

# WATER DISTRICT I & II FEE SCHEDULE 2022 - 2023

## **WATER RATES:**

0 - 2000 GALLONS	\$ 31.85
2001 - 5000 GALLONS	\$ 31.85 plus \$ 4.59 for every 1,000 gallons between 2,000 and 5,000 gallons
OVER 5000 GALLONS	\$ 45.62 plus \$4.59 for every 1,000 gallons over 5,000 gallons

## **MORE THAN ONE DWELLING PER METER:**

When more than one dwelling unit is served by a single meter, each and all dwelling units must comply with the requirement of the SCHEDULE; and the monthly bill shall be computed by dividing the total water metered during the billing period by the number of dwelling units; then calculating a bill "per dwelling unit". The total bill shall be the "per dwelling unit" bill multiplied by the number of dwelling units.

## **TAP FEE:**

Up to ¾"	\$ 1,400.00
Greater the ¾"	Direct cost of tap

## **PAYMENT AND SERVICE CHARGE FOR LATE PAYMENTS:**

Bill shall be paid at Laurinburg's City Hall on or before the 20<sup>th</sup> day of the month during which the bill is due. If payment is not made within this period, a charge shall be added. This charge will be 1.5% of the balance due after the 20<sup>th</sup> of the month in which the bill is rendered, or \$5.00, whichever is greater.

The Water District will accept the following bank credit cards for bill payments, deposits, or fees:

1. Master Card
2. Discover
3. American Express
4. Visa

The Water District will accept a card payment in person only and will verify each charge with the issuing bank.

## **DISCONTINUANCE OF SERVICE:**

A reminder notice may be sent to the customer after the 20<sup>th</sup> of each month. If payment is not received by the 25<sup>th</sup> of the same month, services will be disconnected without further notice. Failure of the customer to receive notice is not acceptable as an excuse for failure to pay a utility bill when due.

**RETURNED CHECK:**

The Water District will charge \$35.00 for each check made payable to the Water District if the check is returned. This charge shall be in addition to any other bills or charges that are due and payable.

**SERVICE CHARGE FOR RESTORING SERVICE:**

If services are disconnected for non-payment or a service call to disconnect services has been made, a charge of \$35.00 will be added to the account and full payment, or agreement of full payment, will have to be made before services are restored.

In event that the reconnection is made after normal working hours for the convenience of the Customer, the reconnection charge shall be \$ 75.00.

After having been disconnected for delinquent payment or for any other reason, and the meter has been reconnected by anyone other than an authorized person, a charge of \$50.00 and up will be added to the account.

**UTILITY DEPOSIT:**

A utility deposit will be required at the time of application for service is made or restoring disconnected services.

WATER: \$ 63.00

**COMMERCIAL AND OTHER SCHEDULES:**

Deposit required - Two month's bill as estimated by the City.

A utility deposit is also required if at any time services have been disconnected or a service call to disconnect services has been made. The deposit amount will need to meet the requirements set above.

**STATE SALES TAX:**

Sales tax as imposed by the state will be shown as a separate item on each monthly bill.

**SCOTLAND COUNTY  
SOLID WASTE FEE SCHEDULE  
FISCAL 2022-2023**

Listed below are the tipping fees for solid waste disposal at the county's transfer station, landfill, yard waste, and inert debris:

<u>FACILITY</u>	<u>SCOTLAND COUNTY</u>	<u>STATE TAX</u>	<u>TOTAL TIPPING FEE</u>	<u>PER 100 LBS-APX.</u>	
Transfer Station	\$60.00	\$ 2.75	\$ 62.75 /ton	\$ 3.14	<i>No Out of State</i>
Landfill - C&D	\$ 45.00	\$ 2.75	\$ 47.75 /ton	\$ 2.39	
Yard Waste <i>All Vegetation - loads 1,000 pounds or less \$0</i>	\$ 40.00		\$ 40.00 /ton	\$ 2.00	
Inert Debris	\$ 17.00		\$ 17.00 /ton	\$ .85	
Undocumented Scrap Tires <i>All Weigh In/Out</i>			\$ 82.00/ ton	\$ 4.10	<i>apx 20# ea.</i>

