WILSON COUNTY, NORTH CAROLINA 2020-2021 BUDGET ORDINANCE

BE IT ORDAINDED by the Board of Commissioners of Wilson County, North Carolina:

Section 1. It is estimated that the following revenue sources will be available in the **General Fund** for the fiscal year beginning July 1, 2020 and ending June 30, 2021:

Property Taxes	\$ 51,697,098
Other Taxes	13,740,195
Intergovernmental	17,643,854
Sales and Services	6,940,786
Permits and Fees	1,019,000
Investment Income	550,000
Fund Balance Appropriated	12,098,503
Miscellaneous	114,100
Transfers from Other Funds	
Total Estimated Revenues	\$ 103,803,536

Section 2: The following amounts are hereby appropriated in the **General Fund** for the operation of the county government and its activities for the fiscal year beginning July 1, 2020 and ending June 30, 2021, in accordance with the chart of accounts hereto established for Wilson County:

General Government	\$ 11,093,239
Public Safety	24,115,862
Environmental Protection	274,329
Human Services	33,068,995
Economic Development	3,889,525
Cultural and Recreation	2,172,541
Transportation	47,857
Education	26,408,884
Debt Service	2,732,304
Total Estimated Expenditures	\$ 103,803,536

Section 3: It is estimated that the following revenues will be available in the **Enhanced 911 Emergency Communications Fund** for the fiscal year beginning July 1, 2020 and ending June 30, 2021:

User Fees - Wireline	\$ 433,427
Interest Income	2,000
Total Estimated Revenues	\$ 435,427

Section 4: The following amounts are hereby appropriated in the **Enhanced 911 Emergency Communications Fund** for the operation of the emergency communications center and its activities for the fiscal year beginning July 1, 2020 and ending June 30, 2021, in accordance with the chart of accounts hereto established for Wilson County:

Enhanced 911	\$ 435,427
Total Estimated Expenditures	\$ 435,427

Section 5: It is estimated that the following revenues will be available in the **Transportation Fund** for the fiscal year beginning July 1, 2020 and ending June 30, 2021:

Total Estimated Revenues	\$ 753,945
Fund Balance Appropriated	54,484
Transportation Income	100,000
Restricted Intergovernmental	\$ 599,461

Section 6: The following amounts are hereby appropriated in the **Transportation Fund** for the operation of the transportation system and its activities for the fiscal year beginning July 1, 2020 and ending June 30, 2021, in accordance with the chart of accounts hereto established for Wilson County:

Total Estimated Expenditures	\$ 753,945
Capital Outlay	202,800
Operations	\$ 551,145

Section 7: It is estimated that the following revenues will be available in the **Fire District Fund** for the fiscal year beginning July 1, 2020 and ending June 30, 2021:

Other Taxes	381,771
Total Estimated Revenues	\$ 2,141,932

Section 8: The following amounts are hereby appropriated in the **Fire District Fund** for the operation of the county's fire districts and their activities for the fiscal year beginning July 1, 2020 and ending June 30, 2021, in accordance with the chart of accounts hereto established for Wilson County:

Volunteer Fire Districts

Bakertown	\$ 64,439
Beulah-Johnson	90,997
Contentnea	228,806
Crossroads	219,000
East Nash	331,587
Green Hornet-Nash	35,000
Lee Woodard	234,250
Moyton	96,635
Polly Watson-Wayne	9,657
Rock Ridge	247,924
Sanoca	124,500
Silver Lake-Nash	147,919
Sims-Nash	125,976
Toisnot	126,065
Tri County-Nash	55,902
West Edgecombe	3,275
Total Estimated Expenditures	\$ 2,141,932

Section 9: It is estimated that the following revenues will be available in the **Capital Reserve Fund** for the fiscal year beginning July 1, 2020 and ending June 30, 2021:

General Fund Contribution	\$ 250,000
Total Estimated Revenues	\$ 250,000

Section 10: The following amounts are hereby appropriated in the **Capital Reserve Fund** for operations and activities for the fiscal year beginning July 1, 2020 and ending June 30, 2021, in accordance with the chart of accounts hereto established for Wilson County

Total Estimated Expenditures	\$ 250,000
Administration Building	50,000
School-WAAT	100,000
Animal Shelter	\$ 100,000

Section 11: It is estimated that the following revenues will be available in the **Solid Waste District Fund** for the fiscal year beginning July 1, 2020 and ending June 30, 2021:

Property Taxes	\$ 994,000
Other Taxes	235,000
Intergovernmental	-
Solid Waste Income	512,000
Fund Balance Appropriated	250,876
Total Estimated Revenues	\$ 1,991,876

Section 12: The following amounts are hereby appropriated in the **Solid Waste District Fund** for the operation of the county's solid waste activities for the fiscal year beginning July 1, 2020 and ending June 30, 2021, in accordance with the chart of accounts hereto established for Wilson County:

Operations	\$ 1,637,876
Capital	-
Transfer Cost	354,000
Total Estimated Expenditures	\$ 1,991,876

Section 13: It is estimated that the following revenues will be available in the **Landfill Financial Assurance Fund** for the fiscal year beginning July 1, 2020 and ending June 30, 2021:

Investment Income	\$ 20,000
Contribution from Landfill	75,000
Fund Balance Appropriated	78,069
Total Estimated Revenues	\$ 173,069

Section 14: The following amounts are hereby appropriated in the **Landfill Financial Assurance Fund** for the operation of the county's solid waste activities for the fiscal year beginning July 1, 2020 and ending June 30, 2021, in accordance with the chart of accounts hereto established for Wilson County:

