safety annual permits.**

TITLE	FEE	DESCRIPTION
<b>BAKERY</b> Establishments selling baked goods ONLY	<del>(((\$440.00))</del> <u>\$500.00</u>	Annual permit fee
<b>BED AND BREAKFASTS</b>	<del>(((\$440.00))</del> <u>\$500.00</u>	Annual permit fee
<b>CAMPGROUNDS/PARKS – FOOD SERVICE</b> a) Food service – all year (valid June 1 through May 31) b) Food service – seasonal (no more than six consecutive months)	<b>**</b> <del>(((\$460.00))</del> <u>\$500.00</u>	<b>**USE GENERAL FOOD FEES</b> Seasonal permit fee
<b>CATERER (all caterers will be permitted separately)</b> a) Low risk	<del>(((\$440.00))</del> <u>\$500.00</u>	Annual permit fees

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b) Medium risk	<del>(((\$660.00))</del> <u>\$745.00</u>	
c) High risk	<del>(((\$915.00))</del> <u>\$1,025.00</u>	
<b>CATERING ENDORSEMENT</b> For permitted food service establishments that also offer catering services	<del>(((\$225.00))</del> <u>\$250.00</u>	Annual permit fee (in addition to general food fee)
<b>SCHOOL – FOOD SERVICE (VALID SEPT 1 THROUGH AUG 31)</b> a) Central kitchen, no direct food service b) Satellite kitchen with food service c) School kitchen with food service	<del>(((\$710.00))</del> <u>\$780.00</u> <del>(((\$450.00))</del> <u>\$495.00</u> <del>(((\$535.00))</del> <u>\$590.00</u>	Annual permit fee Annual permit fee Annual permit fee
		New permits may be prorated to correspond with existing permit expiration dates.
<b>SCHOOL/YOUTH ACTIVITY CONCESSION STAND</b> a) Low risk b) Medium risk c) High risk	<del>(((\$175.00))</del> <u>\$195.00</u> <del>(((\$285.00))</del> <u>\$300.00</u> <del>(((\$405.00))</del> <u>\$450.00</u>	Annual permit fee Annual permit fee Annual permit fee
<b>VENDING MACHINES</b> With time/temperature control for safety foods – risk level – low	<del>(((\$225.00))</del> <u>\$250.00</u>	Annual permit fee

Section 8. Snohomish County Board of Health Code Section 1.40.043, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.043 Mobile food unit annual permits.**

TITLE	FEE	DESCRIPTION
<b>See SCBHC 1.40.040(B): Mobile food unit permit fee credit during permit review</b>		
a) Low risk	<del>(((\$440.00))</del> <u>\$500.00</u>	Annual permit fee (all mobile food units will be permitted separately)

b) Medium risk	<del>(((\$660.00))</del> <u>\$745.00</u>	Annual permit fee (all mobile food units will be permitted separately)
c) High risk	<del>(((\$915.00))</del> <u>\$1,025.00</u>	Annual permit fee (all mobile food units will be permitted separately)

Section 9. Snohomish County Board of Health Code Section 1.40.044, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.044 Temporary food safety permits.**

TITLE	FEE	DESCRIPTION
<b>LATE FEE CHARGE</b>  Temporary food services operating without a permit	\$80.00  <b>**</b>	<b>Non-refundable</b> fee charged if the application is received between one and 13 days prior to the event. Payments received online after 9:00 p.m. PST will be received the following business day. <b>**Double permit fee</b>
<b>LOW RISK</b> Single event – must meet WAC 246-215-01115	<del>(((\$100.00))</del> <u>\$110.00</u>	Event permit fee
<b>MEDIUM RISK</b> Single event – must meet WAC 246-215-01115	<del>(((\$145.00))</del> <u>\$175.00</u>	Event permit fee
<b>HIGH RISK</b> Single event – must meet WAC 246-215-01115	<del>(((\$250.00))</del> <u>\$275.00</u>	Event permit fee
<b>RECURRING EVENTS</b> As defined by WAC 246- 215-01115		Seasonal temporary permit fee associated with a farmers' market, defined as five or more Washington growers who assemble at a defined physical location for the purpose of selling products that they have grown, raised, and may have processed, directly to

a) Low risk	<del>(((\$200.00))</del> \$235.00	consumers.
b) Low risk – additional location	<del>(((\$100.00))</del> \$110.00	
c) Medium risk	<del>(((\$290.00))</del> \$335.00	
d) Medium risk – additional location	<del>(((\$145.00))</del> \$175.00	
e) High risk	\$650.00	
f) High risk – additional location	<del>(((\$325.00))</del> \$275.00	
<b>BLANKET EVENT PERMIT</b>	<del>(((\$620.00))</del> \$680.00	Judged cooking events
<b>FOOD DEMONSTRATOR PERMIT</b> (Non-time/temperature control for safety foods only)		
a) Single event	<del>(((\$70.00))</del> \$75.00	Event permit fee
b) Recurring event – must meet WAC 246-215-01115	<del>(((\$135.00))</del> \$150.00	Annual permit fee
c) Recurring event – additional location	<del>(((\$70.00))</del> \$75.00	
<b>EXEMPT FROM PERMIT</b>	<del>(((\$60.00))</del> \$65.00	Only processing fee required

Section 10. Snohomish County Board of Health Code Section 1.40.045, last amended by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.045 Miscellaneous food safety fees.**

TITLE	FEE	DESCRIPTION
<b>LATE CHARGE FOR RENEWAL OF ANNUAL PERMITS</b>	\$350.00	Additional charge if annual permit renewal fee has not been received by the health department by 5 p.m. on the last business day that the permit is valid.
<b>FOOD SERVICE WITH ONSITE SEWAGE DISPOSAL REVIEW</b> Review	<del>(((\$225.00))</del>	Fee charged at time of annual

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	<u>\$250.00</u>	food service permit fee. Paid review fee and current on-site sewage monitoring and maintenance report are required prior to annual permit issuance.
<b>FOOD WORKER CARDS</b>		Food worker card fees are set by the state at \$10.00. For five-year renewals, must have ANSI approved Certified Food Protection Manager certification.
a) Two-year initial or three-year renewal or five-year renewal	\$10.00	
b) Replacement for lost card	\$10.00	
<b>REINSPECTION AND REINSTATEMENT FEES</b>		
a) Office conference (includes reinspection)	<del>(((\$380.00))</del> <u>\$420.00</u>	Reinspection and office conference fee
b) Reinstatement following closure by health officer's order	\$450.00	Reinstatement fee
c) Food service establishment reinspection	<del>(((\$250.00))</del> <u>\$275.00</u>	Reinspection fee. applies to all food service operations.

Section 11. Snohomish County Board of Health Code Section 1.40.050, last amended by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.050 Illegal drug manufacturing or storage sites response.**

TITLE	FEE	DESCRIPTION
<b>DECONTAMINATION WORKPLAN REVIEW</b>		
a) Stationary property	<del>(((\$1,140.00))</del> <u>\$1,200.00</u> <del>(((\$225.00))</del> <u>\$235.00</u>	Base fee <b>plus:</b>  Per hour fee for additional hours over <del>((five))</del> <b>five</b>
b) Vehicle	<del>(((\$675.00))</del> <u>\$710.00</u> <del>(((\$225.00))</del> <u>\$235.00</u>	Base fee <b>plus:</b>  Per hour fee for additional hours over <del>((three))</del> <b>three</b>
<b>ENFORCEMENT</b>	<del>(((\$225.00))</del> <u>\$235.00</u>	Per hour plus other costs including but not limited to

		analytical fees, hearing examiner's fees, contractor costs of barricading or otherwise securing contaminated properties and contractor fees. NOTE: These fees do not include civil penalties for violations of SCBHC 7.15.080
<b>INSPECTION OF SUSPECTED CONTAMINATED PROPERTY</b>	<del>(((\$450.00))</del> <u>\$475.00</u> <del>(((\$225.00))</del> <u>\$235.00</u>	Base fee <b>plus</b> :  Per hour fee for additional hours over <del>((two))</del> <b>two</b>
<b>SAMPLING OF SUSPECTED CONTAMINATED PROPERTY</b>	<del>(((\$450.00))</del> <u>\$475.00</u>  <del>(((\$225.00))</del> <u>\$235.00</u>	Base fee <b>plus</b> analytical sample costs, <b>plus</b> :  Per hour fee for additional hours over <del>((two))</del> <b>two</b>

Section 12. Snohomish County Board of Health Code Section 1.40.060, last amended by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.060 Group camps.**

<b>TITLE</b>	<b>FEE</b>	<b>DESCRIPTION</b>
a) Group camp permit (valid June 1 to May 31)	<del>(((\$380.00))</del> <u>\$400.00</u>	Annual permit fee
b) Group camp plan review	<del>(((\$585.00))</del> <u>\$615.00</u>	
<b>LATE CHARGE/RENEWAL OF ANNUAL PERMITS EXPIRING MAY 31</b>	\$350.00	Additional charge if annual permit renewal fee has not been received by the health department by the last day of the following May.
<b>LESS THAN FULL YEAR PERMIT/FOR PERMITS EXPIRING MAY 31</b>		Permits issued on or after the preceding December 1 are charged one-half of annual permit fee.

Section 13. Snohomish County Board of Health Code Section 1.40.070, last amended by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

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**1.40.070 School safety plan review.**

TITLE	FEE	DESCRIPTION
<b>PLAN REVIEW</b>		
a) Large school construction plan review	<del>(((\$1,065.00))</del> <u>\$1,120.00</u>	<b>Plus: Add</b> food establishment plan review fee if review includes kitchen (see food section) and <b>add</b> pool plan review if review includes school pool.
b) Small school construction plan review	<del>(((\$225.00))</del> <u>\$235.00</u>	For six or fewer classrooms with no specialty teaching stations
c) Portable classroom plan review	<del>(((\$330.00))</del> <u>\$345.00</u>	Charged for portables new to school district/private school
d) Addition/remodel of existing school building	<del>(((\$675.00))</del> <u>\$710.00</u>	
e) School site review	<del>((NO FEE))</del> <u>\$235.00</u>	
f) Playgrounds	<del>(((\$225.00))</del> <u>\$235.00</u>	

Section 14. Snohomish County Board of Health Code Section 1.40.071, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.071 School safety inspections.**

TITLE	FEE	DESCRIPTION
<b>INSPECTIONS</b>		
a) School safety inspection	<del>(((\$225.00))</del> <u>\$235.00</u>	Per hour
b) School construction pre-occupancy inspection	<del>(((\$225.00))</del> <u>\$235.00</u>	Per hour

Section 15. Snohomish County Board of Health Code Section 1.40.080, last amended by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.080 Water recreational facilities plan review.**

TITLE	FEE	DESCRIPTION
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<b>POOL PLAN REVIEW</b>		<u>Fees include plan review and pre-occupancy inspection</u>
a) Swimming pools – 50,000 gallons or more in volume	<del>(((\$1,130.00))</del> <u>\$1,490.00</u>	
b) Swimming pools – Less than 50,000 gallons in volume	<del>(((\$850.00))</del> <u>\$1,195.00</u>	
c) Spa pools	<del>(((\$425.00))</del> <u>\$750.00</u>	
d) Spray pools	<del>(((\$425.00))</del> <u>\$750.00</u>	
e) Wading pools	<del>(((\$425.00))</del> <u>\$750.00</u>	
f) <del>((Pre-occupancy inspection</del>	<del>(((\$290.00))</del>	
g)) Plan revision (for alteration to existing facility or revision of approved plan)	<del>(((\$225.00))</del> <u>\$305.00</u>	

Section 16. Snohomish County Board of Health Code Section 1.40.081, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.081 Water recreational facilities annual permits.**

<b>TITLE</b>	<b>FEE</b>	<b>DESCRIPTION</b>
<b>POOL PERMITS (Swimming, Spa, Wading and Spray)</b>		<b>Note:</b> Permits are valid June 1 to May 31
a) Year-round – open 6 months or more	<del>(((\$855.00))</del> <u>\$900.00</u>	Annual permit fee for <b>FIRST</b> pool
b) Each additional year-round pool	<del>(((\$575.00))</del> <u>\$605.00</u>	Fee for each <b>additional year-round</b> pool
c) Seasonal – open less than 6 months	<del>(((\$575.00))</del> <u>\$605.00</u>	Annual permit fee for <b>FIRST</b> pool
d) Each additional seasonal pool	<del>(((\$355.00))</del> <u>\$370.00</u>	Fee for each <b>additional seasonal</b> pool
e) Temporarily closed pool	**	<b>** 50% of permit fee</b> Temporarily closed pool permits cannot be renewed.
<b>MISCELLANEOUS AQUATIC VENUES AND FEATURES</b> (No water quality testing)		
a) First facility (float pod unit)	<del>(((\$565.00))</del> <u>\$595.00</u>	

b) Each additional facility (float pod unit)	<del>(((\$125.00))</del> \$130.00	
c) Cold or hot plunge unit	<del>(((\$405.00))</del> \$425.00	
d) Each additional cold or hot plunge unit	<del>(((\$200.00))</del> \$210.00	Fee for each <b>additional</b> unit in same facility
<b>LESS THAN FULL YEAR PERMIT/FOR PERMITS EXPIRING MAY 31</b>		Permits issued on or after the preceding December 1 are charged one half of annual permit fee.

Section 17. Snohomish County Board of Health Code Section 1.40.082, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.082 Miscellaneous water recreational facilities fees.**

TITLE	FEE	DESCRIPTION
<b>OFFICE CONFERENCE</b>	<del>(((\$380.00))</del> \$420.00	<u>Includes reinspection</u>
<b>LATE CHARGE/RENEWAL OF ANNUAL PERMITS EXPIRING MAY 31</b>	\$350.00	Additional charge if annual permit renewal fee has not been received by the health department by the last day of the following May.
<b>RE-INSPECTION/RE-OPENING FOLLOWING CLOSURE</b>	<del>(((\$250.00))</del> \$275.00	

Section 18. Snohomish County Board of Health Code Section 1.40.090, last amended by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.090 On-site sewage ~~((dispersal))~~ systems.**

TITLE	FEE	DESCRIPTION
<b>COMMUNITY SYSTEM</b>		
a) Application review	<del>(((\$2,065.00))</del> \$2,170.00	Fee includes site review and permit
b) <del>((Permit))</del> <u>Per service connection fee</u>	<del>(((\$730.00))</del> \$765.00	<del>((Per each service connection))</del>
<b>GRAVITY DISTRIBUTION SYSTEM</b> Approval valid for two years	<del>(((\$1,075.00))</del> \$1,130.00	Application review fee

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<b>PRESSURE DISTRIBUTION SYSTEM</b> Approval valid for two years	<del>(((\$1,075.00))</del> <u>\$1,130.00</u>	Application review fee
<b>ALL OTHER SYSTEMS – (Approved by DOH)</b> Approval valid for two years	<del>(((\$1,230.00))</del> <u>\$1,290.00</u>	Application review fee
<b>PRODUCT DEVELOPMENT SYSTEM</b> Approval valid for two years	<del>(((\$1,335.00))</del> <u>\$1,400.00</u> <del>(((\$225.00))</del> <u>\$235.00</u>	Base <b>plus:</b> Each additional hour over <del>((six))</del> <b>six</b> hours
<b>SYSTEMS OVER 1000 GALLONS PER DAY</b> Approval valid for two years	**	<b>**USE DOUBLE ON-SITE SEWAGE REVIEW FEE</b>
<b>PERMIT FOR ON-SITE SEWAGE ((DISPERSAL)) SYSTEM</b>	<del>(((\$365.00))</del> <u>\$385.00</u>	All system types except community
<b>REDESIGN</b>	<del>(((\$375.00))</del> <u>\$395.00</u>	Subsequent redesigns of previously disapproved application or any changes in an approved application design.
<b>RENEWAL (WITHIN 30 DAYS OF EXPIRATION)</b> Approval valid for two years	<del>(((\$410.00))</del> <u>\$430.00</u>	No redesigns <u>Must meet current code</u>
<b>REPLACEMENT</b>	**	<b>**USE NEW ON-SITE SEWAGE ((DISPERSAL))SYSTEM APPLICATION FEE</b>

Section 19. Snohomish County Board of Health Code Section 1.40.091, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.091 On-site sewage specialty permits.**

TITLE	FEE	DESCRIPTION
<b>COMPOSTING TOILET</b> Nonresidential (no drinking water under pressure to the site) a) Review and permit (DOH approved listing) b) Annual monitoring (per site)	<del>(((\$370.00))</del> <u>\$390.00</u> <del>(((\$225.00))</del> <u>\$235.00</u>	
<b>HOLDING TANK</b>		

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a) Preliminary review	<del>(((\$1,060.00))</del> <u>\$1,115.00</u>	
b) Permit fee	<del>(((\$610.00))</del> <u>\$640.00</u>	
c) Annual monitoring fee	<del>(((\$450.00))</del> <u>\$470.00</u>	
d) Late fee	<u>\$350.00</u>	Late fee for annual monitoring fee if not paid by January 1st
e) Change of ownership	<del>(((\$455.00))</del> <u>\$480.00</u>	A recorded service contract with a certified on-site sewage contractor is required.
<b>VAULT PRIVY</b>		
a) Review and permit	<del>(((\$370.00))</del> <u>\$390.00</u>	
b) Additional privy (same site)	<del>(((\$160.00))</del> <u>\$170.00</u>	
c) Annual monitoring (per site)	<del>(((\$225.00))</del> <u>\$235.00</u>	

Section 20. Snohomish County Board of Health Code Section 1.40.092, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.092 On-site sewage alterations and repairs.**

TITLE	FEE	DESCRIPTION
<b>ALTERATION (Licensed Designer Submittal)</b>		
a) Absorption system and/or approved reserve area	<del>(((\$455.00))</del> <u>\$480.00</u>	Fee includes application review and permit
b) Complete system	<b>**</b>	<b>**USE NEW ON-SITE SEWAGE ((DISPERSAL))SYSTEM APPLICATION FEE</b>
c) Tank only	<del>(((\$370.00))</del> <u>\$390.00</u>	Fee includes application review and permit

d) As-built submittal/reserve area designation – concurrent with building clearance review	<del>(((\$225.00))</del> <u>\$235.00</u>	
<b>REPAIR (Licensed Designer Submittal)</b>		
a) Single-family residence	<del>(((\$370.00))</del> <u>\$390.00</u>	Fee includes application review and permit
b) Redesign to repair	NO FEE	No fee for a redesign to a repair
c) All other repairs	**	<b>**USE NEW ON-SITE SEWAGE ((DISPERSAL))SYSTEM APPLICATION FEE, permit fee not required.</b>