FY 2022-2023

Parks and Recreation Fee Schedule

Activity	
YOUTH SPORTS	FY 2023
Flag Football	\$15
Tackle Football	\$15
Cheerleading	\$15
Basketball- Boys	\$15
Basketball- Girls	\$15
Softball- Fast Pitch	\$15
Baseball	\$15
Volleyball	\$15
Soccer	\$15
1st Week Late Registration Fee	\$20
Selected from Waiting List	\$25
Out-Of-County Registration*	\$40
Out-Of-County 1st Week Late Registration Fee*	\$50
Out-Of-County Selected from Waiting List*	\$70
PICNIC SHELTER	
Market Park	\$50
Hammond Park	\$50
Washington Park	\$30
Murray Park	\$30
Recreation Complex	\$50
Lost Key Fee	\$15
SPLASH PAD	
Play Rate	\$2/day
Hourly Rental	\$50/hour
Summer Camp	

Per Week	\$75
<b>GYM RENTAL</b>	
Per Hour	\$30
<b>MORGAN COMPLEX</b>	
Softball-Baseball Field	\$150/field/day
Soccer Field	\$100/field/day
Morgan Meadows	
Fund Raiser	\$100/day use fee, \$100 deposit, \$25 electricity
Private Event	\$50 per day use fee, \$50 deposit, \$15 electricity
Scotland Yard Playground	Available on a first come first serve basis
<b>WAGRAM RECREATION CENTER</b>	
<b>In County Rates</b>	
Classroom Per Hour	\$20
Gym - Sports Use Deposit	\$50
Gym- Sports Use Per Hour Rate	\$30
Gym- Special Event Deposit	\$100
Gym- Special Event Basic Rate for 3 hours	\$200
Gym- Special Event Basic Rate each added hour	\$35
Fitness Center - Daily Rate	\$4
Fitness Center - Monthly Rate	\$20
Fitness Center - Annual Membership (1)	\$200
Fitness Center - Annual Membership (2 people)	\$260
Fitness Center - Annual Family Membership 3+	\$325
Fitness Classes	\$15
Open Gym - Adults Saturday Only	\$2/Day
<b>Out of County Rates</b>	
Classroom	\$35
Classroom Deposit	\$75
Gym - Sports Use Deposit	\$75
Gym- Sports Use Per Hour Rate	\$35
Gym- Special Event Deposit	\$150
Gym- Special Event Basic Rate for 3 hours	\$325

Gym- Special Event Basic Rate each added hour	\$55
Fitness Center - Daily Rate	\$7
Fitness Center - Monthly Rate	\$24
Fitness Center - Annual Membership (1 to 2)	\$350
Fitness Center - Annual Family Membership	\$500
<b>TENNIS MEMBERSHIPS</b>	
Individual	\$100
Family	\$150
<b>SENIOR CITIZENS</b>	
Exercise Classes per Month	\$15
Day Trip	\$10
<b>MAJOR EVENT FEES</b>	
Stage Rental Per Event	\$150
Stage Rental Deposit	\$100
Park Rental Per Day - Market	\$125
Park Rental Per Day- Morgan	\$150
Deposit	\$100
Dumpster Rental Per Event	\$200
Marking Off Vendor Spaces	\$150
Special Requests	By the hour
Lost Key Fee	\$15
<b>Instructor Fees</b>	
Percent of Class-Program Fee collected to Instructor	90%
Percent of Class-Program Fee to County	10%

\* Out-of-County Participants are only permitted if all Scotland County persons are served.  
Other camps and classes fees are approved on a case-by-case basis.