Closure Costs Reserve	\$ 173,069
Total Estimated Expenditures	\$ 173,069

Section 15: It is estimated that the following revenues will be available in the **Landfill Fund** for the fiscal year beginning July 1, 2020 and ending June 30, 2021:

Intergovernmental	\$ 15,000
Other Taxes	150,000
Tipping Fees	1,309,409
Other Income	211,200
Investment Income	50,000
Fund Balance Appropriated	
Total Estimated Revenues	\$ 1,735,609

Section 16: The following amounts are hereby appropriated in the **Landfill Fund** for the operation of the county's landfill activities for the fiscal year beginning July 1, 2020 and ending June 30, 2021, in accordance with the chart of accounts hereto established for Wilson County:

Total Estimated Expenditures	\$ 1,735,609
Transfer Cost	100,000
Capital	-
Operations	\$ 1,635,609

Section 17: It is estimated that the following revenues will be available in the **Water Districts Fund** for the fiscal year beginning July 1, 2020 and ending June 30, 2021:

Due from Districts	\$ 509,712
Total Estimated Revenues	\$ 509,712

Section 18: The following amounts are hereby appropriated in the **Water Districts Fund** for the water districts debt payments for the fiscal year beginning July 1, 2020 and ending June 30, 2021, in accordance with the chart of accounts hereto established for Wilson County:

Principal/Interest Payments	\$ 509,712
Total Estimated Expenditures	\$ 509,712

Section 19: It is estimated that the following revenues will be available in the **Southeast Water District** for the fiscal year beginning July 1, 2020 and ending June 30, 2021:

Charges for Services	\$ 1,074,739
Total Estimated Revenues	\$ 1,074,739

Section 20: The following amounts are hereby appropriated in the **Southeast Water District** for operations and activities for the fiscal year beginning July 1, 2020 and ending June 30, 2021, in accordance with the chart of accounts hereto established for Wilson County:

Total Estimated Expenditures	\$ 1,074,739
Debt	208,068
Operations	\$ 866,671

Section 21: It is estimated that the following revenues will be available in the **Southwest Water District** for the fiscal year beginning July 1, 2020 and ending June 30, 2021:

Total Estimated Revenues	\$ 1,543,119
Fund Balance Appropriated	135,619
Charges for Services	\$ 1,407,500

Section 22: The following amounts are hereby appropriated in the **Southwest Water District** for operations and activities for the fiscal year beginning July 1, 2020 and ending June 30, 2021, in accordance with the chart of accounts hereto established for Wilson County:

Operations	\$ 1,050,126
Capital	225,000
Debt	267,993
Total Estimated Expenditures	\$ 1,543,119

Section 23: It is estimated that the following revenues will be available in the **Internal Service Fund** for the fiscal year beginning July 1, 2020 and ending June 30, 2021:

Employee Medical

Premiums	\$ 7,507,470
Total Estimated Revenues	\$ 7,507,470

Section 24: The following amounts are hereby appropriated in the **Internal Service Fund** for the Employee Medical Insurance Fund for the fiscal year beginning July 1, 2020 and ending June 30, 2021:

Claims and Fees	\$ 7,507,470
Total Estimated Expenditures	\$ 7,507,470

Section 25: The County-Wide Ad Valorem Tax Rate and levy of 73¢ per \$100 valuation is hereby adopted.

Section 26: There is hereby levied Fire Tax District tax as the rates shown below adopted.

Fire Tax District	Approved Tax Rate Per \$100 Valuation		
Bakertown	6	cents	
Beulah-Johnson	8	cents	
Contentnea	8.32	cents	
Crossroads	10.1	cents	
East Nash	10.25	cents	
Green Hornet-Nash	7	cents	
Lee Woodard	11.2	cents	
Moyton	15	cents	
Polly Watson-Wayne	7.5	cents	
Rock Ridge	6.75	cents	
Sanoca	11.5	cents	
Silver Lake-Nash	9.45	cents	

Sims-Nash	7.4	cents
Toisnot	1.5	cents
Tri County-Nash	10	cents
West Edgecombe	5	cents

Section 27: Each **Volunteer Fire District** listed in Section 8 of this ordinance is recommended to follow the purchasing procedures set forth in G.S. 143-129. Documentation shall be sent to the County Manager prior to completion of purchases or contracts.

Section 28: The Solid Waste District tax rate and levy of 3.25¢ per \$100 valuation is hereby adopted.

Section 29: There is hereby levied for fiscal year 2020-2021 permits and fees as follows:

AGRICULTURAL CENTER

Rental Fee of the Auditorium	\$300 per day
Rental Fee of the Auditorium when you charge for Events	
Deposit Fee	\$500
Custodial Fee (covers set-up, take-down and clean-up)	
• 150 in group	\$200
• 151 to 250 in group	\$250
• 251 to 300 in group	

Rental fee payments are made by cash, check or money order and are required at the time of the event is reserved on the calendar and the application completed. The maximum capacity that the auditorium can hold is 300 people.

The deposit fee is due two weeks prior to the event. This will be refunded within two weeks following the event, if no damages are found to equipment, building or grounds and no evidence of alcoholic beverages.