Section 21. Snohomish County Board of Health Code Section 1.40.093, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.093 Land use reviews.**

TITLE	FEE	DESCRIPTION
<b>BUILDING CLEARANCE (For Building Permit)</b>		
a) Review	<del>(((\$230.00))</del> <u>\$470.00</u>	Upon request by Snohomish County Department of Planning and Development Services
b) GMA drinking water determination	<del>(((\$145.00))</del> <u>\$150.00</u>	Upon request by Snohomish County Department of Planning and Development Services
c) Preliminary clearance review	NO FEE	
d) Other agency clearance review	<del>(((\$230.00))</del> <u>\$470.00</u>	Upon request by other agency to review
<b>LAND USE REVIEWS</b> Includes, but not limited to, boundary line adjustment, conditional use, binding site plan, administrative site plan, grading permit, commercial building permit		

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Review	<del>(((\$225.00))</del> <u>\$470.00</u>
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Section 22. Snohomish County Board of Health Code Section 1.40.094, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.094 Land use contractors' activities.**

TITLE	FEE	DESCRIPTION
<b>CONTRACTOR CERTIFICATION – INSTALLERS, MONITORING AND MAINTENANCE SPECIALISTS OR PUMBERS</b>		
a) Installer annual certificate	<del>(((\$485.00))</del> <u>\$510.00</u>	Per certification
b) Monitor and maintenance specialist annual certificate	<del>(((\$485.00))</del> <u>\$510.00</u>	Per certification
c) Pumper annual certificate	<del>(((\$485.00))</del> <u>\$510.00</u>	Per certification
d) Examination (INSTALLERS or PUMBERS ONLY)	<del>(((\$360.00))</del> <u>\$380.00</u>	Per examination
e) Late fee	<u>\$350.00</u>	Late fee charged for certificate renewed March 1st through March 31st. Beginning April 1st, reexamination is required along with annual certification fee.
<b>REPORT SUBMITTAL</b>		
a) Monitoring and maintenance report submittal	<del>(((\$40.00))</del> <u>\$42.00</u>	Paid via OnlineRME
b) Septic tank pumping report submittal	<del>(((\$12.00))</del> <u>\$13.00</u>	Paid via OnlineRME

Section 23. Snohomish County Board of Health Code Section 1.40.095, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.095 Subdivisions.**

TITLE	FEE	DESCRIPTION
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<b>SUBDIVISION – FIVE LOTS OR MORE</b>		
a) Preliminary soil survey	<del>(((\$790.00))</del> <u>\$830.00</u>	Base fee <b>plus</b> per lot fee
b) Preliminary lot fee	<del>(((\$180.00))</del> <u>\$190.00</u>	Per lot
c) Redesign	<del>(((\$225.00))</del> <u>\$235.00</u> <del>(((\$225.00))</del> <u>\$235.00</u> <u>\$150.00</u>	Base fee <b>plus</b> : Per hour for each additional hour over <del>((one))</del> <b>one</b> Per lot
d) Final plat review fee – On-site sewage system subdivision		
<b>SHORT SUBDIVISION – METHOD A</b> (four lots or less)		
a) Preliminary soil survey	<del>(((\$790.00))</del> <u>\$830.00</u>	Base fee <b>plus</b> per lot fee
b) Preliminary lot fee	<del>(((\$180.00))</del> <u>\$190.00</u>	Per lot
c) Final short subdivision review fee	<del>(((\$145.00))</del> <u>\$150.00</u>	Per lot
<b>SHORT SUBDIVISION – METHOD B</b> (four lots or less)		
Final short subdivision review fee	<del>(((\$145.00))</del> <u>\$150.00</u>	Per lot

Section 24. Snohomish County Board of Health Code Section 1.40.096, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.096 Water.**

TITLE	FEE	DESCRIPTION
<b>INDIVIDUAL WATER SYSTEM TREATMENT PROCESS</b>	<del>(((\$425.00))</del> <u>\$445.00</u>	
<b>SANITARY SURVEY</b>	<del>(((\$840.00))</del> <u>\$880.00</u>	Amount set by Washington State Department of Health. Includes arsenic, nitrate and bacteriological samples.
<b>WELL SITE REVIEW</b> (Individual water supply site inspection)		
a) Individual/GMA (approval valid for two years)	<del>(((\$360.00))</del> <u>\$380.00</u>	Concurrent with on-site application

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b) Individual/GMA (approval valid for two years) c) Renewal  <b>Request for review: Individual Water Supply</b>	<del>(((\$500.00))</del> <u>\$525.00</u> <del>(((\$225.00))</del> <u>\$235.00</u>  NO FEE	Nonconcurrent submittal  <b>Within 30 days of expiration.</b> Approval valid for two years. Application must be submitted with bacteriological, short list, and well log.
<b>OPERATION CHECK</b> (Request for report on) Drinking water system	<del>(((\$610.00))</del> <u>\$640.00</u>	Includes "short list" inorganics and bacteriological

Section 25. Snohomish County Board of Health Code Section 1.40.097, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.097      Miscellaneous land use fees.**

TITLE	FEE	DESCRIPTION
<b>FOOD SERVICE WITH ON-SITE SEWAGE SYSTEM REVIEW</b> Review	<del>(((\$225.00))</del> <u>\$235.00</u>	Fee charged at time of annual food service permit fee. Paid review fee and current on-site sewage monitoring and maintenance report are required prior to annual permit issuance.
<b>SOIL SURVEY</b> Optional service performed at health department discretion	<del>(((\$790.00))</del> <u>\$830.00</u> <del>(((\$220.00))</del> <u>\$235.00</u>	Base fee <b>plus:</b>  Per acre fee
<b>WAIVER REVIEW</b>	**	<b>**See SCBHC 1.40.020 for variance/waiver fees.</b>

Section 26. Snohomish County Board of Health Code Section 1.40.110, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.110 Birth and death certificates.**

TITLE	FEE	DESCRIPTION
All fees designated with an asterisk (*) are set by the State of Washington per RCW 70.58A.560		
<b>BIRTH AND DEATH CERTIFICATES</b>		
a) Birth certificate – certified, informational, stillborn	\$25.00	Per copy*
b) <u>Birth certificate – school enrollment (SB 5030)</u>	<u>NO FEE</u>	
c) Death certificate – certified, informational, short	\$25.00	Per copy*
((e))d) Certified death certificate – reissue	\$11.00	Per copy
((d))e) Review and file of each Snohomish County death – administration fee (EDRS)	\$15.00	Per death record
<b>VITALCHEK</b>		
a) VitalChek Fee – Online	\$15.00	
b) VitalChek Fee – Kiosk	\$3.50	Fee set by vendor

Section 27. Snohomish County Board of Health Code Section 1.40.111, adopted by Amended Ordinance No. BOH25-05 on July 8, 2025, is amended to read:

**1.40.111 Miscellaneous vital records.**

TITLE	FEE	DESCRIPTION
a) Over the counter identity verification and record retention fee	\$15.00	Charged once per customer per order for certificates ordered over the counter and through the mail
b) Postage and handling	\$2.00	
c) Notary fee	\$1.00	
d) Vital records data sharing	NO FEE	Must have a signed data sharing agreement with ((Snohomish County Health Department)) <u>health</u>

department, an emailed list will  
be provided weekly.

Section 28. Severability. If any provision of this ordinance or its application to any person or circumstance is held invalid, the remainder of the ordinance or the application of the provision to other persons or circumstances is not affected.

Section 29. Effective date. This ordinance shall take effect on November 1, 2025.

PASSED this \_\_\_\_ day of \_\_\_\_\_, 2025.

SNOHOMISH COUNTY BOARD OF HEALTH  
Snohomish County, Washington

\_\_\_\_\_  
Chairperson

ATTEST:

\_\_\_\_\_  
Clerk of the Board

( ) APPROVED  
( ) EMERGENCY  
( ) VETOED

DATE: \_\_\_\_\_

Approved as to form only:

\_\_\_\_\_  
Deputy Prosecuting Attorney



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Code of Conduct (SR 25-025; Nicole Thomsen)

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**Division:**

Office of the Director / Nicole Thomsen, Public Affairs & Policy Manager

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**Background**

Adoption, by resolution, of a Code of Conduct was approved by the Board of Health as part of the 2025 work plan. This work is required in alignment with Snohomish County Board of Health Code 1.10.110, "The Board will establish a code of conduct that provides ethical standards and expectations for Board of Health members, including grounds for removal."

Proposed content is in aligned with Washington State laws, Snohomish County Code, The American Public Health Association, and related 2024 Board of Health conversations.

Contents center on:

- Values
- Conflicts of interest
- Confidentiality
- Applicability
- Removal

Staff are requesting feedback on contents of the draft areas/topics needing to be added or removed. Legal review will be conducted once Board feedback and changes are made.

**Board Authority**

RCW 70.05.060 – Powers and duties of local board of health and Snohomish County Code Chapter 2.300

**Recommended Motion**

**Briefing only**

**ATTACHMENTS:**

Description

- ▢ Draft Code of Conduct



# BOARD OF HEALTH CODE OF CONDUCT

2025

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## Purpose

In alignment with [Snohomish County Board of Health Code 1.10.110](#), “a code of conduct that provides ethical standards and expectations for Board of Health members, including grounds for removal” will be established.

A code of conduct is essential for maintaining public trust, ensuring ethical decision-making, and promoting transparency and accountability. It provides a clear framework for acceptable behavior, preventing conflicts of interest and fosters a culture of integrity.

## Values

### Professional

As stewards of the public trust, each member of the Board of Health is expected to:

- Conduct themselves with self-awareness, self-respect, and professionalism;
- Treat all others with respect, dignity, and civility, regardless of status or position; and
- Refrain from engaging in hostile, intimidating, offensive, or unlawful activities or behaviors that may include discrimination, harassment, sexual harassment, or bullying.<sup>1</sup>

From [Snohomish County Code 2.46.010](#), “Prejudice, intolerance, bigotry, and discrimination occasioned thereby threaten the rights and privileges of the county’s inhabitants and menace the institutions and foundation of a free democratic state. It is the policy of the county to reject discrimination which denies equal treatment to any individual because of his or her race, creed, color, national origin, families with children, sex, marital status, sexual orientation, age, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability, as provided in the law against discrimination, chapter [49.60](#) RCW, and this chapter.”

### Public Health

Public health is the science and art of promoting health and preventing disease and premature death of a population by systematic efforts of society, communities, or individuals. Our work strives to do that through a blend of health protection, health promotion, and disease prevention efforts. Board members come from a variety of disciplines and represent numerous scientific and technical areas of study and lived experiences. The values and standards of public health apply to board members.

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<sup>1</sup> Washington State Legislature. Legislative Code of Conduct. Accessed 7/18/2025 from <https://leg.wa.gov/about-the-legislature/senate/administration/legislative-code-of-conduct/>

The American Public Health Association<sup>2</sup> established a set of core values and related obligations for public health practitioners. These values are multi-faceted and are to be actualized at every level of public health practice, including the Board of Health.

- **Professionalism and Trust.** The effectiveness of public health policies, practices, and actions depends upon public trust gained through decisions based on the highest ethical, scientific, and professional standards. Public health gains public trust in part because its practices are informed by evidence. When the needed evidence is lacking, public health seeks it, and when the evidence reveals faulty or inadequate practices, public health seeks to improve those practices. At times public health practitioners must respond to a situation in the absence of complete scientific information, which highlights the importance of having an ethical framework to drive decision making. Public health practitioners and organizations promote competence, honesty, and accuracy and ensure that their work is not unduly influenced by secondary interests. Public health decision makers need to be transparent and honest about disclosing conflicting interests and influences.
- **Health and Safety.** Health and safety are essential conditions for human flourishing. Public health practitioners and organizations have an ethical responsibility to prevent, minimize, and mitigate health harms and to promote and protect public safety, health, and well-being.
- **Health Justice and Equity.** Human flourishing requires the resources and social conditions necessary to secure equal opportunities for the realization of health and other capabilities by individuals and communities. Public health practitioners and organizations have an ethical obligation to use their knowledge, skills, experience, and influence to promote equitable distribution of burdens, benefits, and opportunities for health, regardless of an individual's or a group's relative position in social hierarchies. Health justice and equity also extend to ensuring that public health activities do not exacerbate health inequities. In addition, health justice does not pertain only to the distribution of scarce resources in transactions among individuals; it also involves remediation of structural and institutional forms of domination that arise from inequalities related to voice, power, and wealth. It is difficult for public health to promote health justice at the transactional level if it does not take steps to promote it at the structural and institutional levels as well.
- **Interdependence and Solidarity.** The health of every individual is linked to the health of every other individual within the human community, to other living creatures, and to the integrity and functioning of environmental ecosystems. Public health practitioners and organizations have an ethical obligation to foster positive—and mitigate negative—relationships among individuals, societies, and environments in ways that protect and promote the flourishing of humans, communities, nonhuman animals, and the ecologies in which they live. Attention to potential intergenerational conflicts over resources can sometimes be essential.
- **Human Rights and Civil Liberties.** While coercive legal measures limiting behavior can be ethically justified in certain circumstances, overall the effective and ethical practice of public health depends upon social and cultural conditions of respect for personal autonomy, self-

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<sup>2</sup> American Public Health Association. [Public Health Code of Ethics Issue Brief](#). 2002

determination, privacy, and the absence of domination in its many interpersonal and institutional forms. Contemporary public health respects and helps sustain those social and cultural conditions.

- **Inclusivity and Engagement.** Preventing adverse health outcomes and protecting and promoting the flourishing of individuals, societies, and ecosystems require informed public decision-making processes that engage affected individuals and communities. Public health practitioners and organizations have an ethical responsibility to be transparent, to be accountable to the public at large, and to include and engage diverse publics, communities, or stakeholders in their decision making.

## Appearance of Fairness Doctrine

Established in Washington State in 1969 and codified in 1982, appearance of fairness doctrine is a rule of law requiring government decision-makers to conduct non-court hearings and proceedings in a way that is fair and unbiased in both appearance and fact. Though not required for legislative actions conducted by the Board of Health, it provides a solid foundation that if followed, protects the legislative process and board members from suspicion of fairness.

Guidelines as provided by Municipal Research and Services Center (MRSC)<sup>3</sup> are:

- become familiar with fair-hearing procedures;
- be aware of personal and employment situations that might form the basis for a challenge;
- strive to preserve an atmosphere of fairness and impartiality – even if a given decision may seem to be a foregone conclusion;
- evaluate whether a financial interest or bias would limit ability to function as an impartial decision-maker;
- make sure decisions are made solely on the basis of matters of record;
- make sure that contacts with those involved in or who can benefit from the action are avoided; and
- make sure the information about the contact is placed on the record.

## Conflict of Interest<sup>4</sup>

No member of the Board of Health shall derive any personal profit or gain, directly or indirectly, by reason of his or her service as a Board member. Members of the board shall conduct their personal affairs in such a manner as to avoid any possible conflict of interest with their duties and responsibilities as members of the Board.

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<sup>3</sup> Municipal Research and Services Center. [The Appearance of Fairness Doctrine in Washington State](#); 2011

<sup>4</sup> National Council of Nonprofits. [Sample Conduct Policies for Board Members](#). 2022

- When there is a decision to be made or an action to be approved that will result in a conflict between the best interests of the Board of Health and the Board member's personal interests, the Board member has a duty to immediately disclose the conflict of interest so that the rest of the Board's decision making will be informed about the conflict.
- It is every board member's obligation, in accordance with this policy, to ensure that decisions made by the Board reflect independent thinking. For any board member that receives compensation from persons or organizations related to the Board's business such compensation will be determined by and approved by the full Board in advance.
- Any conflicts of interest, including, but not limited to financial interests, on the part of any board member, shall be disclosed to the Board when the matter that reflects a conflict of interest becomes a matter of Board action, and through an annual procedure for all Board members to disclose conflicts of interest.
- Any board member having a conflict of interest shall not vote or use his or her personal influence to address the matter, and he or she shall not be counted in determining the quorum for the meeting.
- All conflicts disclosed to the Board will be made a matter of record in the minutes of the meeting in which the disclosure was made, which shall also note that the board member with a conflict abstained from the vote and was not present for any discussion, as applicable, and was not included in the count for the quorum for that meeting.

## Confidentiality

Board members are reminded that confidential financial, personnel and other matters concerning the Snohomish County Health Department, staff, or clients/consumers may be included in executive session or discussed from time to time ([Snohomish County Code 2.50.130](#)). Executive sessions consistent with [RCW 42.30.110](#) are permitted for focused discussion on specific matters including legal matters.

Board members should not disclose such confidential information to anyone.

## Open Public Meetings

Board members are reminded that meetings of the Board of Health shall be open to the public, and all persons shall be permitted to attend such meetings, except executive sessions and non-quorum working groups as authorized by the laws of the state of Washington. ([42.30 RCW](#) and [Snohomish County Code 2.48.070](#))

## Conduct Outside General Board Meetings

Board members may not speak on behalf of the board in public, except to reiterate stated board decisions or when authorized by the board.

## County Resources

### Assets

The County and Department has an inherent responsibility to safeguard its assets and guard against improper or unauthorized use of resources intended for public benefit. No appointed official shall sell, divert, convert, give away, or use any county equipment, vehicles, or other county property, real or personal, other than in the performance of his/her official duties in behalf of the county ([Snohomish County Code 2.50.140](#)).

### Compensation

Board of health members shall serve without compensation and may receive reimbursement for mileage to and from meetings and for such other expenses as approved by the health department director as limited by budgetary constraints. ([Snohomish County Code 2.30.150](#))

### Email

Board members will be issued a Snohomish County e-mail address to support public records compliance. This will be the primary method for communications between staff and board members. Board of Health e-mails sent and received using personal devices and e-mails, are considered and are eligible for public records requests.

## Applicability

Any new board member will be advised of this policy during board orientation and all board members will be reminded of the Code of Conduct and of the procedures for disclosure of conflicts and for managing conflicts on a regular basis, at least once a year.

This policy shall also apply to any board member's immediate family or any person acting on his or her behalf.