DEVELOPMENT SERVICES

Copy of the UDO Book\$20	0.00
Copy charge\$.05 per pa	age

PLANNING & ZONING FEE SCHEDULE

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Zoning Certificate of Compliance Fee	\$25.00
Rezoning Application Fee	\$300.00 – less than 3 acres
	\$500.00 – 3-6 acres
	\$1,000.00 - 6+ acres
Conditional Use District Rezoning Application Fee	
	\$600.00 – 3-6 acres
	\$1,200.00 - 6+ acres
Special Use Permit Application Fee	\$250.00
Variance Application Fee	\$250.00
Appeals of Administrative Decisions	\$250.00
Text Amendments Application Fee	\$300.00
Final (Minor) Subdivision Plat Review (3 or less lots)	\$50.00
	+ \$10.00 per lot
Recombination (no new lots created)	\$50.00

Survey Boundary Line (survey only) Preliminary (Major) Subdivision Plat Review Fee (3+ lots)	n/c \$50.00
	+ \$10.00 per lot
Final (Major) Subdivision Plat Review Fee	\$150.00 + \$10.00 per space
Application to Develop in Flood Hazard Area Review Fee Limited or Extended Home Occupation Permit Application Fee Sign Permit Application Fee	\$50.00
Road Sign Fee (new streets)	
Road Name Change Petition	+ \$3.00 per letter \$250.00
	+\$3.00 per letter

All planning and zoning fees are due at time of submission or provision of service, except for zoning certificate of compliance, due at time of issuance of the permit.

COMMERCIAL BUILDING PERMIT FEES

A. **NEW CONSTRUCTION, ADDITIONS.** Permit fee shall be determined by multiplying the area of the building by the per square foot rate from Table B. **

0-5000 sq. ft. -- Area x Table B rate = Fee 5001 - 15000 sq. ft. Area x Table B rate x .75 = Fee 150001 sq. ft. and above Area x Table B rate x .50 = Fee

TABLE B – Per Square Foot Rate	
BUILDING	\$0.14 psf
ELECTRICAL	\$0.10 psf
MECHANICAL	\$0.09 psf
PLUMBING	\$0.09 psf
FIRE SPRINKLERS	\$0.02 psf
Alterations and/or repairs shall be based on	
** MINIMUM OF ANY FEE SHALL BE \$75.0	00**

COMMERCIAL ELECTRICAL PERMIT FEES (FOR STAND ALONE PERMITS)

A.	Services, Motor Control Centers and Switchgear	Over 100 up to 100 amp - \$50.00 Over 100 up to 200 amp - \$75.00 Over 200 amp \$75.00 Plus \$20.00 per 100 amp over 200
B.	Generators and Transfer Switch	and crop storage/processing buildings
C.	SOLAR FARMS	\$1,000.00 per Mega Watt

D.	Additional wiring not involving service\$50.00
E.	MINIMUM FEE NOT SPECIFIED\$50.00
	COMMERCIAL MECHANICAL PERMIT FEES (FOR STAND ALONE PERMITS)
A.	New installation and change outs for package units, unit heaters, radiant heaters, etc.;
_	\$60.00
B.	Split systems
C. D.	Gas Piping
E.	Fuel Storage tanks and dispensers\$75.00 per tank and \$25.00 per dispenser
F.	Gas Piping\$50.00 plus \$10.00 for each appliance or equipment connected
G.	Fire Sprinkler Systems – See Commercial Fee Schedule for New Construction
Н.	Fire Pumps
I.	Standpipe without sprinklers\$100.00
	MINIMUM MECHANICAL FEES SHALL BE \$50.00
	COMMERCIAL PLUMBING PERMIT FEES
A.	Installation of new fixtures, water heaters, etcFirst fixture \$60.00
Α.	Each additional fixture \$10.00
B.	Water and Sewer Service Piping
٥.	Water Only \$50.00
	Sewer Only \$50.00
C.	Minimum permit fee for unspecified work\$50.00
	FIRE PREVENTION INSPECTION FEES
A.	Alcohol Board of Control Licensing Inspection\$50.00
B.	Assisted Living Facilities, Family Care Homes
C.	Day Care Centers\$50.00
D.	Fireworks Display
E.	Foster Home
F. G.	Temporary Tent Permit\$50.00 Miscellaneous Fire Inspections not covered above\$50.00
Ο.	1/11/20011411/2043 11/2 11/3pections not covered above
	RESIDENTIAL BUILDING PERMIT FEES

RESIDENTIAL BUILDING PERMIT FEES

A. For all one- and two-family dwellings including site built and modular, additions, and alterations, the estimated construction cost shall be based on a rate of \$88.00 per square foot of habitable space. Attached carports, garages, decks, porches and storage/utility rooms shall be estimated at \$25.00 per square foot.

DETACHED accessory buildings such as carports, garages, storage buildings and sheds shall be estimated at \$25.00 per square foot.

	CONSTRUCTION COST Up to \$5000.00 \$5001.00 to \$9999.99 \$10,000.00 to \$19,999.99 \$20,000.00 to \$29,999.99 \$30,000.00 to \$39,999.99 \$40,000.00 and above	FEE \$50.00 \$75.00 \$90.00 \$100.00 \$125.00 \$3.00 per \$1000.00 or part thereof
B.	Manufactured (Mobile) Homes *Trade permits per trade permit fee schedule	Single Wide \$75.00 Double Wide \$125.00 Triple Wide \$150.00
C.		·····\$100.00
		·
D. _	•	\$50.00
E.	Miscellaneous permits not covered above	\$50.00
	RESIDENTIAL ELECT	RICAL PERMIT FEES
A.	New Construction, Manufactured Homes, Se	rvices Changes:
	400 amp	\$75.00 \$100.00 plus \$20 per 100 amp above 400 amp
В. С.		requiring service changes\$50.00
D.	Solar Panel Installations	\$50.00 plus \$5.00 per Module (panel)
	RESIDENTIAL MECHANICAL	PERMIT FEES
A.	NEW CONSTRUCTION, ADDITIONS, CHAN	NGE OUTS: (includes duct and gas piping)
	2. Split systems	
B.	EXTENSION OR REPLACE DUCT ONLY	\$50.00
C.	MANUFACTURED HOMES	\$50.00
D.	(for other than new construction or if installed	by other than same mechanical contractor)
		IBING PERMIT FEES
A.		Bathrooms) \$75.00 \$15.00

B.	Single Bath Addition, Kitchen, Addition/Alteration	-					
C.	Installation or Replacement of Water and/or Sewer Water and Sewer Water Only Sewer Only					\$50.00	
D.	Miscellaneous Plumbing Work Not Covered Above					\$50.00	
E.	Manufactured Homes					\$50.00	
DEPA	ARTMENT OF SOCIAL SERVICES						
Fee fo	or Child Support Services for Non-Public Assistance I or Employees for Replacement of ID Badges or NSF for Returned Checks					\$5.00	
	Sliding Fee So For Counseli						
	t Name: Number:	9					
	Annual Household Income in Dollars (Round gross to closest amount) Number of People in the Home with Fee in Dollars						
For Ir	ndividual Counseling	1	2	3	4	5	
9,0	000 and below	1	1	1	1	1	
	000 – 19,000	2	2	2	2	2	
	000 – 29,000	3	3	3	2	2	
	000 – 39,000	4	4	4	3	3	
	000 – 49,000 000 and up	<u>4</u> 5	5	4	3	3	
	·		1				
For G	Froup Counseling	1	2	3	4	5	
	000 and below	1	1	1	1	1	
	000 – 19,000	1	1	1	1	1	
	000 – 29,000	2	2	2	2	2	
	000 – 39,000	3	3	3	3	2	
	000 – 49,000 000 and up	<u>4</u> 5	3 5	<u>3</u> 5	3 4	3 4	
50,	ooo and up	5] 3] 5	4	4	
For F	amily Counseling 1	2	3	4	5		
	000 and below	1	1	1	1	1	
	000 – 19,000	2	2	1	1	1	
	000 – 29,000	3	3	3	2	2	
	000 – 39,000	3	3	3	3	3	
	000 – 49,000 000 and up	4 5	4 5	4	3 4	3 4	
50,	ooo and up	່ວ	<u></u> 5	4	4	4	

Sliding Fee Scale For Evaluation

Client Name: Case Number:

Case Number.						
Annual Household Income in Dollars (Round gross to closest amount)	Number of People in the Home with Fee in Dollars					
For Mental Health Assessment	1	2	3	4	5	
9,000 and below		1	1	1	1	1
10,000 - 19,000		1	1	1	1	1
20,000 - 29,000		2	1	1	1	1
30,000 - 39,000		2	2	2	2	2
40,000 – 49,000		3	3	3	2	2
50,000 and up		5	4	4	3	3
For Psychological Evaluation		1	2	3	4	5
9,000 and below		1	1	1	1	1
10,000 - 19,000		1	1	1	1	1
20,000 – 29,000		2	2	2	2	2
30,000 – 39,000		3	2	2	2	2
40,000 – 49,000		4	3	3	3	3

ADOPTION FEE POLICY Preplacement Assessments

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Who must pay a fee:

50,000 and up

- 1. Individuals or couples who are requesting an adoptive pre-placement assessment to adopt through an independent placement.
- 2. Individuals or couples who request an adoptive pre-placement assessment in order to adopt through a licensed adoption agency.

Fee Exemptions

- Prospective adoptive families in which the head of the household is WFFA (formerly AFDC) or SSI recipient
- Prospective adoptive families whose family income is below the State's established Income.
- Prospective adoptive families who have identified an adoptee who us in the custody and placement responsibility of a local department of social services and continues to pursue the adoption of an identified child.
- Prospective adoptive families who desire to adopt a special need's child as defined by NC Division of Social Services Family Services Manual, Vol, 1, Chapter IV.
- Prospective adoptive families who had begun the pre-placement assessment process before implementation of this policy.
- Wilson County Department of Social Services may exercise its option to reduce or waive the fee after verifying and documenting that the prospective adoptive family cannot pay the fee, or if any other reason exists that would result in the fee becoming a barrier to the adoption.

<u>Updated Preplacement Assessments</u>

N.C.G.S.48-3-301 requires that Pre-placement Assessment be current within 18 months immediately preceding placement of a minor. Wilson County Department of Social Services will charge an update fee to those families desiring to keep the pre-placement assessment current.

Policy outlined in Pre-Placement Assessments above will apply.

EMERGENCY MEDICAL SERVICES

BLS Emergency – BLS Emergency includes provision of medically necessary supplies and services as defined by the State. When transporting these patients, the ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an EMT. BLS emergency is an immediate emergency response in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

BLS Emergency services and transport by ground ambulance	\$525
BLS Emergency Treat/No Transport	No Charge

ALS1 Emergency – Advanced Life Support, Level 1 (ALS1) Emergency includes provision of medically necessary supplies and services and the provision of an ALS assessment* or at least one ALS Intervention.** An ALS1 Emergency is an immediate emergency response in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

•		•		•	•				•	
ALS1 Em	nergency	services	s and	trans	port b	by ground ambular	nce	 		\$625
ALS1 Em	nergency	Treat/N	o Tra	nspor	t			 		\$100

ALS2 – Advanced Life Support, Level 2 (ALS2) includes the provision of medically necessary supplies and services including: (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids), or (2) the provision of at least one of these ALS2 procedures: (a) Manual defibrillation/cardioversion, (b) Endotracheal intubation, (c) Central venous line, (d) Cardiac pacing, (e) Chest decompression, (f) Surgical airway, or (g) intraosseous line.