## Removal

[Snohomish County Code 2.03.080](#) states, "Members of boards or commissions may be removed subject to rules promulgated by the particular body. In addition, members may be removed by the county council for misfeasance."



## Points of Contact

**Board of Health Chair:** The Chair position is elected annually and is a Snohomish County Councilmember. The Chair is responsible for determining the agenda and workplan in consultation with the Board Administrator and Public Health Department Director. Any inquiries about workplan, potential board action, and requests for specific agenda ideas should be directed to the Board Chair and their staff.

**Board Administrator:** Nicole Thomsen is the BOH administrator. She can assist with policy questions, background, and requests for information on agenda items, Public Health Department information, etc. Email: [nicole.thomsen@snoco.org](mailto:nicole.thomsen@snoco.org)

**Board Clerk:** Sarah de Jong supports members on any questions related to technical assistance, stipends, reimbursements, and other administrative supports. Email: [sarah.dejong@snoco.org](mailto:sarah.dejong@snoco.org)

# APPENDICES

## Definitions

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Epidemiology and Informatics program (SR 25-026; Vivian Hawkins)

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**Division:**

Office of the Director / Vivian Hawkins, Epidemiology & Informatics Manager

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**Background**

**Epidemiology & Informatics: Turning Data in Public Health Action**

This presentation provides an overview of the pivotal role our Epidemiology and Informatics team plays in advancing our department's mission. At its core, the team embodies two key public health functions: **assessment** and **assurance**. Their work is the essential foundation for understanding the health of our community and ensuring our efforts have a measurable, positive impact.

**Our Core Functions**

The Epidemiology and informatics team works collaboratively with program areas across the department to move from data to action. By analyzing health trends and program effectiveness, the team provides the insights needed to identify critical public health concerns – **from communicable diseases** and **opioid prevention to injury and violence** – and to strategically allocate resources where they are most needed. Our work ensures that every departmental effort is **data-driven** and directly contributes to improving population health.

**Our Team**

The team has grown to meet the increasing demand for data-driven public health solutions. Our talented staff includes:

- One Manager
- Eight Epidemiologists
- One Program Assistant
- One CSTE Applied Epidemiology Fellow
- Four Remote Staff (in partnership with the CDC Foundation)

**Board Authority**

RCW 70.05.060 - Powers and duties of local board of health

**Recommended Motion**

**Briefing only**

**ATTACHMENTS:**

Description

- Epidemiology and Informatics Update Presentation



# Epidemiology and Informatics Update

**Vivian Hawkins, MS, PhD**

**Epidemiology and Informatics  
Program Manager**



# Epi and Informatics Team

SHD staff:

- Epi and Informatics Manager (me)
- Eight Epidemiologists (1 Lead, 6 Epi 2, 1 Epi 1)
- One Program Assistant

Of the 10 SHD staff, only 3 have been here longer than June 2023!

Lots of new capacity and expertise onboarded in past two years, building on the solid foundation that was here before.

# Epi and Informatics Team

## Non-SHD Staff:

- One CSTE Applied Epi Fellow
  - 2 year long competitive fellowship, ends summer 2026
  - Goal is to always host a CSTE fellow and expand to EIS Officers eventually as well
- Four CDC Foundation Workforce Acceleration Initiative staff
  - Employed by CDC Foundation, working remotely for SHD on informatics projects, funded through June 2026

# Funding

- Federal grants
  - Overdose to Action (OD2A)
  - Emerging Infections Program (EIP)
  - Elevated childhood blood lead
- FPHS funding (state)
  - CD Data
  - MCH Data
  - CHA/CHIP
- Other funds:
  - Opioid settlement funds
  - County general funds
  - Chemical dependency mental health (CDMH)
  - MCH block grant (pass through from state)
  - ConCon (state)

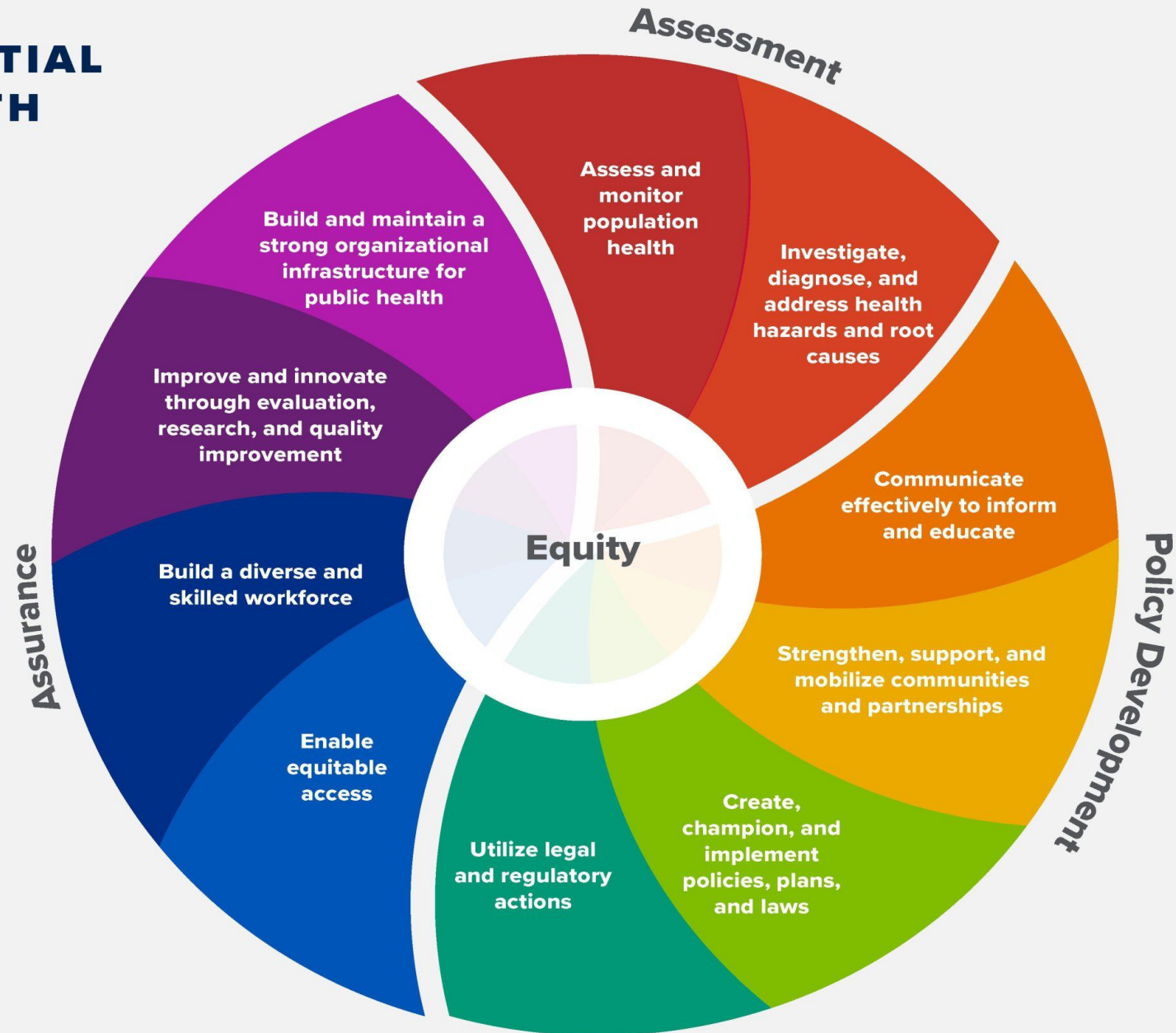
Always looking to diversify our funding. . . .



# THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

*To protect and promote the health of all people in all communities*

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



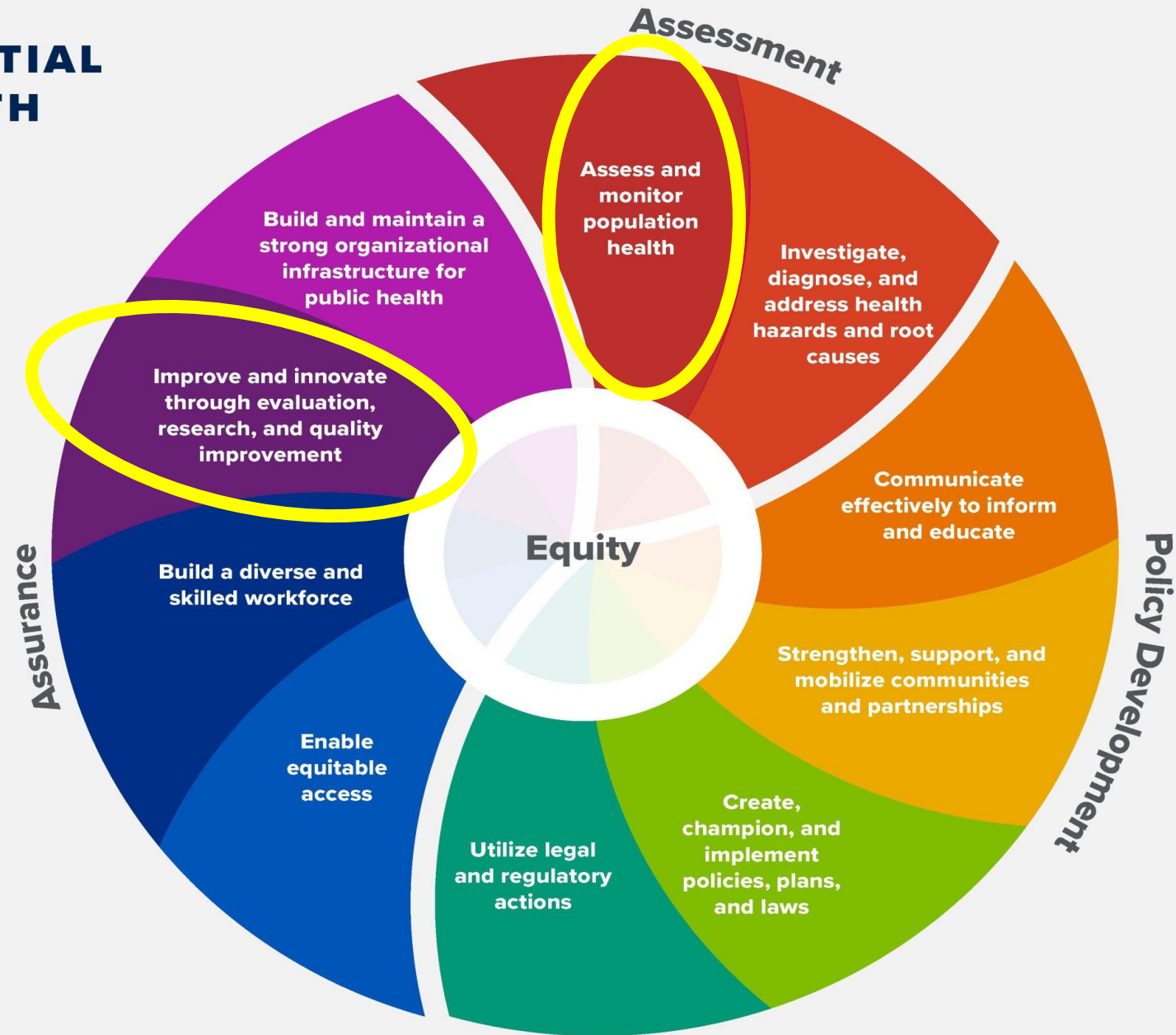
Created 2020



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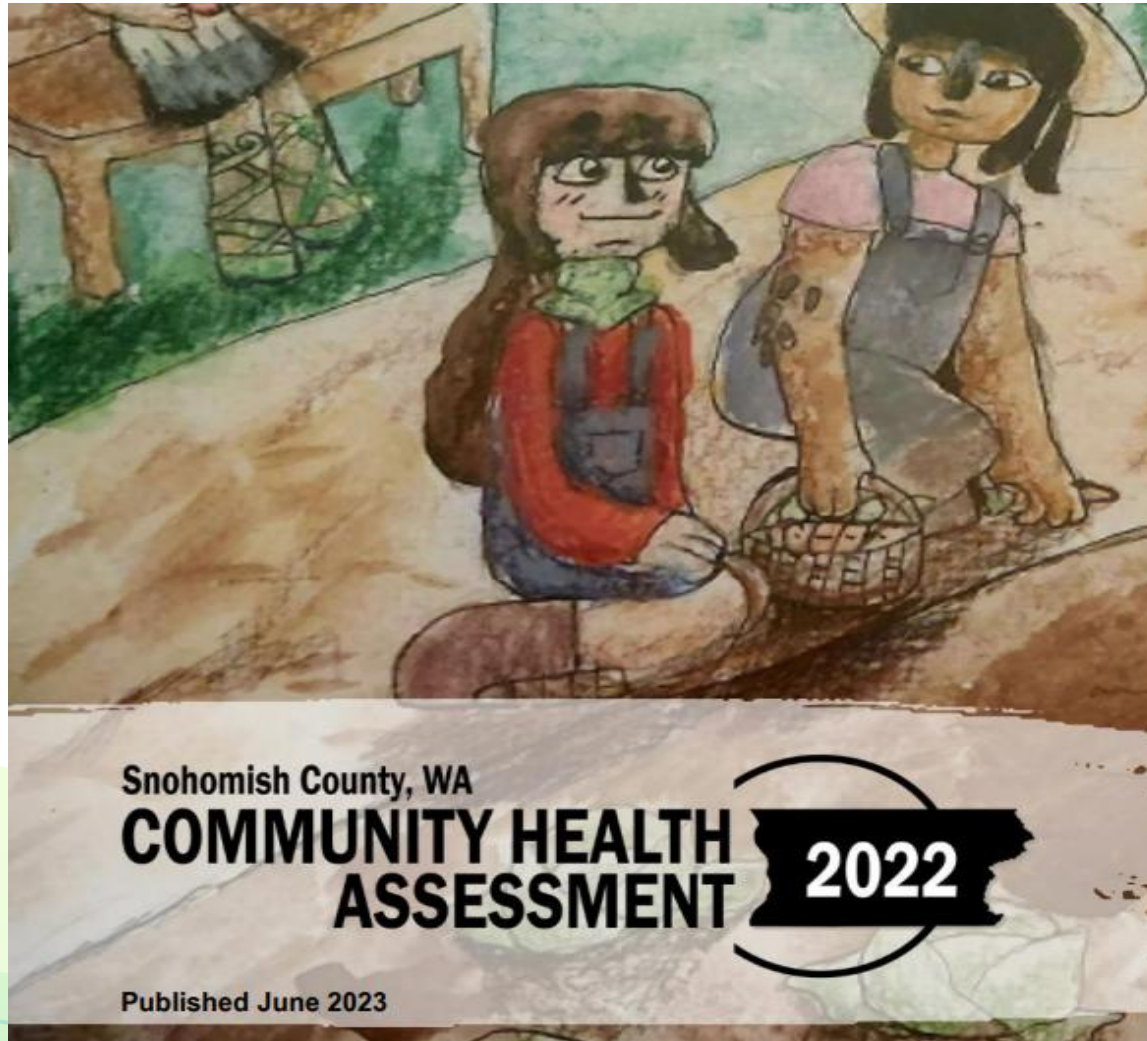


Created 2020

# Epidemiology

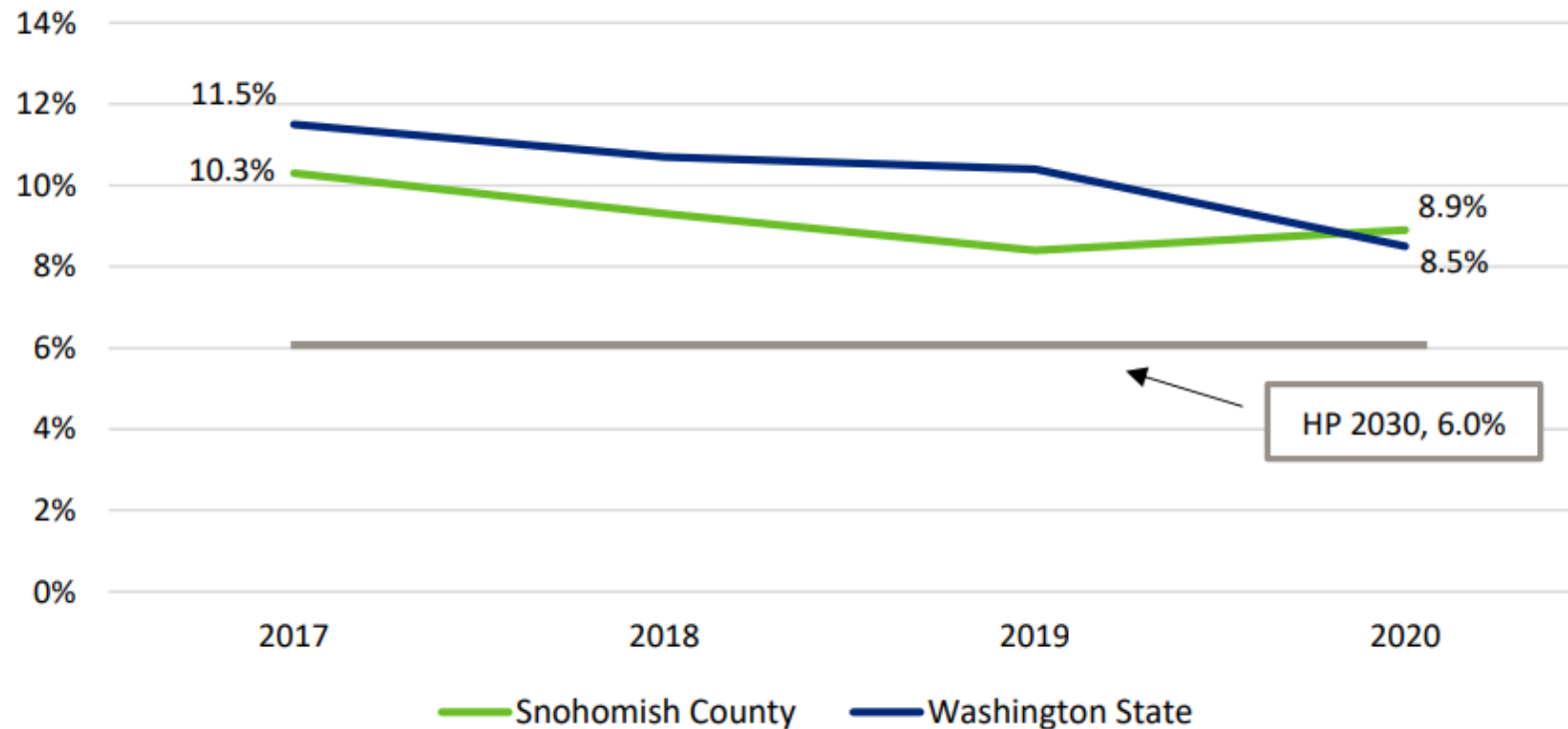
- What health concerns and areas of strength exist in the county?
  - How do we know?
  - Are certain populations most impacted?
  - Need to know what the issues really are, so we can determine how to address them
- Need data!