ALS2 services and train	nsport by ground am	bulance	 	· · · · · · · · · ·	 \$925
ALS2 Treat/No Transp	ort		 		 \$100

Standby Charge – ALS Unit/hr (3-hour minimum charge)\$150

Mileage – Patient loaded miles......\$12

*ALS Assessment – assessment performed by an ALS crew as part of an emergency response that is necessary because the beneficiary's reported condition at the time of dispatch indicates only an ALS crew is qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the beneficiary requires an ALS level of transport. In the case of an appropriately dispatched ALS emergency service, if the ALS crew completes an ALS assessment, the services provided by the ambulance transportation service provider or supplier are covered at the ALS emergency level, regardless of whether the beneficiary required ALS intervention services during the transport, provided the ambulance transportation itself was medically reasonable and necessary and all other coverage requirements are met.

**Advanced Life Support (ALS) intervention - a procedure that, in accordance with State and local laws, is required to be done by an Advanced EMT or a Paramedic. Application: An ALS intervention must be medically necessary to qualify as an intervention for payment for an ALS level of service.

GIS MAPPING

Tax Maps

	8.5 x 11	Up to 11 x 17	Up to 17 x 22	Up to 22 x 34	Up to 34 x 44
No Aerial Photo	\$1	\$2	\$2	\$3	\$5
w/Aerial Photo	\$2	\$3	\$4	\$6	\$10

*** 34 x 44 (as allowed by stock paper supply)

GIS Data

Data proved on CD\$25/CD *Note: Must fill out the Statement of Distribution Liability to request data.

Custom Maps & Data

Copies

HEALTH DEPARTMENT

NEW PATIENT				ESTABL	ISHED PATIENT	
CPT	Description	Fee		CPT	Description	Fee
99201	Office Visit, Level I	88.00		99211	Office Visit, Level 1	43.00
99202	Office Visit, Level 2	152.00		99212	Office Visit, Level 2	88.00
99203	Office Visit, Level 3	221.00		99213	Office Visit, Level 3	149.00
99204	Office Visit, Level 4	343.00		99214	Office Visit, Level 4	233.00
99205	Office Visit, Level 5	432.00		99215	Office Visit, Level 5	302.00
NEW PAT	IENT PREVENTIVE			ESTABL	ISHED PATIENT PREVENTIVE	
CPT	Description	Fee		CPT	Description	Fee
99381	Office Visit <1	259.00		99391	Office Visit <1	226.00
99382	Office Visit 1-4 years	278.00		99392	Office Visit 1-4 years	246.00
99383	Office Visit 5-11 years	277.00		99393	Office Visit 5-11 years	245.00
99384	Office Visit 12-17 years	244.00		99394	Office Visit 12-17 years	212.00
99385	Office Visit 18-39 years	244.00		99395	Office Visit 18-39 years	213.00
99386	Office Visit 40-64	285.00		99396	Office Visit 40-64	232.00
99387	Office Visit 65+	337.00		99397	Office Visit 65+	290.00
CHILD HEALTH				COUNS	ELING/SCREENING	
CPT	Description	Fee		CPT	Description	Fee
94664	Nebulizer/Inhaler	36.00		99408	CRAFFT 15-30 mins	35.00
92551	Audiometer	15.00		99409	CRAFFT 30 min	65.00
51701	Catherization for Urine	55.00		99420	Health Risk Assessment	24.00