# Community Health Assessment



# Community Health Assessment

Figure 15.1: Percent of food-insecure population in Snohomish County and Washington State, 2017-2020

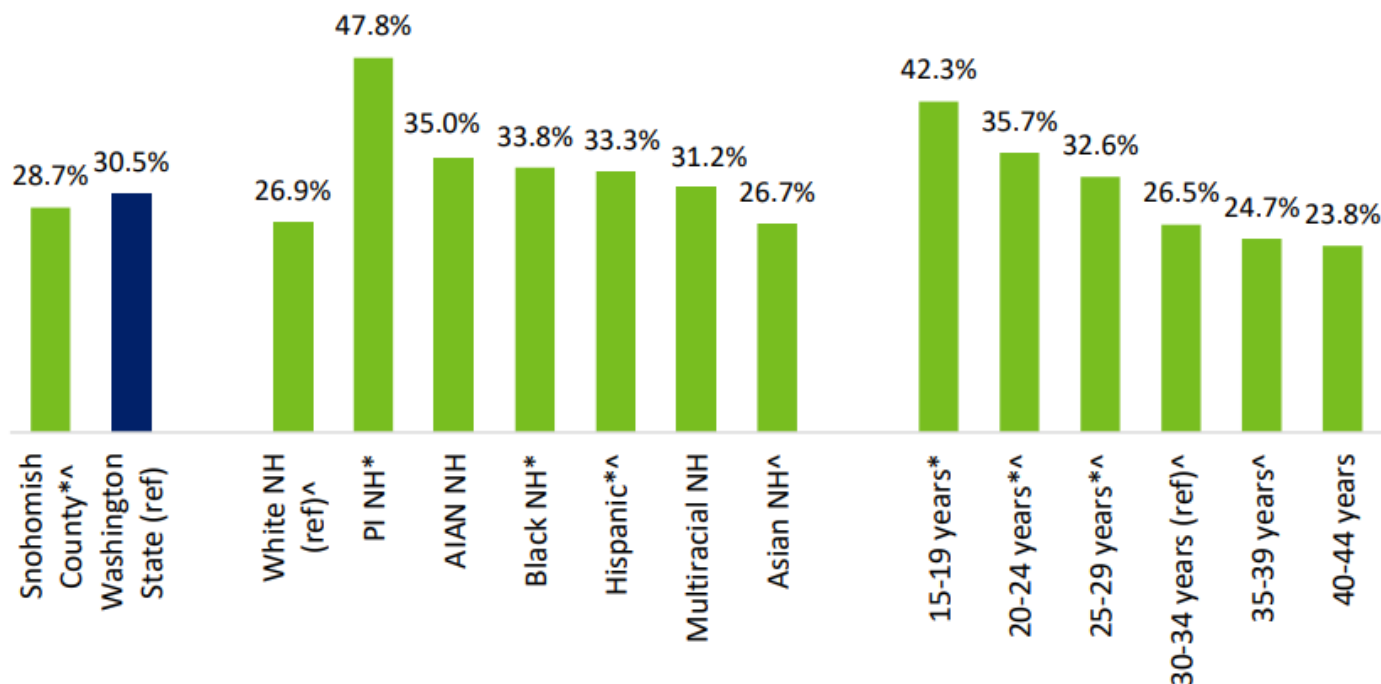


Source: Feeding America, Map the Meal Gap, food insecurity map, 2017-2020



# Community Health Assessment

Figure 13.6: Percent of women in Snohomish County who received inadequate prenatal care by demographic characteristics, 2021

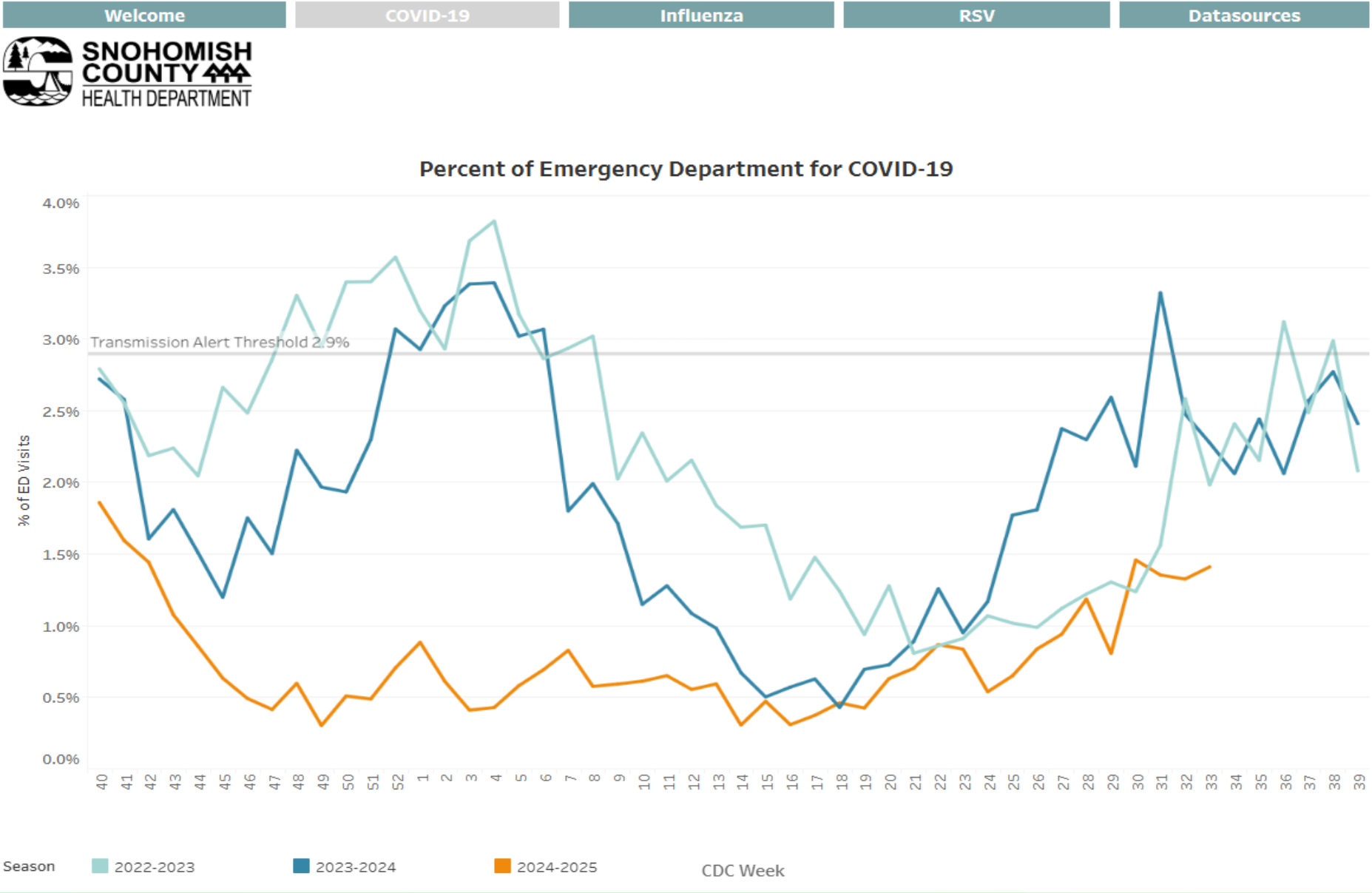


\* Indicates statistically significant difference compared to reference group (ref)

^ Indicates statistically significant decrease compared to previous data year

Source: WA DOH CHAT, Center for Health Statistics Birth Certificate Data, 2021

# RESPIRATORY ILLNESS DASHBOARDS



# SNOHOMISH OVERDOSE PREVENTION

A COMMUNITY COMING TOGETHER TO STOP  
SNOHOMISH COUNTY'S OPIOID EPIDEMIC

[Learn +](#)

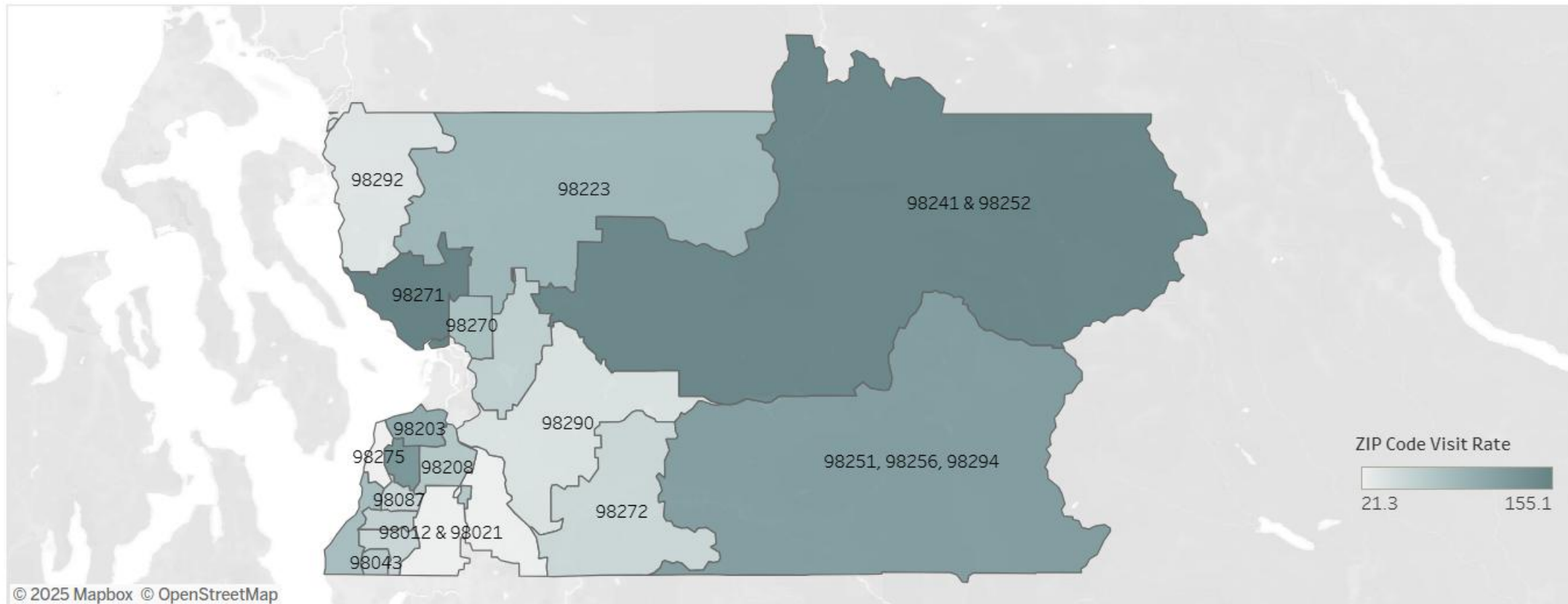
[Get Involved +](#)

[Find Help +](#)

[Download Materials +](#)

[Data Dashboards +](#)

Opioid Overdose Emergency Department Visit Rate  
Per 100,000 Population, January 2021 - June 2025



# Informatics

- Do we have the data we need?
  - What data do we actually have? (Data inventory)
- Are data in a format that is usable?
  - The data are in there, but we can't get them out again?
- Do the data systems talk to each other?
  - Double data entry?
  - Battling the computer systems?



# Data Inventory

A systematic and comprehensive catalog of an organization's data assets.

Includes information about data sources, types, formats, locations, ownership, usage, and more.

Acts as a central repository for understanding and managing data effectively.

SHD's Data Inventory will focus solely on data that is applicable to improving the health of Snohomish County residents

Data Inventory: A Foundation for Informed Decisions

# Insight to Patagonia Transition

- Electronic Medical Record transition (Insight to Patagonia)
- CDC Foundation staff helping (in partnership with County IT) to ensure that all relevant data in Insight are available still
- Huge lift by Informatics Epi at SHD

# Accessing New Data Sources

[Home](#) > [About HCA](#) > [Data & reports](#) > Washington State All Payer Claims Database (WA-APCD)

## Washington State All Payer Claims Database (WA-APCD)

The Washington State All Payer Claims Database (WA-APCD) is a tool used to collect health care claims data for reporting, analytics, and to help the public make their health care decisions. It supports health care and payment reform while addressing the need for cost, quality, and utilization transparency. Using the WA-APCD, Washington State can help to advance medicine and public health.

[Washington State All Payer Claims Database \(WA-APCD\) | Washington State Health Care Authority](#)

# Informatics-savvy Health Department Toolkit

This toolkit walks agencies through the process of assessing their own informatics readiness and current state and then using that assessment to inform strengthening and strategic activities—allowing them to scale up informatics capacity to meet the evolving needs of the modern public health landscape.

Snohomish County Health Department

# Academic Partnerships

- Hosted 2 UW MPH Practicum students summer 2024
- Hosting 2 UW MPH students right now!
- Ongoing plans to host additional students and strengthen partnerships with academic partners

# Leading Public Health Work Locally and Nationally

- WSALPHO leadership
  - Chair *and* Membership Coordinator for WSALPHO Assessment Committee
- Members of national invite-only workgroups
  - NACCHO Informatics Workgroup and Injury and Violence Workgroup
- Members of DOH Technical Advisory Groups for population surveys
- Active in CSTE, WSPHA, WSALPHO, NACCHO
- Presenting at local, state and national conferences and preparing manuscripts for submission to advance epidemiologic knowledge
- Growing connections within the county too, such as with Human Services, to ensure Snohomish residents benefit from a coordinated local health approach
- Overall goal: To do our part to make Snohomish County the best place to live, work, learn, recreate and grow

# Questions?

---

**Strategic Plan Report (SR 25-027; Pamela Aguilar)**

---

**Division:**

Office of the Director; Pamela Aguilar, Interim Department Director

---

**Background**

The development of the Snohomish County Health Department's strategic plan was a deliberate and inclusive process, shaped by extensive back-and-forth engagement with staff and community members. Our goal was to create a shared vision in which every member of our team could see themselves reflected, ensuring the plan is not just a document but a living roadmap for our collective work. The plan also aligns with broader county-wide goals, reinforcing our role as a key partner in community well-being.

The plan is built on six core priority areas:

- Healthy Lives, Snohomish County
- Workforce Experience and Development
- Optimal Operations
- Facial and Health Equity
- Financial Health
- Readiness

Recognizing that we cannot do everything at once, the plan is designed to come to fruition in strategic waves. The initial focus of Wave 1 will be on:

- Healthy Lives: Childhood and Adult Vaccinations
- Healthy Lives: Water Quality Protection
- Workforce Experience and Development: Employee Satisfaction
- Optimal Operations: Policies and Procedures
- Financial Health
- Readiness: Emergency Preparedness and Response

This phased approach allows us to focus our resources for maximum impact, while building the foundation for our long-term objectives.

**Board Authority**

RCW 70.05.060 - Powers and duties of local board of health



**Recommended Motion**

**Briefing only**

**ATTACHMENTS:**

Description

- ▢ Strategic Plan Presentation
- ▢ Draft Strategic Plan



**SNOHOMISH  
COUNTY**   
HEALTH DEPARTMENT

# Briefing

2025-2030 Strategic Plan

September 09, 2025

# Timeline

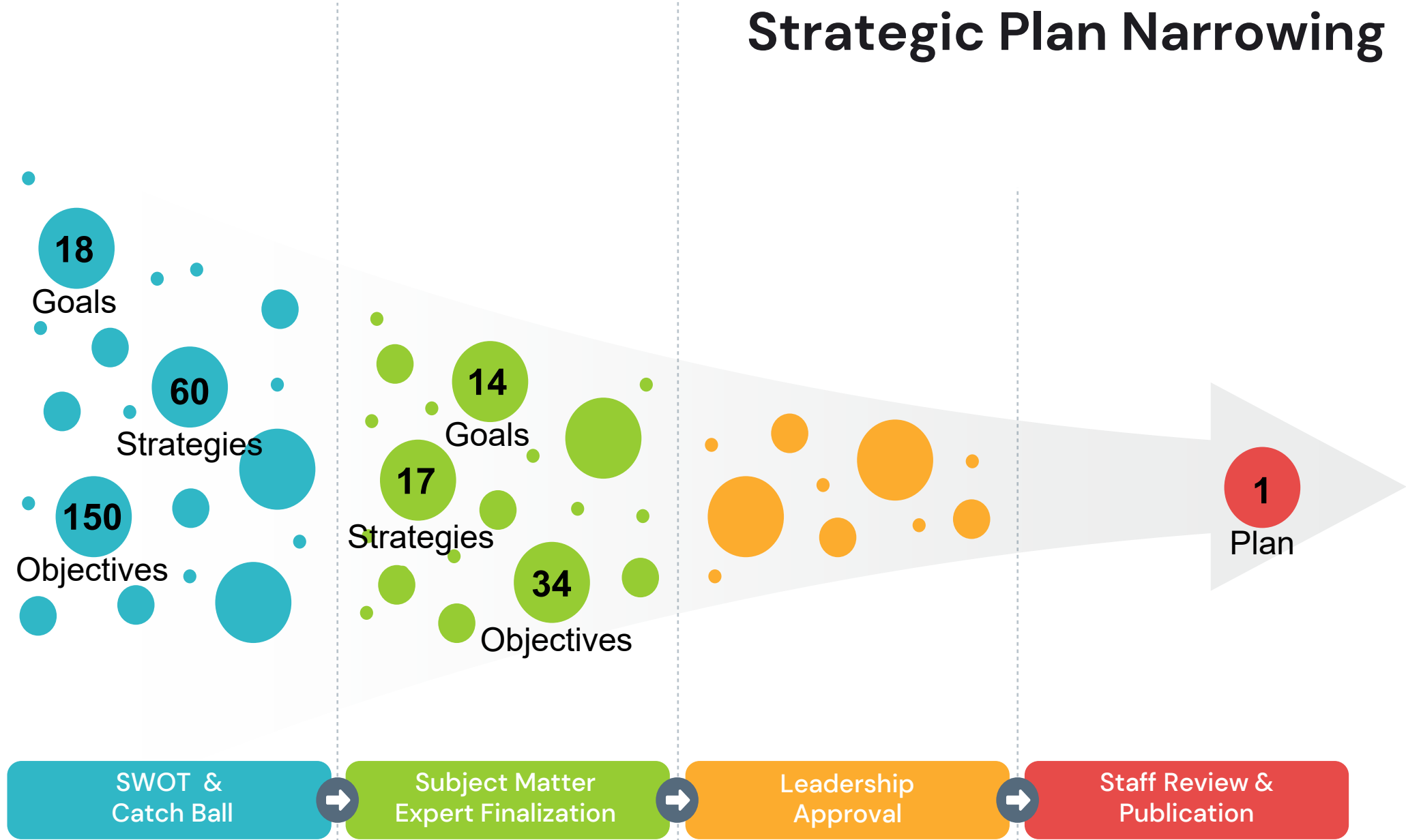


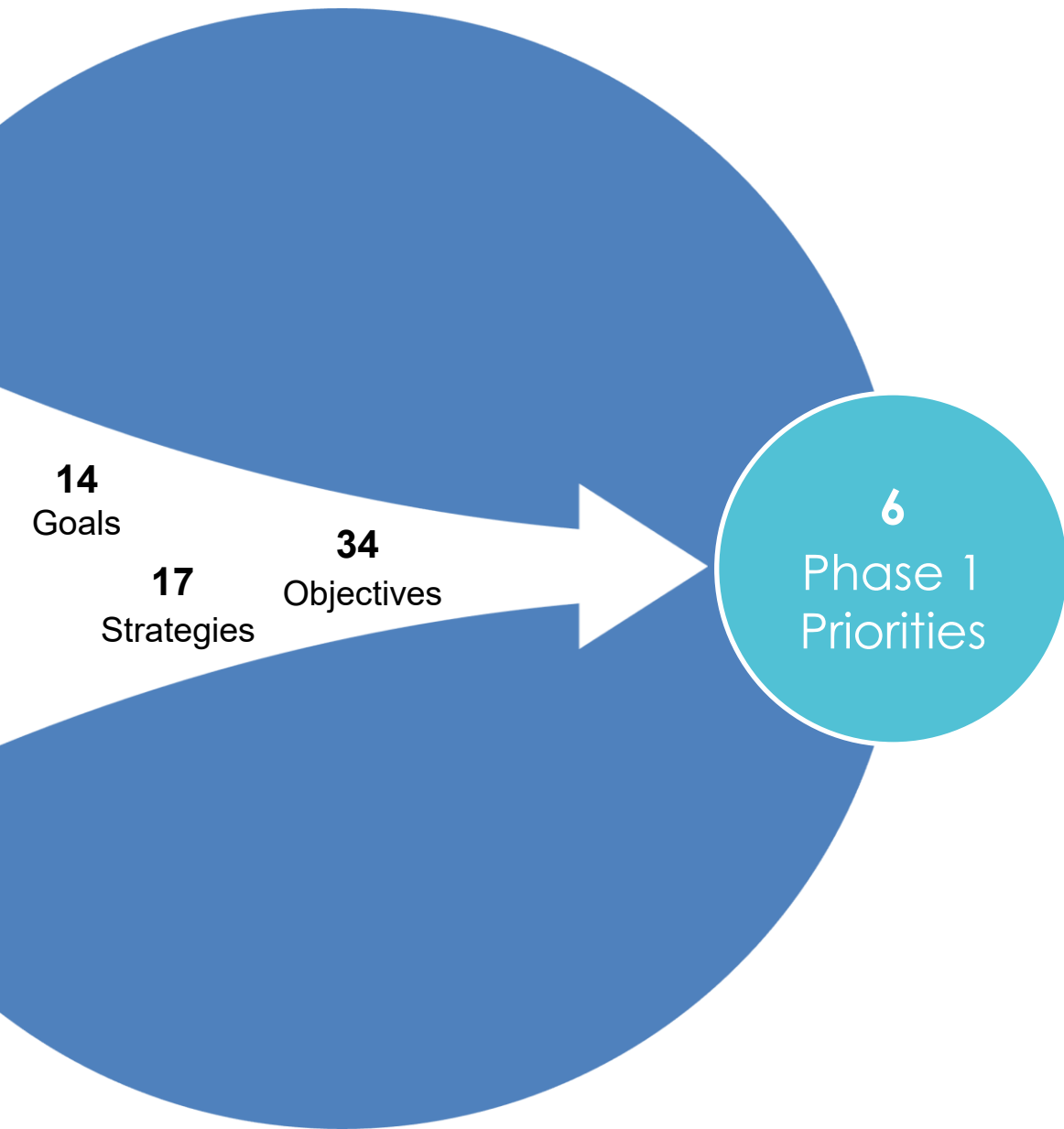
# Purpose of Briefing








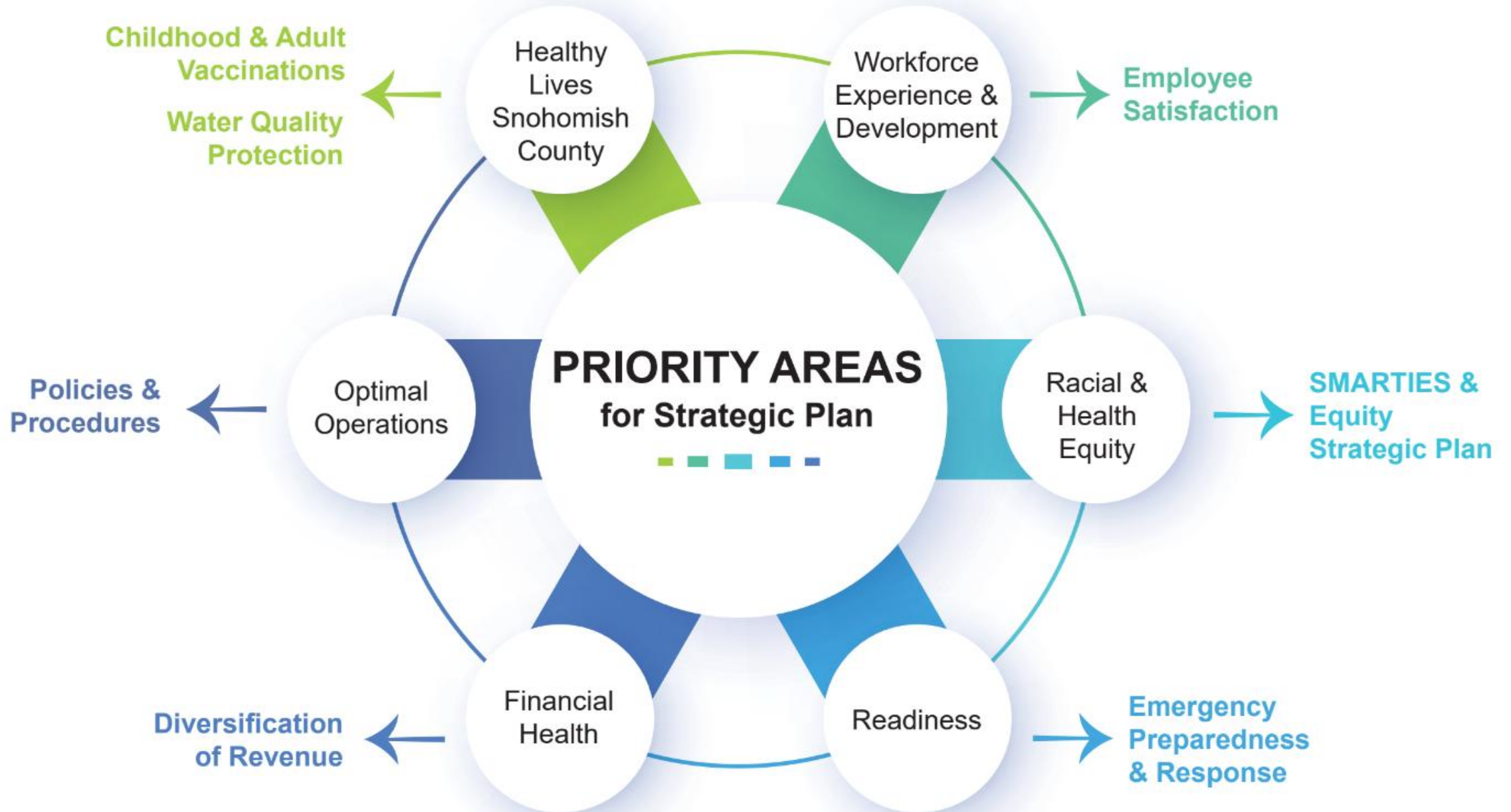
- ✓ Knowledge of process
- ✓ Answer questions
- ✓ Share next steps

# Strategic Plan Narrowing





-  Department Staff Priorities
-  County Priorities
-  Community Priorities
-  Reduce Health Disparities
-  Increase Key Health Outcomes



## GOAL 1.3: Protect Snohomish County from infectious disease and environmental threats

**Strategy 1.3.1:** Increase childhood and adult vaccines.

**Objective 1.3.1.1:** By September 15, 2029, 90% of all children entering kindergarten will have received all recommended vaccines.

**Objective 1.3.1.2:** By February 28, 2029, 65% of adults over the age of 65 will have received one dose of annual flu vaccine.

### Linkages:

Snohomish County Goals (2024): 1

Community Health Assessment (2020): N/A

Public Health Accreditation Standards & Measures (2022): N/A

Foundational Public Health Services Capabilities & Competencies (2019): C.3



Image: Public Health – Seattle & King County



## GOAL 1.3: Protect Snohomish County from infectious disease and environmental threats



**Strategy 1.3.3:** Protect the water quality of Snohomish County from bacterial and chemical pollutants.

**Objective 1.3.3.1:** By 2030, work with WADOH and Tulalip Tribes to achieve an “Approved” classification authorizing commercial and Tribal subsistence shellfish harvest for one of the three unclassified shellfish growing areas on the shoreline of the Tulalip reservation.



### Linkages:

Snohomish County Goals (2024): 1, 2, 3

Community Health Assessment (2020): N/A

Public Health Accreditation Standards & Measures (2022): 2.1.6

Foundational Public Health Services Capabilities & Competencies (2019): B.3.e

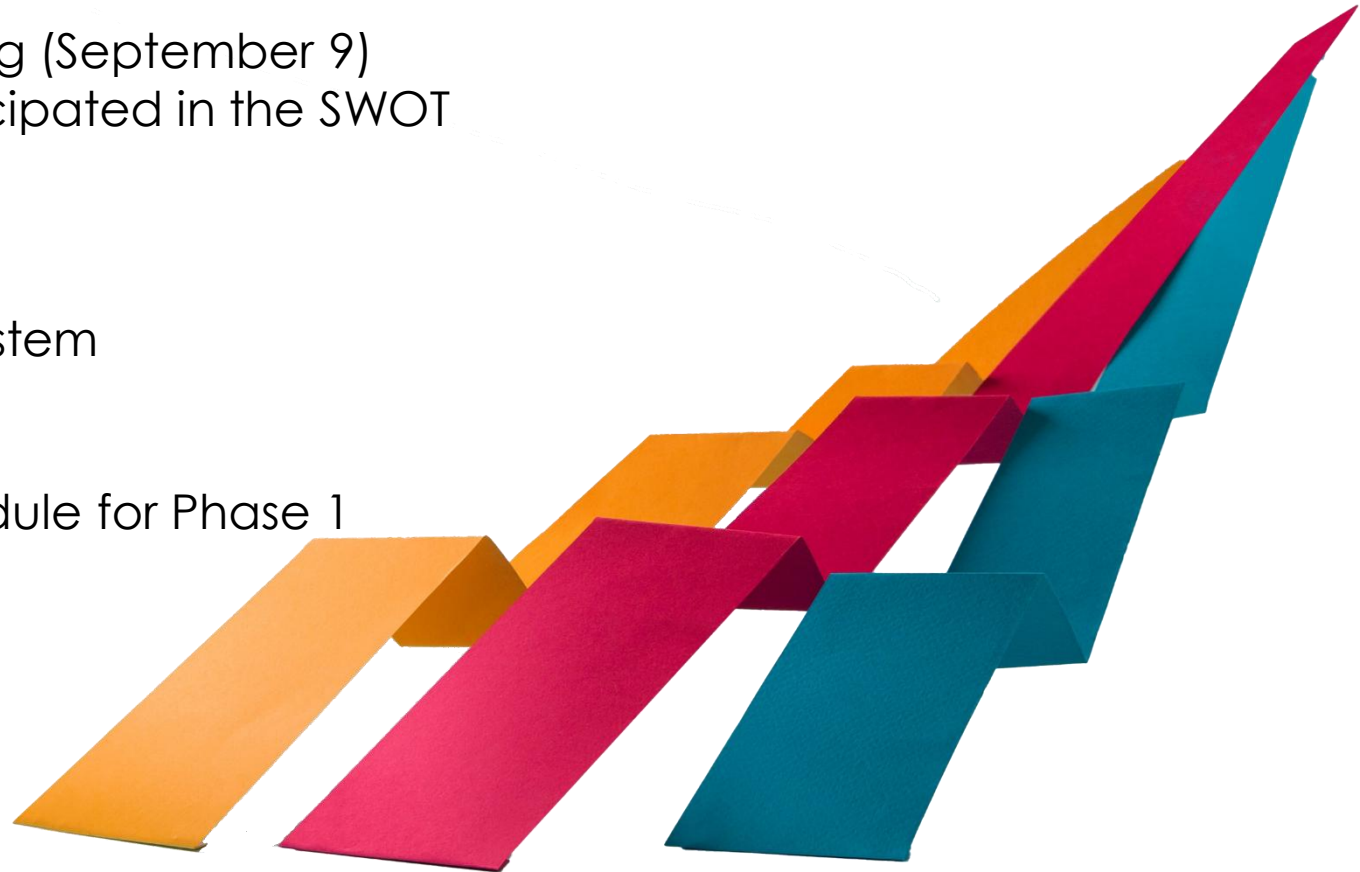
# Next steps

Items on the road to publishing:

- ☒ Staff Listening Sessions (Aug 5, 6, & 11)
- ☒ Executive Team Briefing (August 20)
- ☐ Board of Health Briefing (September 9)
- ☐ Community Equity Advisory Board Briefing (September 9)
- ☐ Sharing with external partners who participated in the SWOT

Items on the road to implementation:

- ☐ Questica Performance Management System
  - ☒ Entry
  - ☐ Staff training
- ☐ Internal routine reporting/check-in schedule for Phase 1



Questions


Strategic Priority Area	Priority	Goal Area	Goal	Strategic Area	Strategy	Objective Area	Objective	Lead Division & Program	Linkages & Alignment
1.0	Healthy Lives Snohomish County	1.1	Increase equitable access to health care	1.1.1	Enhance healthcare access through targeted public health initiatives and strategic community partnerships.	1.1.1.1	By December 31, 2030 increase by 5% a year the number of clinical outreach visits in the community provided by the department.	D: Prevention P: Clinical Services	SC: 1, 4 CHA: N/A PHAB: 5.2.4 FPHS: N/A
						1.1.1.2	By December 31, 2030, increase public health clinic appointment capacity by 5% annually.	D: Prevention P: Clinical Services	SC: 1, 4 CHA: N/A PHAB: 7.1.2 FPHS: N/A
		1.2	Increase life expectancy and quality	1.2.1	Reduce infant and maternal mortality.	1.2.1.1	By December 2030 Snohomish County will meet the state average for adequate prenatal care.	D: Prevention P: Children & Family Health	SC: 1 CHA: 3 PHAB: N/A FPHS: D.2.i
						1.2.1.2	By December 31, 2030 decrease by 5% the number of pregnant people who are reported to smoke during pregnancy .	D: Prevention P: Children & Family Health	SC: 1 CHA: 3 PHAB: N/A FPHS: D.2.d
		1.3	Protect Snohomish County from infectious disease and environmental threats	1.3.1	Increase childhood and adulthood vaccines.	1.3.1.1	By September 15, 2029 90% of all children entering kindergarten will have received all recommended vaccines.	D: Prevention P: Vaccine Preventable Disease & Immunization	SC: 1 CHA: N/A PHAB: N/A FPHS: C.3
						1.3.1.2	By February 28, 2029 65% of adults over the age of 65 will have received one dose of annual flu vaccine.	D: Prevention P: Vaccine Preventable Disease & Immunization	SC: 1 CHA: N/A PHAB: N/A FPHS: C.3
				1.3.2	Protect Snohomish County from foodborne illness.	1.3.2.1	Strengthen Routine Retail Food Inspection Program using process improvement methodology to be able to complete all required routine inspections at Permitted Retail Food Establishments by 2030.	D: EH P: Food Safety	SC: 1, 2 CHA: N/A PHAB: 6.1.3 FPHS: B.3.b
				1.3.3	Protect the water quality of Snohomish County from bacterial and chemical pollutants.	1.3.3.1	By 2030, work with WADOH and Tulalip Tribes to achieve an “Approved” classification authorizing commercial and Tribal subsistence shellfish harvest for one of the three unclassified shellfish growing areas on the shoreline of the Tulalip reservation.	D: EH P: Land Use	SC: 1, 2, 3 CHA: N/A PHAB: 2.1.6 FPHS: B.3.e
2.0	Workforce Experience and Development	2.1	Increase retention & development of staff	2.1.1	Enhance overall development by identifying training opportunities and creating learning/development tracks for both leadership and non-supervisory staff.	2.1.1.1	Have all department leadership complete between two and ten department assigned courses by January 2029.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.2 FPHS: L.5.c
						2.1.1.2	Department staff interested in advancing non-supervisory leadership skills complete 2-10 department assigned courses by January 2029.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.2 FPHS: L.5.a
		2.2	Cultivate and sustain an environment of belonging to enhance employee satisfaction and retention	2.2.1	Implement an employee satisfaction survey strategy/tool.	2.2.1.1	By September 30, 2026 the first department employee engagement survey will be published, results received and shared with all employees.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.1 FPHS: N/A
						2.2.1.2	By the end of March 2029, the employee survey participation rate will be at least 85%.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.1 FPHS: N/A
						2.2.1.3	By March 31, 2029, employee satisfaction increased by 5% as measured by the survey.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.1 FPHS: N/A