96110	Developmental Screening	20.00	99406	Tobacco Cessation <10m	15.00
69200	Foreign Body Removal (ear)	150.00	99407	Tobacco Cessation >10m	35.00
30300	Foreign Body Removal (nose)	250.00			
69210	Impacted Cerumen Removal	60.00	DENTA	L VARNISHING	
99420	M-CHAT, PSC or HEADSSS	24.00	СРТ	Description	Fee
92587	Otacoustic Emission	55.00	D0145	Oral Evaluation	59.00
94760/ 94761	Pulse Oximetry (blood oxygen)	6.00	D1206	Fluoride Varnish	50.00
17250	Umbilical Cauterization	55.00			
99173	Vision	11.00			
94150/ S096	Vital Capacity Test/Peak	31.00			
69209	Removal impacted cerumen using irrigation	45.00			
FAMILY P	LANNING SERVICES		MATER	NITY	
CPT	Description	Fee	СРТ	Description	Fee
J1050	Depo Provera (150 units)	40.00	59425	Antepartum Care 4-6	500.00
LU233	Family Planning Supplies	n/c	59426	Antepartum Care 7 or more	900.00
J7304	Contraceptive Patch	27.00	S0280	Pregnancy Risk Screening	50.00
J7300	IUD Paraguard	525.00	J3490	17-P	20.00
J7302	IUD Mirena	580.00	90384	Rho (d) Ig	127.00
58300	IUD Insertion	145.00	LU401	Prenatal Vitamins/Iron	n/c
58301	IUD Removal	175.00	LU284	ERRN MH Exam (report)	n/c
J7307	Nexplanon	400.00	96372	IM injection (17-p, Rhogam)	24.00
11981	Nexplanon Insertion	150.00	59430	Care after delivery	160.00
11982	Nexplanon Removal	175.00	MEDIC	ATIONS	
11983	Nexplanon Remove/Reinsert	260.00	CPT	Description	Fee
J7303	NuvaRing	20.00	J0570	Bicillin LA 2.4 million units	5.00
S4993	Pills Given # packs	13.00	J0696	Rocephin 250 mg	5.00
J8499	Plan B	31.00	96372	IM injection (abx, B12)	24.00
J7297	Levonorgestrel iu 52mg 3 yr	50.00	J0133	STD Med Tx (herpes)	5.00
J7298	Levonorgestrel iu 52mg 5 yr	253.16			
NUTRITIO	NAL SERVICES		STD		
CPT	Description	Fee	CPT	Description	Fee
G0108	DM Self-Mgmt; ind30 min	53.00	99211	STD Contact (bill)	43.00
C0109	DM Self-Mgmt; group-30 min	18.00	LU942	STD Contact (report)	n/c
97802	Nutri. Therapy, ind15 min	40.00			
97803	Nutri. Therapy, group-15 min	35.00	TB		
97804	Nutri. Therapy, 2 or more	20.00	CPT	Description	Fee
LU239	Nutritionist Contact	n/c	T1002	RN Services (15 mins)	25.00
			LU243	Comm Dis. Contact (report)	n/c
OTHER S	ERVICES		86580	PPD (low risk) private	20.00
CPT	Description	Fee	LU274	PPD given, contact	n/c
LU201	Repeat pap	n/c	LU114	PPD given, (HR-state) HIV	n/c

LU054	Immunization Record	n/c	LU263	PPD, negative, high risk	n/c
LU022	Immunization Review	8.00	LU120	PPD, negative, Low Risk	n/c
LU201	Repeat Pap (no charge)	n/c	LU264	PPD, not read, High risk	n/c
LU232	Test Results	n/c	LU124	PPD, not read, low risk	n/c
99173	Vision Screen (Adult)	11.00	LU117	PPD, positive, contact	n/c
LU208	Work/College Physical	50.00	LU262	PPD, positive, high risk	n/c
10060	Drainage of skin abscess	85.00	LU119	PPD, positive, low risk	n/c
17000	Destroy benign lesion	125.00	LU122	TB Obs. Preventative (DOPT)	n/c
17110	Destroy lesion, 1-14	125.00	LU121	TB Obs Therapy (DOT)	n/c
17111	Destroy lesion, 15 or more	90.00	LU102	TB Screening Form	15.00
93000	Electrocardiogram, complete	35.00			
93005	Electrocardiogram, tracing	20.00			
94150	Vital capacity testing	31.00			
94640	Airway inhalation treatment	20.00			
95115	Immunotherapy, 1 injection	20.00			
95117	Immunotherapy injections	20.00			
VACCINE	S	l	ADMINI	STRATION FEES	
CPT	Description	Fee	CPT	Description	Fee
90702	DT	30.00	90471	Immunization admin fee	25.00
90700	DTaP	35.00	90472	Imm Admin # add'I	20.00
90723	DTaP, IPV, Hep B (Pediarix)	90.00	90473	Imm Adm Oral/Intranasal	20.00
90696	DTaP, IPV (Kinrix)	60.00	90474	Imm Adm Oral/Intranasal adc	20.00
90698	DTaP, IPV Hib (Pentacel)	95.00	G0008	Medicare Flu	25.00
90672	Flu Mist (LAIV4) 2-49 yrs	28.00	G0009	Medicare Pneumonia	25.00
90654	Flu Intradermal	35.00	G0010	Medicare Hep B	25.00
90685	Flue-PF 6-35 months	24.00			
90687	Flu-w/preservative 6 mos+	17.00	STATE	LAB	
90686	Flu-PF 3 yrs +	21.00	СРТ	Description	Fee
90688	Flu-w/preservative 3 yrs+	17.00	STATE	LAB	
90662	Flu – High Dose	51.00	CPT	Description	Fee
90633	Hep A (12 mos – 18 yrs)	38.00	82105/ 82677	AFP	45.00
90632	Hep A (19 yrs +)	75.00	84702/ 6336	Serum Pregnancy Test	20.00
90636	Hep A/B (Twinrix) 19 yrs+	93.00	87491/ 87591	CG Prob/Chlamydia Probe	n/c
90744	Hep B (0-18 yrs)	30.00	87045	Enteric Stool	n/c
90746	Hep B (19 yrs +)	70.00	87340	Hepatitis	15.00
90648	Hib (ActHib)	21.00	87389	HIV	n/c
90647	Hib (Pedvax)	35.00	82139/ 82017	Newborn Screen	n/c
90649	HPV (Gardasil)	170.00	86762	Rubella-MH	15.00
	()				
90713	IPV (Polio)	40.00	83020	Sickle Cell	15.00
90713 90734	, ,	40.00 135.00	83020 86780	Sickle Cell TPPS	15.00 n/c