Strategic Priority Area	Priority	Goal Area	Goal	Strategic Area	Strategy	Objective Area	Objective	Lead Division & Program	Linkages & Alignment
3.0	Optimal Operations	3.1	Adopt and utilize industry-standard policies and procedures for efficient operations	3.1.1	Update and streamline policies and procedures.	3.1.1.1	Department will develop a standardized process to review and update policies and procedures by June 2026 and will revise or add at least six policies/procedures each year thereafter.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 10.2.1 FPHS: L.2
		3.2	Create and sustain a culture of continuous improvement	3.2.1	Implement quality improvement projects.	3.2.1.1	By the June 2026 implement Plan Do Check Act cycles for every strategic plan SMARTIE objective.	D: ODIR P: Policy, Planning & Partnership	SC: 5 CHA: N/A PHAB: 9.1.5 FPHS: L.3.a
						3.2.1.2	Train all leadership staff on use of the Plan Do Check Act by end of June 2026.	D: ODIR P: Policy, Planning & Partnership	SC: 5 CHA: N/A PHAB: 9.1.5 FPHS: L.3
		3.3	Create a positive customer experience	3.3.1	Ensure all outward-facing customer portals and communication types are easily navigable, accessible, culturally relevant, and contain up-to-date, accurate, and concise information.	3.3.1.1	By the end of 2026, the phone tree is error free, easy to navigate, and accessible to the top three languages of non-English speaking callers.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 9.1.3 FPHS: L.3.d
						3.3.1.2	By the end of 2028, redesign the website to improve navigation and accessibility by translating top 10 visited webpages and top 20 priority documents into top three languages.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 9.1.3 FPHS: L.3.d
				3.3.2	Create a customer service taskforce to evaluate feedback, develop standards, and increase customer service capacity.	3.3.2.1	By the end of 2026, develop and implement a customer feedback model to collect, analyze, and apply prioritized customer insights.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 9.1.3 FPHS: L.3.d
						3.3.2.2	By the end of 2027, develop an internal customer service taskforce to create an annual action plan and meets quarterly to review and provide recommendations.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 9.1.3 FPHS: L.3.d
4.0	Racial and Health Equity	4.1	Workforce is reflective of the community	4.1.1	Assess current workforce composition and compare to community composition.	4.1.1.1	By January 2026, utilize a process or tool to help us measure the composition of the department workforce.	D: ODIR P: Human Resources	SC: 4, 5 CHA: N/A PHAB: 8.1.2 FPHS: N/A
						4.1.1.2	By January 2027 have a plan in place for our hiring practices to build a workforce that is reflective of the community	D: ODIR P: Human Resources	SC: 4, 5 CHA: N/A PHAB: 8.1.2 FPHS: N/A
		4.2	Fostering community partnerships	4.2.1	Strengthen community partnerships that promote racial and health equity to achieve health justice.	4.2.1.1	By December 31, 2030, community members with lived experience shall be compensated for their participation and expertise on advisory groups.	D: ODIR P: Policy, Planning & Partnership	SC: 4, 5 CHA: N/A PHAB: 4.1.3 FPHS: N/A
						4.2.1.2	By December 31, 2030, there will be a 50% increase in community partnerships meaningfully engaged with the health department.	D: ODIR P: Policy, Planning & Partnership	SC: 4, 5 CHA: N/A PHAB: 4.1.1, 4.1.2 FPHS: K.1
		4.3	Strengthen Department capacity and practices that promote racial and health equity and achieve health justice	4.3.1	Implement accessible, equitable, and culturally responsive policies, processes and practices that address racial and health equity.	4.3.1.1	By December 31, 2030, department will have fully implemented a language access plan.	D: ODIR P: Policy, Planning & Partnership	SC: 1, 4, 5 CHA: N/A PHAB: N/A FPHS: N/A
						4.3.1.2	By end of year 2026, and each year thereafter, at least 25% vital documents will be accessible in the prioritized languages.	D: ODIR P: Policy, Planning & Partnership	SC: 1, 4, 5 CHA: N/A PHAB: 3.2.2 FPHS: L.2
						4.3.1.3	By December 31, 2030, the department will advance equitable policies, processes, and/or practices based on five areas from the Phase I Equity Review & Assessment and the department equity strategic plan.	D: ODIR P: Policy, Planning & Partnership	SC: 4, 5 CHA: N/A PHAB: 10.2.1 FPHS: N/A
				161					



Strategic Priority Area	Priority	Goal Area	Goal	Strategic Area	Strategy	Objective Area	Objective	Lead Division & Program	Linkages & Alignment
5.0	Financial Health	5.1	Increase and diversify revenue sources to meet current and future strategic and operational needs	5.1.1	Develop a comprehensive funding plan that aligns funding and spending with the overall strategic plan.	5.1.1.1	By the 2029-2030 biennial budget, the department has a balanced budget without the use of fund balance.	D: ODIR P: Finance	SC: 2,5 CHA: P. 21 PHAB: 10.2.7 FPHS: L.6.c
						5.1.1.2	By end of March 2026, department leadership adopts procedures and budget models with objectives of: •Maintaining risk-based optimal levels of fund balance. •Agreed prioritization measures tied to strategic plan priority areas. •The appropriate use of fund balance to address public health priorities that informs the biennial budget process.	D: ODIR P: Finance	SC: 2,5 CHA: P. 21 PHAB: 10.2.7 FPHS: L.6.c
						5.1.1.3	By end of December 2028, the department collaborates with funding partners on achieving annual revenue streams from private, grant and non-grant sources equal to 5% of budgeted annual revenue.	D: ODIR P: Finance	SC: 2,5 CHA: P. 21 PHAB: 10.2.8 FPHS: N/A
6.0	Readiness	6.1	Our health department is ready and prepared to respond to public health emergencies	6.1.1	Establish a framework for disaster readiness.	6.1.1.1	By Dec 31, 2025 the department will have implemented a system and processes for identifying emerging priorities	D: ODIR P: Public Health Emergency Preparedness & Response	SC: 1, 5 CHA: N/A PHAB: 2.2.1 FPHS: H.1
						6.1.1.2	By Dec 31, 2030 the department will have identified and addressed the top 5 readiness and response priority gap areas.	D: ODIR P: Public Health Emergency Preparedness & Response	SC: 1, 5 CHA: N/A PHAB: 2.2.3 FPHS: H.3
		6.2	Support employee and organizational adjustment and resilience in response to change	6.2.1	Develop a comprehensive management approach to support organizational resilience during change.	6.2.1.1	Department will develop a departmental cross-training model to address surge capacity in targeted areas by January 2028. The model will be implemented, and training will begin no later than end of 2028	D: ODIR P: N/A	SC: 1, 5 CHA: N/A PHAB: 8.2.2 FPHS: N/A
						6.2.1.2	Department will implement an organizational change management process and structure by end of 2026. Process improvement methodology will be used to update the plan at least two times a year.	D: ODIR P: N/A	SC: 1, 5 CHA: N/A PHAB: 8.2.3 FPHS: N/A



**SNOHOMISH  
COUNTY**   
HEALTH DEPARTMENT



Snohomish County, WA 2025-2029  
**HEALTH DEPARTMENT  
STRATEGIC PLAN**

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# Land Acknowledgement



We acknowledge the original inhabitants of this place, the Sah ku mehu (Sauk-Suiattle Tribe), the stuləgʷábš (Stillaguamish Tribe), and the sduhubš (Snohomish) Skykomish, Snoqualmie and their successors the Tulalip Tribes.

Since time immemorial, they have hunted, fished, gathered on, and taken care of these lands and waters. We respect their sovereignty, and their right to self-determination and honor their sacred spiritual connection with the land and water. We will strive to be honest about our past mistakes and bring about a future that includes their people, stories, and voices to form a more just and equitable society.

With this tribal acknowledgment, we open our time together by honoring the ancestors whose feet first knew these lands, and whose paddles still know the waters of what we now call Snohomish County.

# Message from the County Executive



Dear Snohomish County residents,

As County Executive, the health and safety of all who live, work, and play here is of the highest importance to me. The Snohomish County Health Department does vital work to promote and protect the health of the public, and I am grateful for the many contributions of our public health team.

It has been a privilege to be involved in sharing some ideas and priorities that helped shape this strategic plan. I know many more of these ideas and priorities came straight from employees who know this work well and the communities they serve. In this plan, the Health Department looks to the future and sets tangible goals for advancing the health and wellness of all people in Snohomish County.

This document lays out a path to focus on key areas, from improving day-to-day healthy living to being ready for health-related needs in an emergency, and from strengthening our public health workforce to improving equitable health services for diverse communities. Strategic plans like this one are important because they keep us pulling together in the same direction. When we pull together, we achieve so much more than when we work apart.

This plan envisions a Snohomish County where “all people have the opportunity to live a life of good health and wellbeing.” This is a vision I wholeheartedly support..

Sincerely,

A handwritten signature in black ink, appearing to read 'Dave Somers', written over a horizontal line.

Dave Somers  
Snohomish County Executive

# Letter from the Director



Dear Community,

It is with great enthusiasm that I introduce our strategic plan for the next five years. First, because I sincerely believe this is a way forward to strengthen and provide advantages for our communities, but also because this is a product of the people in the county, coming together and giving input on what is important to them. We are incredibly grateful for their time and insights. At the Health Department, we believe that public health is for everyone, and our goal is to provide services and resources without barriers.

Each day, teams at the Snohomish County Health Department (SCHD) work to find solutions for the challenges the county faces. With our new strategic plan, these efforts will come together to align with six priority areas as we all move toward a concrete set of goals. Knowing that there are people who have been disproportionately impacted by health inequities, whether it is the person who has trouble accessing care due to a disability, or a parent whose time and finances are stretched thin when her children can't attend school, this plan lays out strategies that account for people whose needs often go underserved or unrecognized.

This plan articulates a set of underlying principles that ground our strategic plan in improvement, transparency, engagement, and belonging. We believe that each of these elements are essential to build a department that is responsive and intentional to the varying needs within the county. We acknowledge the challenges unique to Snohomish County, and unique to communities within the county. While our hope would be to address and solve all the challenges immediately, we do believe that with further listening, collaboration, and commitment, we can make significant progress in the next five years.

Snohomish County is the third largest county in the state, and with that, we bring an incredible number of assets to our people. When we all come together, I sincerely believe that we can accomplish anything. This plan was built in partnership with our community partners staff, and stakeholders we know that by working together we will achieve better outcomes.

Respectfully,

Dennis Worsham, Director  
Snohomish County Health Department

\* Dennis Worsham served as Snohomish County Health Department Director during the development of this strategic plan. At time of publication, he is serving as Washington State Secretary of Health.

# Mission, Vision, Values



Our mission and values both guided us and compelled us to create our strategic plan guided by our values.

## MISSION

To promote and protect the health and well-being of people in our community.

## VISION

We work with members of our community and our partners to ensure all people in Snohomish County have the opportunity to live a life of good health and wellbeing.

## VALUES

Our values represent the core principles that define health department culture and how we interact with communities:

Transparency

~

Improvement

~

Engagement

~

Belonging

# About Snohomish County Health Dept



After operating as the Snohomish Health District since 1959, The Snohomish County Health Department was established in 2023, integrating as a new department within Snohomish County government. The goal of the transition was to improve public health services within the county.

Public health is the science and art of promoting health and preventing disease and premature death of a population by systematic efforts of society, communities, or individuals. Our work strives to do that through a blend of health protection, health promotion, and disease prevention efforts. The Health Department focuses on communicable disease control, chronic disease prevention, environmental health, family health, and emergency preparedness and response.

The Health Department serves over 849,000 people, representing:

- 21 cities and towns
- 15 School Districts
- More than 20,200 employers
- Over 16 languages
- 40,000+ veterans

In addition to providing information and striving to increase health literacy, the department provides services within the community, including:

- Providing vital records, such as birth and death certificates
- Restaurant and food safety inspections
- Pollution prevention assistance to businesses and help with hazardous waste removal
- New parent resources
- Refugee Health Resources
- Community vaccines

The Snohomish County Health Department continues to look for growth opportunities, piloting programs such as the Community Navigators program and a clinic focused on sexually transmitted infections (STI). Our aim is to be an accessible resource for everything from environmental toxins to child nutrition, making sure people have the information they need to make informed choices about their health.

# Executive Summary



Strategic planning has provided us an opportunity to come together with intentionality to put into practice our values to the community, our staff, and partners. The plan lays out a path forward that aligns with our mission and values – and will improve our practices which will create a healthier Snohomish County, staff, and set a course for the coming years.

Over the next five (5) years, efforts will be aimed at building on successes gained as a Health District and Department, improving our public health practices, and centering community across our work so that all people will be able to achieve optimal health. We will do this by strengthening our organizational foundations and positively improving the health and lives of Snohomish County residents.

There are many challenges on the horizon for public health. These challenges are best identified and addressed through meaningful community engagement, a diversity of perspectives, and a commitment to listening. Our plan was formulated with these values in mind. Input from the community, our staff, elected officials, county departments with aligned purpose, and leaders of major Snohomish County health care systems are at the core of this plan.

Our strategic planning resulted in the following six (6) priority areas with associated goal, strategies, and objectives. Through collaboration, goals and strategies have been prioritized for action. Items with more immediate impact on those we serve and to lay necessary foundational steps for upcoming initiatives will be implemented first, others implemented in subsequent years.



This plan is both directional and purposeful. This is also a living document that requires learning from our work, making purposeful choices and adjustments over time and responding to the ever-changing landscape of funding and needs of the community. This is a dynamic plan.

# Commitment to Community



The department is committed to removing barriers that limit the ability of many in Snohomish County to fulfill their health potential. As a leader in our county and authority on public health, we have a unique responsibility to identify and address assumptions and structural constraints to achieving health. We strive to deepen our understanding of how our communities are impacted by power and fairness and how our role in policies, practices and systems can influence change.

The department's work toward leading and centering community is continuing to evolve. For years, this work has been led by numerous passionate staff through largely opportunistic means. With this plan we strive with intentionality to lead by engaging in relationships across our communities to improve health by leaning into our values of transparency, improvement, and belonging.

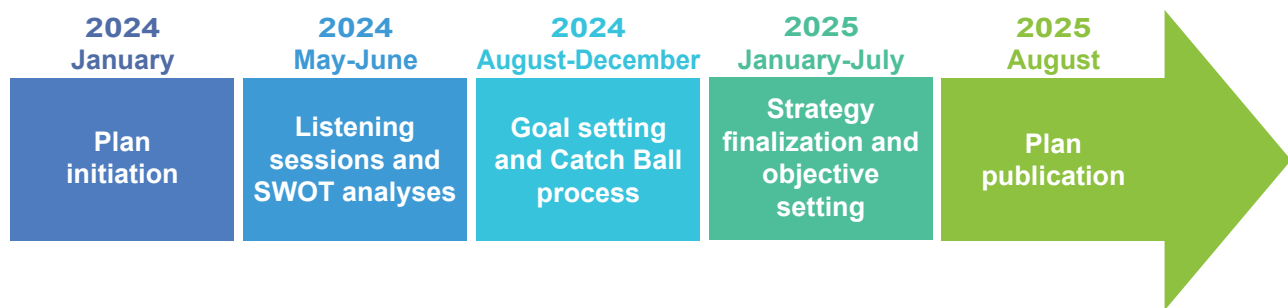
One example is this plan. Robust conversations focused on how community voices are represented in and throughout this plan and process of its creation. We intentionally asked questions such as: Who is involved in the creation of this plan? What does involvement mean? How is leading with experiences of power and fairness best shown -- by weaving it throughout the plan or as a standalone priority area? We chose to both imbue these values and have a priority area. We acknowledge that without putting these commitments into action our trust and integrity with Snohomish County communities is not fully realized.

# Plan Development Process



In early 2024, department leadership initiated a strategic planning process. The process was designed with several key guideposts:

- Be a leader in addressing power and fairness in achieving health and co-creating public policies, programs, and services with those who have lived experience.
- Moving the department closer to achieving Public Health Accreditation Board (PHAB) standards and measures.
- Reach Washington State Foundational Public Health Services required service levels.
- Alignment with the Snohomish County Executive strategic goals.
- Have clear and transparent accountability of our public health services and practices.



Plan development was divided into phases. Phase I advanced a deeper process planning. Phase II focused on listening and information gathering that included a strength, weakness, opportunities, and threats (SWOT) analysis. Phase III built on the information gathered in the previous phase and used a catch ball process to iteratively create and confirm the plans content.

## Phase I: Process Development

In preparation for plan development, senior leadership met to agree on planning aspirations and identify key contacts and groups for participation in plan development. A scan was conducted to identify local public health department strategic plan models and best practices to assist in planning process development and increase knowledge of SWOT analysis and other planning tools. One key guide from the National Association of County and City Health Officials, [Developing a Local Health Department Strategic Plan: A How-To Guide](#), was used as a framework to move closer to Public Health Accreditation Board (PHAB) standards and measures. A plan hierarchy emerged.



# Plan Development Process



## Phase II: SWOT

A Strengths, Weaknesses, Opportunities, and Threats analysis was conducted using facilitated conversations with internal and external collaborators. External collaborators included representatives from healthcare, the Community Equity Advisory Board, the Snohomish County Board of Health, and the County Executive's Office.

Facilitated departmental conversations were open to all employees and hosted by main programming areas. Additional discussions were held with the Health Department's internal Equity & Trauma Informed Leadership (ETILT) Committee. ETILT members are individuals from within existing programs resulting in the opportunity to provide input both within their home programming area and in the ETILT space. Documents considered during this analysis were the 2020 Community Health Assessment, initial Gold Standard Assessment findings, and the 2024 Snohomish County High-Level Goals.

## Phase III: Goals, Strategies, & Objectives

The Goal Setting Phase used a catch ball process with iterative cycles of input gathered from staff and leadership. Catch ball is much like it sounds. Department leadership and staff took turns passing the strategic planning ball back and forth. With each hand-off of the strategic planning ball, information and ideas were reviewed and revised, and new levels of ideas and information added until the plan was realized. Staff sessions were open to all employees, held at varying times of day and days of the week, and in differing structures (in-person, virtual, and hybrid) to facilitate participation. Leadership sessions were generally in person. Facilitated conversations were augmented with a virtual scoring system to assist in prioritizing efforts.