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90710	MMRV (ProQuad)	150.00			
90670	PVC 13 (Prevnar)	215.00			
90732	Pneumococcal	110.00			
90675	Rabies (pre-exposure)	286.00			
90681	Rotavirus (Rotarix)	113.00			
90680	Rotavirus (RotaTeq)	95.00			
90714	Td (7 yrs+)	22.00			
90715	Tdap (7 yrs+)	50.00			
90716	Varicella	140.00			
90651	HPV vaccine, non-valent	250.00			
LAB CORF)		IN-HOU	SE LABORATORY	
CPT	Description	Fee		Description	Fee
86900	Blood Typing, ABO	10.00	82272	Fecal Occult Blood	10.00
86901	Blood Typing, Rh (D)	10.00	89060	Fern Test	20.00
86850	Antibody Screen	15.00	87081	GC Culture	20.00
85025	CBC w/Differential	15.00	82947	Glucose FBS/RBS (no id)	10.00
80053	Comp Metabolic Panel	15.00	82951	Glucose 1 hour (no id)	20.00
82570	Creatinine (24 hr urine)	10.00	82950	Glucose 2 hr PC (no id)	10.00
87149	Group B Strep	30.00	82951	GTT 3 hr (no id)	10.00
87081	GC Culture	20.00	85018	Hemoglobin	10.00
86677	H Pylori Antibodies	30.00	83655	Lead	32.00
84702	HCG Serum HCG Quant	20.00	87804	Rapid Flu	20.00
83036	Hemoglobin A1C	12.00	86703	Rapid HIV	20.00
86706	Hepatitis B Surface Antibodies	15.00	86308	Rapid Mono	15.00
86803	Hepatitis C Surface Antibodies	60.00	87880	Rapid Strep	20.00
80061	Lipid Panel	15.00	87807	Rapid RSV	20.00
80076	Liver Function (hepatic)	15.00	87205	Stat Mail Smear for GC	24.00
86765/86 735/8676 2	Measles/Mumps/Rubella/Im munity	40.00	86592	Syphilis Serology (Qual)	10.00
82043	Micro Albumin (random urine)	10.00	86593	Syphilis Serology (Quan)	15.00
88175	Pap Smear	42.00	81025	Urine Pregnancy Test	15.00
84156	Protein (total urine)	10.00	87086	Urine Culture by Count	10.00
86762	Rubella Titer	20.00	81001	Urinalysis w/micro	13.00
86765	Rubeola Titer (Measles)	20.00	81003	Urinalysis w/o micro (dipstick)	11.00
84436/ 84479	Thyroid Panel w/TSH	15.00	82120	Vaginal Amine	8.00
84479	TSH	8.00	87210	Wet Mount	12.00
87077	Urine Culture	20.00	36416	Capillary Stick	5.00
86787	Varicella Titer	20.00	36415	Venipuncture	11.00

87070	Wound Culture – aerobic	25.00		99000	Handling Fee		10.00
87075	Wound Culture – anaerobic	25.00					
ENVIRON	MENTAL HEALTH SERVICES						
Type of S	ervice	Fe	е		Type of Service		
Food Ser	vice Plan Review			Water S	amples		
Food Serv	rice plan review	200	.00	Bacterio	logical		75.00
Food Serv	vice plan review – mobile food uni	it 200	.00	Inorgani	c Panel		140.00
Food and	Lodging Permit Fees			Lead Wa	ater Analysis (w/3 follov	v-ups)	140.00
Temporar	y food establishment	75	00.5	Nitrate A	Analysis		100.00
Limited for	od service	75	00.	Pesticid	e Analysis		145.00
Public Po	ools			Petroleum Analysis			145.00
Swimming	Pool Plan Review	200	.00	Full Well Sample			145.00
Pool Oper	ation Permit	150	.00				
Swimming	Pool Re-inspection	50	.00				
Tattoo							
Tattoo Pe	rmit	100	.00				
On-Site W	Vastewater Fees						
New Septi	ic Evaluation	350	.00				
Renew Ex	pired Permit (no changes to site)	100	.00				
Reuse Au	uthorization of existing permit 10						
Existing S	ystem Compliance Inspection	65	65.00			· · · · · · · · · · · · · · · · · · ·	
Engineere	ed Option Fee	105	.00			-	
On-Site Well Water Fees							
New Well	Permit	275	.00				

Photocopy Charges		
Flat Rate	15.00	
Photocopy Fee (pages 1-25)	.75	
Photocopy Fee (pages 26+)	.50	

REGISTER OF DEEDS

Recording Real Estate Instruments

	Instruments except deeds of trust & mortgages\$26 first 15 pages, \$4 each additional page
•	Deeds of trust & mortgages\$64 (\$56) first 30 pages, \$4 each additional page
•	Plats\$21 each sheet
•	Nonstandard document\$25
•	Multiple instruments as one, each\$10
•	Satisfaction instruments
•	Each additional index reference on Assignments\$10

UCC Records

CR	Records	
•	One or two pages in writing	\$38
	More than two pages in writing	
•	Filed electronically if permitted	\$30
•	Response to written request for information	\$38

Response to electronic request if permitted \$30 • Copy of statement
Marriage Licenses Marriage License
Other Records Recording military dis-charge
Other Services Notary public oath \$10 Comparing copy for certification \$5 State vital records search \$14 State vital records for network access \$24 first copy, \$15 each additional copy Miscellaneous services \$25 for network access \$26 for network access \$26 for network access \$27 for network access \$28 for network access \$38 for network
SHERIFF'S OFFICE
Arrest Bracelet Monitoring Fee
Detention Center SMCP Fee\$50.00 per day for each inmate
Pet Privilege Fee\$10.00
Adoption Fee\$10.00
Carry Concealed Weapon (New Permits)\$90.00
Carry Concealed Weapon (Renewals)\$75.00
Gun Permit Fee\$5.00 (\$5.00 for each additional permit at the time of purchase)
Fingerprint Fee\$10.00
Civil Process Fee\$30.00