More than sixteen (16) opportunities were provided for non-senior leadership participation. In addition, input was received from the Community Equity Advisory Board, the Snohomish County Board of Health, and the County Executive at routine intervals.

Following completion of the catch ball process, small groups of subject matter experts were convened to finalize goals, strategies, and objectives. Subject matter groupings considered multiple points of information in the development and finalization process including, SWOT findings, catch ball generated ideas and comments, and linkages to Snohomish County 2024 High Level Goals (SC), 2020 Community Health Assessment (CHA), Public Health Accreditation Standards and Measures (PHAB), and Foundational Public Health Services Capabilities and Competencies (FPHS). Additional linkages and considerations may have included U.S. Centers for Disease Control and Prevention and Washington State Health Department recommendations, Healthy People 2030, and/or industry standards. These additional linkages, if referenced, are available at the division or program level.

Dave Somers, Snohomish County Executive, and Dennis Worsham, Health Department Director provided approval of the plan and its contents.

# SWOT Findings



Common themes were expressed across conversations and interviewees (see Appendix). As in most SWOT analysis, concepts can be in more than one category. For example, collaboration was a major theme in the strengths, opportunities, and threats categories, and the related opposing concept of silos was prominent in the weakness category. By analyzing and viewing responses across all categories the following themes emerged. In ranked order,

- 1) **Funding:** Public health funding is heavily grant dependent. With government support uncertain and waning post-COVID, funding concerns and their potential impacts to programming are rising. The launch of the Sound Foundation for Public Health is viewed as a hopeful strategy to supplement the unknown and often restrictive nature of grant funding.
- 2) **Workplace Experience:** Staff are the department's biggest asset. A strong culture of work-life balance is felt and appreciated. Simultaneously, multiple areas to increase belonging and job satisfaction were spoken to. These include competitive wages, workplace safety, up-to-date technology, building conditions, balance of work with available staff, and onboarding and training
- 3) **Collaboration:** Collaborative efforts bridging internal programming areas is a strength that has benefited public health work. To yield improved health outcomes we must strive for expanded and deeper collaboration with communities and organizations outside of the public health system. Collaboration does not always mean leading. Our mindset and actions need to center roles as convener, listener, and partner.
- 4) **Access to Resources That Meet Community Need:** Staff and community partners recognize that key components to advancing a community-centered organization have been established such as the Community Equity Advisory Board and the internal ETILT committee. And that there is more work to be done to imbed and continue a high level of commitment to organizational change. Areas spoken to for growth include language access and health literacy, hiring and promotion practices that reflects the community, development of tools, and trainings.
- 5) **Housing, Substance Abuse, and Mental Health:** Across several community health assessments, health outcomes related to these topics are consistently identified. Snohomish County public health does have work or connection in some of these areas, specifically in addressing the opioid crisis and youth suicide. These topics were identified as areas for expansion or growth for the department.
- 6) **Emergency Preparedness:** Emergency preparedness will need to be ready in all emergencies that impact human health, as it did in our successful response to COVID-19. Because of this, staff identified the need for continued growth in departmental response structures, capacity, trainings, and resiliency.

One capability that wove throughout the above themes is communication. First, throughout the pandemic and organizational changes staff looked to leadership within the department and the county enterprise for transparency, clarity, and collaboration. These efforts need to continue and grow as we evolve and work more with our county colleagues. Second, the impact from social media and AI has been challenging for public health. This is particularly true for misinformation during the pandemic. Our ongoing challenge will be how to utilize these tools while building trust and resiliency.

# Priority Areas

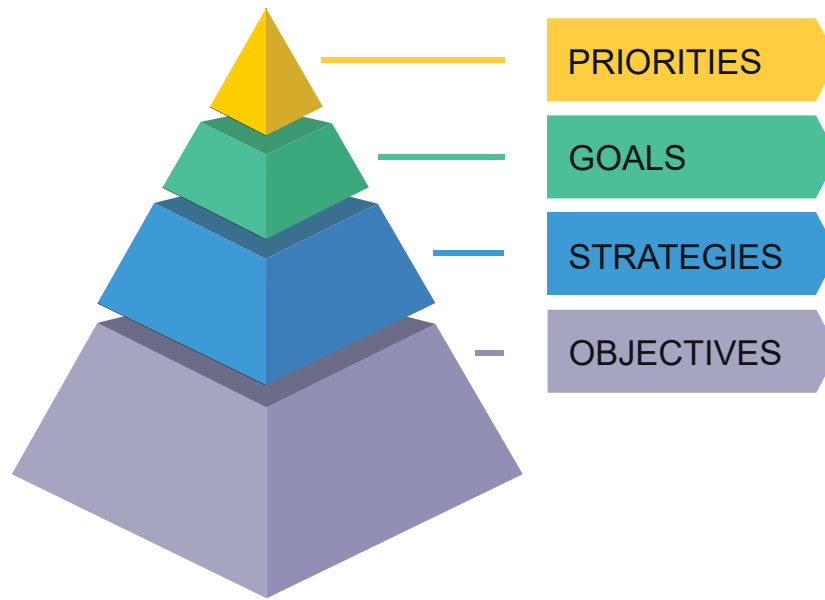


Priority areas are the highest level of structure for our planning and selected based on strength of mission and values alignment and responsiveness to SWOT analysis results. Six areas were chosen to focus our work to improve the health and wellbeing of our communities. These areas, in no order of importance, are:

- Healthy Lives Snohomish County
- Workforce Experience & Development
- Optimal Operations
- Racial & Health Equity
- Financial Health
- Readiness

Through these priority areas we strive to improve the health of our community, create a sustainable foundation for our services, improve the quality of the experience of our valued staff, and to ensure our operations are prepared to meet the current and future challenges facing Snohomish County. Bridging, belonging, inclusion, and equity are foundational pillars of our practice.

# Goals, Strategies, and Objectives



Goals are the plan's second highest organizing structure and speak to broad, long-term, and high-level statements of what we want to accomplish in a priority area. Strategies sit below goals and reflect plans or approaches designed to achieve the identified goals. Followed by objectives presenting measurable process or outcome results of the work. Within this framework are six (6) strategic priority areas, fourteen (14) goals, seventeen (17) strategies, and thirty-four (34) SMARTIE objectives.

SMARTIE modeled (Specific, Measurable, Achievable, Relevant, Time Bound, Inclusive, and Equitable) objectives provide actionable and community centering impacts. SMARTIE formatting intentionally embraces and puts into practice the knowledge of inclusivity and power between peoples, communities, and organizations. Our goals are aimed at achieving increased population-level health; by including these components we can produce more efficient and effective outcomes.

# Phase 1 Implementation



## PRIORITY AREAS

Childhood & Adult Vaccinations

Water Quality Protection

Employee Satisfaction

Policies & Procedures

Financial Health

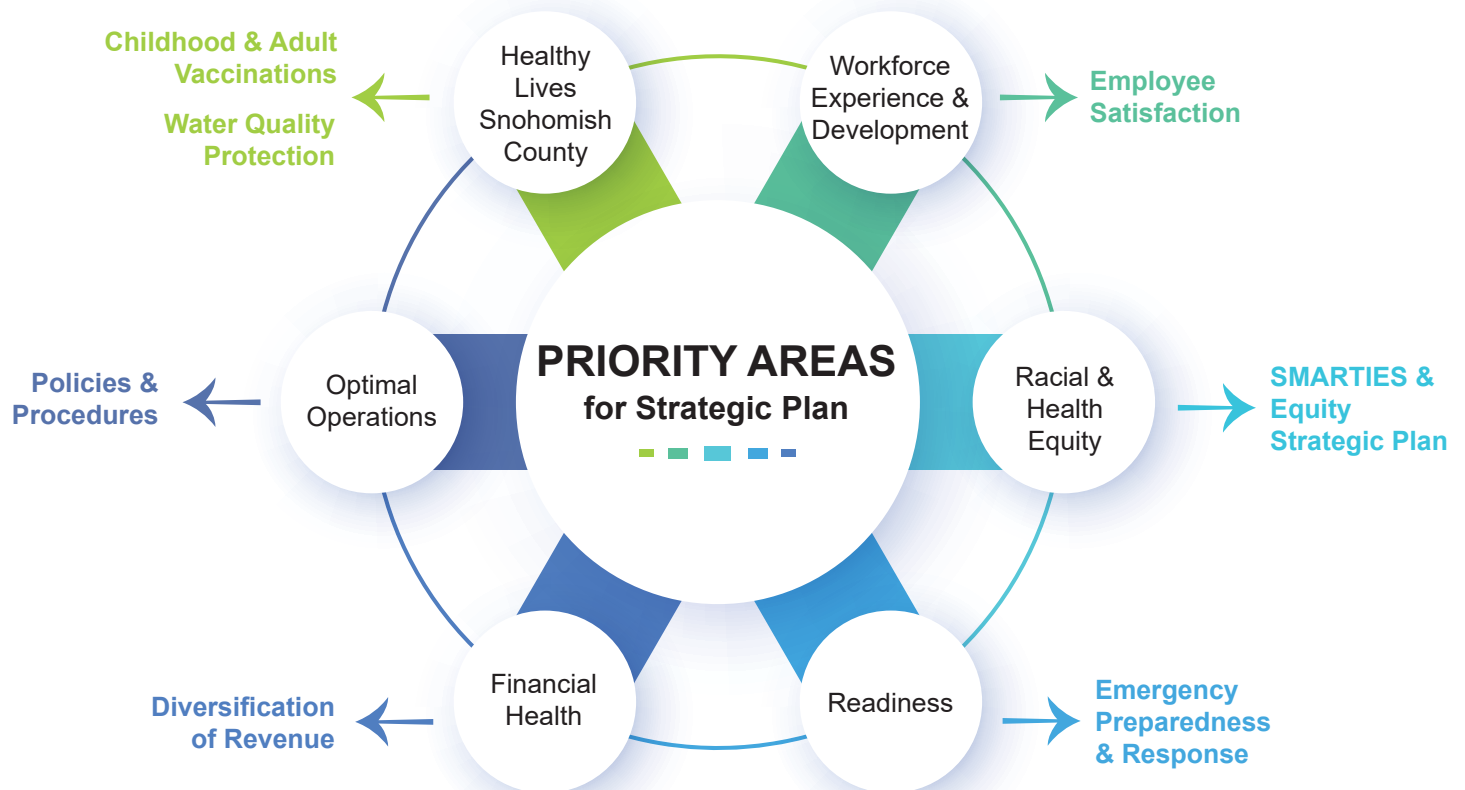
Emergency Preparedness & Response

To balance staff passion and acknowledge capacity limitations, a process of voting and ranking assisted senior leadership in determining go-first efforts. A phased implementation allows teams to begin their work to achieve immediate impact for the community and to lay the foundation for other strategies in subsequent phases. As the deployed strategies reach stable operations, leadership will deploy additional strategies based on evolving needs and available resources. Additional criteria used in determining phased plan implementation efforts are:

- Areas of commitment and importance to the community.
- Importance to improving health outcomes and addressing health disparities.
- Alignment with Snohomish County government priorities.

Strategies for Phase I implementation are:

- Childhood & Adult Vaccinations
- Diversification of Revenue
- Employee Satisfaction & Engagement Survey
- Policy & Procedures
- Readiness
- Water Quality Protection



# Healthy Lives: Childhood & Adult Vaccinations



## PRIORITY AREAS

Childhood &amp; Adult Vaccinations

Water Quality Protection

Employee Satisfaction

Policies &amp; Procedures

Financial Health

Emergency Preparedness &amp; Response



## GOAL 1.3: Protect Snohomish County from infectious disease and environmental threats

**Strategy 1.3.1:** Increase childhood and adult vaccines.

**Objective 1.3.1.1:** By September 15, 2029, 90% of all children entering kindergarten will have received all recommended vaccines.

**Objective 1.3.1.2:** By February 28, 2029, 65% of adults over the age of 65 will have received one dose of annual flu vaccine.

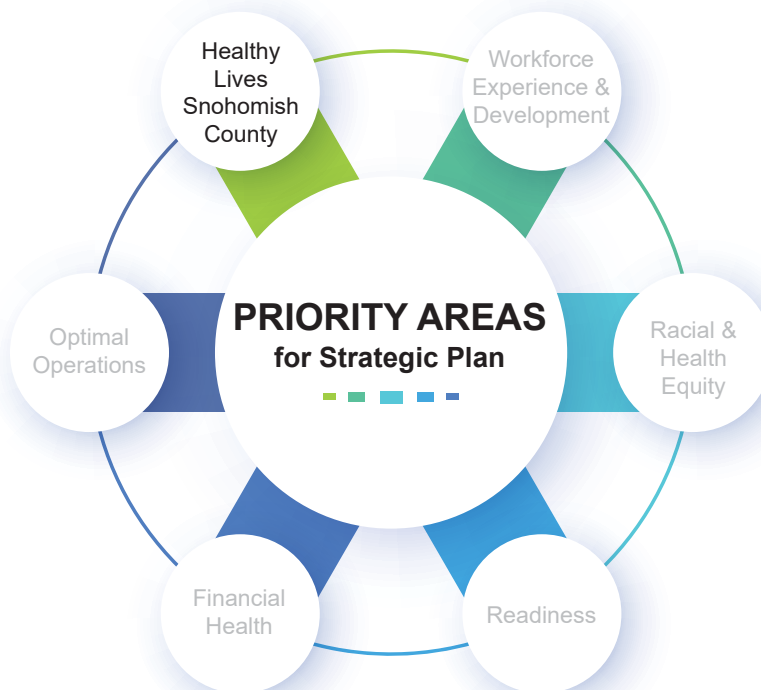
Linkages:

- Snohomish County Goals (2024): 1
- Community Health Assessment (2020): N/A
- Public Health Accreditation Standards & Measures (2022): N/A
- Foundational Public Health Services Capabilities & Competencies (2019): C.3

# Healthy Lives: Water Quality Protection



## PRIORITY AREAS



## GOAL 1.3: Protect Snohomish County from infectious disease and environmental threats

**Strategy 1.3.3:** Protect the water quality of Snohomish County from bacterial and chemical pollutants.

**Objective 1.3.3.1:** By 2030, work with WADOH and Tulalip Tribes to achieve an “Approved” classification authorizing commercial and Tribal subsistence shellfish harvest for one of the three unclassified shellfish growing areas on the shoreline of the Tulalip reservation.

Linkages:

- Snohomish County Goals (2024): 1, 2, 3
- Community Health Assessment (2020): N/A
- Public Health Accreditation Standards & Measures (2022): 2.1.6
- Foundational Public Health Services Capabilities & Competencies (2019): B.3.e

# Workforce Experience & Development: Employee Satisfaction



## PRIORITY AREAS

Childhood &amp; Adult Vaccinations

Water Quality Protection

Employee Satisfaction

Policies &amp; Procedures

Financial Health

Emergency Preparedness &amp; Response



## GOAL 2.2: Cultivate and sustain an environment of belonging to enhance employee satisfaction and retention

**Strategy 2.2.1:** Implement an employee satisfaction survey strategy/tool.

**Objective 2.2.1.1:** By September 30, 2026, the first department employee engagement survey will be published, results received and shared with all employees.

**Objective 2.2.1.2:** By the end of March 2029, the employee survey participation rate will be at least 85%.

**Objective 2.2.1.3:** By March 31, 2029, employee satisfaction increased by 5% as measured by the survey.

Linkages:

- Snohomish County Goals (2024): 5
- Community Health Assessment (2020): N/A
- Public Health Accreditation Standards & Measures (2022): 8.2.1
- Foundational Public Health Services Capabilities & Competencies (2019): N/A



# Optimal Operations: Policies & Procedures



## PRIORITY AREAS

Childhood & Adult Vaccinations

Water Quality Protection

Employee Satisfaction

Policies & Procedures

Financial Health

Emergency Preparedness & Response



## GOAL 3.1: Adopt and utilize industry-standard policies and procedures for efficient operations

**Strategy 3.1.1:** Update and streamline policies and procedures.

**Objective 3.1.1.1:** Department will develop a standardized process to review and update policies and procedures by June 2026 and will revise or add at least six policies/procedures each year thereafter.

Linkages:

- Snohomish County Goals (2024): 5
- Community Health Assessment (2020): N/A
- Public Health Accreditation Standards & Measures (2022): 10.2.1
- Foundational Public Health Services Capabilities & Competencies (2019): L.2

# Financial Health



## PRIORITY AREAS

Childhood &amp; Adult Vaccinations

Water Quality Protection

Employee Satisfaction

Policies &amp; Procedures

Financial Health

Emergency Preparedness &amp; Response



## GOAL 5.1: Increase and diversify revenue sources to meet current and future strategic and operational needs

**Strategy 5.1.1:** Develop a comprehensive funding plan that aligns funding and spending with the overall strategic plan.

**Objective 5.1.1.1:** By the 2029-2030 biennial budget, the department has a balanced budget without the use of fund balance.

**Objective 5.1.1.2:** By end of March 2026, department leadership adopts procedures and budget models with objectives of:

- Maintaining risk-based optimal levels of fund balance.
- Agreed prioritization measures tied to strategic plan priority areas.
- The appropriate use of fund balance to address public health priorities that informs the biennial budget process.

**Objective 5.1.1.3:** By end of December 2028, the department collaborates with funding partners on achieving annual revenue streams from private, grant and non-grant sources equal to 5% of budgeted annual revenue.

Linkages:

- Snohomish County Goals (2024): 2, 5
- Community Health Assessment (2020): N/A
- Public Health Accreditation Standards & Measures (2022): 10.2.7
- Foundational Public Health Services Capabilities & Competencies (2019): L.6.c

# Readiness: Emergency Preparedness & Response



## PRIORITY AREAS

Childhood &amp; Adult Vaccinations

Water Quality Protection

Employee Satisfaction

Policies &amp; Procedures

Financial Health

Emergency Preparedness &amp; Response



## GOAL 6.1: Our health department is ready and prepared to respond to public health emergencies

**Strategy 6.1.1:** Develop a comprehensive funding plan that aligns funding and spending with the overall strategic plan.