SOLID WASTE SERVICES

Asbestos	\$100.00/ton	
C&D (Construction & Demolition)	\$40.00/ton*	
LCID (Land Clearing & Inert Debris)	\$18.00/ton	
MSW (Mixed Solid Waste)	\$52.00/ton	
YW (Yard Waste)	\$22.00/ton	
Commingled Recycling	Current Market Rate + \$14.00/ton	
Tires	\$66.08/ton	
Solid Waste District Residents		
Household Fee	\$35.00/house (convenience center use)	
Solid Waste District Tax	\$.0325/\$100	
** Includes \$2.00 per ton solid waste tax imposed by State of North Carolina		

WATER SERVICES

SOUTHWEST & SOUTHEAST

Application FeeLate	\$20 \$10
Non-payment FeeNSF Fee	\$25
Meter Deposit	\$125
³ / ₄ Tap Fee	
1" Tap Fee	(1,200 (\$125-meter fee)
2" Tap Fee	\$2,500 (\$1,550-meter fee)
Dormant Tap Fee	\$500 (\$125-meter fee)
Tamper Fee	\$300 (Residential)
Tamper Fee	\$500 (Commercial)
Broken Lock	\$10
Recheck meter fee	\$25
Test meter fee	\$25
Broken Angle Stop	\$45
Development Fee	\$150 per lot

Monthly Usage Fees for Residential and Commercial

Water Usage (Gallons)	Water Usage fee
Base	\$30.00
First 3,000 gallons	\$5.00 per thousand
Next 3,000 gallons	\$7.00 per thousand
Next 3,000 gallons	\$8.00 per thousand
Next 3,000 gallons	\$9.00 per thousand

Section 30: The Wilson County Board of Education is hereby authorized to budget fines and forfeitures in the amount of \$450,000 for current expense. The County has appropriated \$22,461,930 for current expense and \$1,000,000 for capital outlay. An appropriation for technology is not budgeted. Proposed amendments which increase or decrease the amount of County appropriations allocated to any purpose or function in the public-school current expense budget by 10% or more shall be submitted to the Board of Commissioners for approval, pursuant to and in accordance with Chapter 115c-433 of the North Carolina General Statutes.

Section 31: Wilson Community College. The County has appropriated \$2,530,954 for current expense and \$416,000 for capital outlay for existing facilities.

Section 32: Departments within the Wilson County Government, except for the Tax Administration Department, is hereby authorized to charge a fee of \$25 (the maximum allowed by the S.S.25-3-506 for any check written to Wilson County and returned by the bank unpaid). The Wilson County Tax Administrator is hereby authorized by G.S 105-357 to charge a fee of 10% or \$25 (whichever is greater) of the amount of any check written to that department and returned by the bank.

Section 33: The County Manager or her designee is hereby authorized to transfer appropriations within and between funds contained herein subject to the following guidelines and restrictions:

- (1) The County Manager or her designee may transfer amounts between expenditure line items within a department's budget without limitation and without a report being required.
- (2) The County Manager or her designee may transfer amounts without limitation between departments within the same fund and between funds. An official report on such transfers shall be provided to the Board of Commissioners (Board) at the monthly meeting.
- (3) Upon notification of funding increases and decreases from state, federal, grants or pass through sources, budgets may be adjusted to match with the approval of the County Manager or her designee. Board of Commissioners' action will not be required unless staffing is affected.
- (4) Unexpended grants and other funds previously approved and budgeted by the Board, may be rebudgeted or rolled over into the FY2021 budget by the Manager or her designee. Board of Commissioners' action will not be required.
- (5) Movement of funds between/across expenditure categories (Personnel/Operating/Capital) may be requested by Department but require approval of the County Manager or her designee. No lapse salary can be used to fund any other operational expense, without the County Manager or her designee approval. Movement of funds to purchase unbudgeted Capital requires same approval.

This authorization applies only to the budget approved by the Board of County Commissioners. The Board of Commissioners must approve any budget amendments involving new monies.

Section 34: The County Manager or designee shall have authority to execute the following contracts, amendments, or change orders, provided they comply with applicable laws and procedures and are within budgeted funds:

- (1) any lease agreement for one year or less;
- (2) any contract, amendment, or change order for apparatus, supplies, materials, equipment, resolution of a claim, construction or repair work, or other lawful matter where formal bids are not required by law, including those committing no funds;
- (3) amendments or change orders to other contracts, including service and information technology contracts as defined by G.S. 143-129.8, when the aggregate of the amendments requires less than a \$200,000 increase in the expenditure of public funds in a single fiscal year; and
- (4) grant agreements for public funds within budgeted amounts

At the Manager's discretion, any lease, contract, amendment, or change order described in (1), (2), (3), or (4) may nevertheless be submitted to the Board. Contracts, amendments, or change orders duly approved by the Board

may be executed by the Chairman or the Manager. Board action approving a contract, amendment, or change order shall be deemed to authorize necessary budget amendments.

Section 35: This Budget Ordinance has been prepared in compliance with the Fiscal Control Act. Copies of the Budget Ordinance shall be furnished to the Budget Officer, Clerk to the Board, Finance Director and the Tax Assessor for direction in the carrying of their duties.

Section 36: This Ordinance shall become effective July 1, 2020.

Adopted this 2nd day of June 2020.

Rob Boyette, Chair

Wilson County Board of Commissioners

ATTEST:

Ron Hunt, Clerk to the Board