**Objective 6.1.1.1:** By Dec 31, 2025 the department will have implemented a system and processes for identifying emerging priorities.

**Objective 6.1.1.2:** By Dec 31, 2030 the department will have identified and addressed the top 5 readiness and response priority gap areas.

Linkages:

- Snohomish County Goals (2024): 1, 5
- Community Health Assessment (2020): N/A
- Public Health Accreditation Standards & Measures (2022): 2.2.1
- Foundational Public Health Services Capabilities & Competencies (2019): H.1 & H.3

# Performance Management (Accountability)



Strategic planning is the first component in a larger performance management and continuous improvement system. The ability to collect, track, and routinely visualize achievement targets will be supported by the Snohomish County Office of Operational Excellence.

The performance management system will be integrated into operations and practices. Purpose of the system is to:

- Set organizational targets for the department that area aligned with overall agency goals and objectives.
- Provide visible leadership and champions for key strategies and ongoing performance management.
- Ensure that efforts are resourced appropriately and integrated, as needed, with other planning documents and across programming.
- Continuous and routine monitoring and evaluation of achievements toward stated objectives.
- Routine evaluation and purposeful adjustments of the strategic plan's goals, strategies, and objectives based on funding and community needs.

# Acknowledgements



The Snohomish County Health Department would like to acknowledge and thank our partners and collaborators who volunteered their time to provide input in listening sessions, interviews, and surveys. Their participation was invaluable and necessary in the creation of this strategic plan.

**Community Equity Advisory Board Members:** John Agyapong; Kurtis Enick; Van Kuno; DanVon'ique Reed; Clarence Shaw; Lika Smith; Mindy Woods; Rabi Yuguda, PhD; and Giselle Zapata-Garcia.

**Snohomish County Executive Office:** Dave Somers, County Executive; Lacey Harper, Executive Director; and Alessandra Szebenyi, Chief of Staff.

**Snohomish County Departments:** Mary Jane Brell-Vujovic, Director, Human Services Department; and Lucia Schmit, Director, Department of Emergency Management.

**Snohomish County Board of Health:** Councilmember Megan Dunn, Chair; City of Arlington Councilmember Heather Logan, Vice Chair; and Board Members Desmond Skubi, Janet Anderberg, Julie Smith, Lisa George, Summer Hammons, Councilmember Jared Mead, and City of Sultan Councilmember Joseph Hund.

**Snohomish County Health Care Leaders:** Mary Bartolo, Executive Vice President, Sea Mar Community Health Centers; Jay Fathi, MD, President and CEO, Molina Healthcare of WA; Kristy Carrington, MBA, RN, Chief Exec North Puget Sound, Providence; Lisa LaPlante, MHA, Chief Administrative Officer, Evergreen Monroe; M. Sean Kincaid, MD, CMO, Chief Quality Officer, Evergreen Monroe; and Meagan Wirsching, DNP, RN, Chief Nursing Officer, Evergreen Monroe

**Snohomish County Health Department:** Our entire staff who participated in multiple sessions. The Equity and the Trauma-Informed Leadership Team co-led by Helen Wong, Health Policy Analyst and Pia Sampaga-Khim, Assistant Director, Prevention Services Division. Leadership by: Dennis Worsham, Department Director with support from, Nicole Thomsen, Manager for Policy, Planning, Partnerships, and Communications and Sarah de Jong, Executive Assistant who provided planning oversight and process implementation; and the Senior Leadership Team: James Lewis, MD, MPH, Health Officer; Pamela Aguilar, Deputy Director; Ragina Gray, Director, Environmental Health Division; Tony Colinas and JR Meyers, Assistant Directors, Environmental Health Division; Katie Curtis, Director, Prevention Services Division; Carrie Parker and Pia Sampaga-Khim, Assistant Directors, Prevention Services Division; Vivian Hawkins, MS, PhD, Manager, Epidemiology and Informatics; Theresa Bengtson, Manager, Finance; and Gabby Hadly, MPH, Manager, Public Health Emergency Preparedness and Response.

**Del Beccaro Consulting LLC:** Mark Del Beccaro, MD, President.

# Appendix A: Priorities, Goals, Strategies, and Objectives



Strategic Priority Area	Priority	Goal Area	Goal	Strategic Area	Strategy	Objective Area	Objective	Lead Division & Program	Linkages & Alignment
1.0	Healthy Lives Snohomish County	1.1	Increase equitable access to health care	1.1.1	Enhance healthcare access through targeted public health initiatives and strategic community partnerships.	1.1.1.1	By December 31, 2030 increase by 5% a year the number of clinical outreach visits in the community provided by the department.	D: Prevention P: Clinical Services	SC: 1, 4 CHA: N/A PHAB: 5.2.4 FPHS: N/A
						1.1.1.2	By December 31, 2030, increase public health clinic appointment capacity by 5% annually.	D: Prevention P: Clinical Services	SC: 1, 4 CHA: N/A PHAB: 7.1.2 FPHS: N/A
		1.2	Increase life expectancy and quality	1.2.1	Reduce infant and maternal mortality.	1.2.1.1	By December 2030 Snohomish County will meet the state average for adequate prenatal care.	D: Prevention P: Children & Family Health	SC: 1 CHA: 3 PHAB: N/A FPHS: D.2.i
						1.2.1.2	By December 31, 2030 decrease by 5% the number of pregnant people who are reported to smoke during pregnancy .	D: Prevention P: Children & Family Health	SC: 1 CHA: 3 PHAB: N/A FPHS: D.2.d
		1.3	Protect Snohomish County from infectious disease and environmental threats	1.3.1	Increase childhood and adulthood vaccines.	1.3.1.1	By September 15, 2029 90% of all children entering kindergarten will have received all recommended vaccines.	D: Prevention P: Vaccine Preventable Disease & Immunization	SC: 1 CHA: N/A PHAB: N/A FPHS: C.3
						1.3.1.2	By February 28, 2029 65% of adults over the age of 65 will have received one dose of annual flu vaccine.	D: Prevention P: Vaccine Preventable Disease & Immunization	SC: 1 CHA: N/A PHAB: N/A FPHS: C.3
				1.3.2	Protect Snohomish County from foodborne illness.	1.3.2.1	Strengthen Routine Retail Food Inspection Program using process improvement methodology to be able to complete all required routine inspections at Permitted Retail Food Establishments by 2030.	D: EH P: Food Safety	SC: 1, 2 CHA: N/A PHAB: 6.1.3 FPHS: B.3.b
				1.3.3	Protect the water quality of Snohomish County from bacterial and chemical pollutants.	1.3.3.1	By 2030, work with WADOH and Tulalip Tribes to achieve an "Approved" classification authorizing commercial and Tribal subsistence shellfish harvest for one of the three unclassified shellfish growing areas on the shoreline of the Tulalip reservation.	D: EH P: Land Use	SC: 1, 2, 3 CHA: N/A PHAB: 2.1.6 FPHS: B.3.e
2.0	Workforce Experience and Development	2.1	Increase retention & development of staff	2.1.1	Enhance overall development by identifying training opportunities and creating learning/development tracks for both leadership and non-supervisory staff.	2.1.1.1	Have all department leadership complete between two and ten department assigned courses by January 2029.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.2 FPHS: L.5.c
						2.1.1.2	Department staff interested in advancing non-supervisory leadership skills complete 2-10 department assigned courses by January 2029.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.2 FPHS: L.5.a
		2.2	Cultivate and sustain an environment of belonging to enhance employee satisfaction and retention	2.2.1	Implement an employee satisfaction survey strategy/tool.	2.2.1.1	By September 30, 2026 the first department employee engagement survey will be published, results received and shared with all employees.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.1 FPHS: N/A
						2.2.1.2	By the end of March 2029, the employee survey participation rate will be at least 85%.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.1 FPHS: N/A
						2.2.1.3	By March 31, 2029, employee satisfaction increased by 5% as measured by the survey.	D: ODIR P: Human Resources	SC: 5 CHA: N/A PHAB: 8.2.1 FPHS: N/A

Key: SC: Snohomish County 2024 High Level Goals; CHA: Community Health Assessment (2020); PHAB: Public Health Accreditation Standards and Measures (2022); FPHS: Foundational Public Health Services Capabilities and Competencies (2019)

# Appendix A: Priorities, Goals, Strategies, and Objectives



Strategic Priority Area	Priority	Goal Area	Goal	Strategic Area	Strategy	Objective Area	Objective	Lead Division & Program	Linkages & Alignment
3.0	Optimal Operations	3.1	Adopt and utilize industry-standard policies and procedures for efficient operations	3.1.1	Update and streamline policies and procedures.	3.1.1.1	Department will develop a standardized process to review and update policies and procedures by June 2026 and will revise or add at least six policies/procedures each year thereafter.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 10.2.1 FPHS: L.2
		3.2	Create and sustain a culture of continuous improvement	3.2.1	Implement quality improvement projects.	3.2.1.1	By the June 2026 implement Plan Do Check Act cycles for every strategic plan SMARTIE objective.	D: ODIR P: Policy, Planning & Partnership	SC: 5 CHA: N/A PHAB: 9.1.5 FPHS: L.3.a
						3.2.1.2	Train all leadership staff on use of the Plan Do Check Act by end of June 2026.	D: ODIR P: Policy, Planning & Partnership	SC: 5 CHA: N/A PHAB: 9.1.5 FPHS: L.3
		3.3	Create a positive customer experience	3.3.1	Ensure all outward-facing customer portals and communication types are easily navigable, accessible, culturally relevant, and contain up-to-date, accurate, and concise information.	3.3.1.1	By the end of 2026, the phone tree is error free, easy to navigate, and accessible to the top three languages of non-English speaking callers.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 9.1.3 FPHS: L.3.d
						3.3.1.2	By the end of 2028, redesign the website to improve navigation and accessibility by translating top 10 visited webpages and top 20 priority documents into top three languages.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 9.1.3 FPHS: L.3.d
				3.3.2	Create a customer service taskforce to evaluate feedback, develop standards, and increase customer service capacity.	3.3.2.1	By the end of 2026, develop and implement a customer feedback model to collect, analyze, and apply prioritized customer insights.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 9.1.3 FPHS: L.3.d
						3.3.2.2	By the end of 2027, develop an internal customer service taskforce to create an annual action plan and meets quarterly to review and provide recommendations.	D: ODIR P: N/A	SC: 5 CHA: N/A PHAB: 9.1.3 FPHS: L.3.d
4.0	Racial and Health Equity	4.1	Workforce is reflective of the community	4.1.1	Assess current workforce composition and compare to community composition.	4.1.1.1	By January 2026, utilize a process or tool to help us measure the composition of the department workforce.	D: ODIR P: Human Resources	SC: 4, 5 CHA: N/A PHAB: 8.1.2 FPHS: N/A
						4.1.1.2	By January 2027 have a plan in place for our hiring practices to build a workforce that is reflective of the community	D: ODIR P: Human Resources	SC: 4, 5 CHA: N/A PHAB: 8.1.2 FPHS: N/A
		4.2	Fostering community partnerships	4.2.1	Strengthen community partnerships that promote racial and health equity to achieve health justice.	4.2.1.1	By December 31, 2030, community members with lived experience shall be compensated for their participation and expertise on advisory groups.	D: ODIR P: Policy, Planning & Partnership	SC: 4, 5 CHA: N/A PHAB: 4.1.3 FPHS: N/A
						4.2.1.2	By December 31, 2030, there will be a 50% increase in community partnerships meaningfully engaged with the health department.	D: ODIR P: Policy, Planning & Partnership	SC: 4, 5 CHA: N/A PHAB: 4.1.1, 4.1.2 FPHS: K.1
		4.3	Strengthen Department capacity and practices that promote racial and health equity and achieve health justice	4.3.1	Implement accessible, equitable, and culturally responsive policies, processes and practices that address racial and health equity.	4.3.1.1	By December 31, 2030, department will have fully implemented a language access plan.	D: ODIR P: Policy, Planning & Partnership	SC: 1, 4, 5 CHA: N/A PHAB: N/A FPHS: N/A
						4.3.1.2	By end of year 2026, and each year thereafter, at least 25% vital documents will be accessible in the prioritized languages.	D: ODIR P: Policy, Planning & Partnership	SC: 1, 4, 5 CHA: N/A PHAB: 3.2.2 FPHS: I.2
						4.3.1.3	By December 31, 2030, the department will advance equitable policies, processes, and/or practices based on five areas from the Phase I Equity Review & Assessment and the department equity strategic plan.	D: ODIR P: Policy, Planning & Partnership	SC: 4, 5 CHA: N/A PHAB: 10.2.1 FPHS: N/A

Key: SC: Snohomish County 2024 High Level Goals; CHA: Community Health Assessment (2020); PHAB: Public Health Accreditation Standards and Measures (2022); FPHS: Foundational Public Health Services Capabilities and Competencies (2019)

# Appendix A: Priorities, Goals, Strategies, and Objectives



Strategic Priority Area	Priority	Goal Area	Goal	Strategic Area	Strategy	Objective Area	Objective	Lead Division & Program	Linkages & Alignment
5.0	Financial Health	5.1	Increase and diversify revenue sources to meet current and future strategic and operational needs	5.1.1	Develop a comprehensive funding plan that aligns funding and spending with the overall strategic plan.	5.1.1.1	By the 2029-2030 biennial budget, the department has a balanced budget without the use of fund balance.	D: ODIR P: Finance	SC: 2,5 CHA: P. 21 PHAB: 10.2.7 FPHS: L.6.c
						5.1.1.2	By end of March 2026, department leadership adopts procedures and budget models with objectives of: • Maintaining risk-based optimal levels of fund balance. • Agreed prioritization measures tied to strategic plan priority areas. • The appropriate use of fund balance to address public health priorities that informs the biennial budget process.	D: ODIR P: Finance	SC: 2,5 CHA: P. 21 PHAB: 10.2.7 FPHS: L.6.c
						5.1.1.3	By end of December 2028, the department collaborates with funding partners on achieving annual revenue streams from private, grant and non-grant sources equal to 5% of budgeted annual revenue.	D: ODIR P: Finance	SC: 2,5 CHA: P. 21 PHAB: 10.2.8 FPHS: N/A
6.0	Readiness	6.1	Our health department is ready and prepared to respond to public health emergencies	6.1.1	Establish a framework for disaster readiness.	6.1.1.1	By Dec 31, 2025 the department will have implemented a system and processes for identifying emerging priorities	D: ODIR P: Public Health Emergency Preparedness & Response	SC: 1, 5 CHA: N/A PHAB: 2.2.1 FPHS: H.1
						6.1.1.2	By Dec 31, 2030 the department will have identified and addressed the top 5 readiness and response priority gap areas.	D: ODIR P: Public Health Emergency Preparedness & Response	SC: 1, 5 CHA: N/A PHAB: 2.2.3 FPHS: H.3
		6.2	Support employee and organizational adjustment and resilience in response to change	6.2.1	Develop a comprehensive management approach to support organizational resilience during change.	6.2.1.1	Department will develop a departmental cross-training model to address surge capacity in targeted areas by January 2028. The model will be implemented, and training will begin no later than end of 2028	D: ODIR P: N/A	SC: 1, 5 CHA: N/A PHAB: 8.2.2 FPHS: N/A
						6.2.1.2	Department will implement an organizational change management process and structure by end of 2026. Process improvement methodology will be used to update the plan at least two times a year.	D: ODIR P: N/A	SC: 1, 5 CHA: N/A PHAB: 8.2.3 FPHS: N/A

Key: SC: Snohomish County 2024 High Level Goals; CHA: Community Health Assessment (2020); PHAB: Public Health Accreditation Standards and Measures (2022); FPHS: Foundational Public Health Services Capabilities and Competencies (2019)




# Appendix B



## SWOT Findings

Strengths (Internal)	Weaknesses (Internal)
<ul style="list-style-type: none"> <li>Dedicated and skilled staff representing a diversity of lived experiences.</li> <li>Collaboration, teamwork &amp; relationships are all highly valued within department &amp; community partners.</li> <li>Supportive work environment is a lived value, for example:               <ul style="list-style-type: none"> <li>a. Work life balance</li> <li>b. Opportunities for education and skill development</li> </ul> </li> <li>Leadership is supportive, approachable, committed to community &amp; staff, responsive.</li> <li>Commitment and dedication to continue centering diversity equity and inclusion throughout the department and its work.</li> </ul>	<ul style="list-style-type: none"> <li>Need better collaboration, communication and/or support around finance and accessing funds. (e.g. grants coordination)</li> <li>Improvements needed around communication both externally and internally. (e.g. accessibility, languages)</li> <li>Public health workforce challenges. For example,               <ul style="list-style-type: none"> <li>a. Need for consistent onboarding</li> <li>b. Physical safety</li> <li>c. High burn out &amp; turnover rates</li> <li>d. Regional competitive salaries</li> </ul> </li> <li>Need for updated and integrated administrative policies &amp; procedures.</li> <li>Need for modernized equipment &amp; software.</li> <li>Staff overwhelmed from significant changes, growth, and ongoing response to crises.</li> </ul>
Opportunities (External)	Threats (External)
<ul style="list-style-type: none"> <li>Funding opportunities that fit with public health strategic direction.               <ul style="list-style-type: none"> <li>a. State, local, and federal funding and prioritization of public health</li> <li>b. Grant funding</li> </ul> </li> <li>Increased collaboration &amp; partnerships such as relationships formed in COVID (schools, businesses, healthcare, CBO's).</li> <li>Participating in local &amp; state policy creation &amp; process.</li> <li>Technology, social media &amp; growing county population create new challenges but also new opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>Funding instability &amp; uncertainty.</li> <li>Changes in public trust and understanding of science &amp; the role of public health.</li> <li>Misinformation. (AI, social media)</li> <li>Political uncertainty.</li> <li>County enterprise and inter-departmental silos.</li> <li>Future disasters &amp; pandemics.               <ul style="list-style-type: none"> <li>a. Natural disasters</li> <li>b. Severe weather</li> </ul> </li> <li>Community mistrust.</li> </ul>



**SNOHOMISH  
COUNTY**   
**HEALTH DEPARTMENT**  
SCHD\_2025\_04\_07\_LML



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## Upcoming Meetings

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### **Background**

All regular meetings occur on the 2nd Tuesday of the month at 3:00 p.m.

The next three upcoming meetings are:

October 14, 2025

November 11, 2025

December 9, 2025