## Scotland County Memorial Library Fee Structure

Item	Fee	Limit
Book (Overdue)	\$0.25 / day	\$10.00 per item
Book (Processing)	\$10.00 / item	none
Book (Replacement)	item cost	none
DVD (Overdue)	\$1.00 / day	\$30.00 per item
DVD (Processing)	\$10.00 / item	none
DVD (Replacement)	item cost	none
DVD (Cleaning)	\$2.00 / disc	none
Copy (Microfilm)	\$0.20 / page	none
Copy (Machine)	\$0.20 / page	none
Copy (Computer)	\$0.10 / page	none
Library Card (Replacement)	\$2.00	none
Library Card (NC - Out of County)	\$5.00	none
Library Card (Out of State)	\$25.00	none

# Fee Schedule

## Section 1

## Section 2

## Section 3

### **Building Permit Fees**

Includes new residential / commercial additions and alterations.

Recovery Fee \$10. 00 for All General Contractors All Residential

### **Residential Dwellings, Modular Homes & Additions**

There is a \$75 minimum on any building permit.

### **Gross Area in Square Feet**

#### **Heated/Unheated**

- \$75 minimum
- \$0.25 per square foot

### **Multi-Family Residential Apartments, Buildings & Condominiums**

The first unit is the same as residential dwelling, each additional unit is 75% of the first.

### **Residential Renovations Which Do Not Add Square Feet to Residence**

- Up to \$5,000 - \$75 Fee
- \$5,000 - \$10,000 - \$100 Fee
- Above \$10,000 - \$100 fee plus \$2 per \$1,000 above \$10,000

### **Non-Residential Building: New, Additions or Renovations**

- Up to \$5,000 - \$75 Fee
- \$5,000 - \$10,000 - \$100 Fee
- Above \$10,000 - \$100 fee plus \$4 per \$1,000 above \$10,000

**Note:** This includes modular offices, storage buildings, etc.

## **Large Commercial Projects**

- \$1,000,000 - Less than \$10,000,000 is \$3.90 per \$1,000
- \$10,000,000 - Less than \$20,000,000 is \$3.60 per \$1,000
- \$20,000,000 - Less than \$50,000,000 is \$3.50 per \$1,000
- Projects over \$50,000,000 are \$3.30 per \$1,000

**Note:** Projects over \$50,000,000 there are no additional fees for Plumbing, Electrical, and Mechanical.

## **Structure Other Than Buildings**

Up to \$5,000 - \$75 Fee

Above \$5,000 - \$75 fee plus \$2 per \$1,000 above \$5,000

**Note:** Structures include signs, coolers, ramps, chillers, boilers, towers, etc.

## **Certificate of Occupancy**

A Certificate of Occupancy is \$75.

## **Demolition Permit**

A Demolition Permit is \$100.

## **Swimming Pool Permit**

A Swimming Pool Permit is \$100.

## **Manufactured Homes**

- Singlewide - \$175 Fee
- Doublewide - \$225 Fee

The fees only apply to mobile homes not modular homes. Fee also includes set-up, electrical, mechanical, and plumbing.

## **Electrical Permits**

### **New Residence**

- Up to 200 amp Service - \$90 Fee
- Over 200 amp Service - \$120 Fee plus \$0.20 per amp over 200 amps

## **Service Repair or Service Change - Residential/Commerical**

- 0 to 200 amps - \$60 Fee
- 201 to 400 amps - \$75 Fee
- More than 400 amp Service (Unlimited) - \$95 Fee

## **Non-Residential**

- 0 to 100 amps Service - \$75 Fee
- 101 to 200 amps Service - \$120 Fee
- More than 200 amp Service - \$120 Fee plus \$0.20 per amp over 200 amps
- Motors up to 4 Horsepower - \$3.50 Fee
- Motors more than 4 Horsepower - \$6

## **Gasoline Pumps**

- First Pump - \$75
- Each Additional Pump - \$25

## **Temporary Service**

There is a \$50 Temporary Service fee.

## **Solar Projects**

- Building Fee - \$100 if no other type building structure
- Electrical Fee - \$100 plus
- Transformers - \$10 each
- Inverts - \$10 each
- Strings - \$5 each

**Note:** 20 inch panels with 20 combined circuits equals one string or UL listed DC circuit.

## **Plumbing Permit**

A Basic Fee is \$60.

Fees shall be based on:

- Bath or 1/2 Bath - \$50 Fee
- Additional Fixtures (Not in Bath) - \$5 each

Examples include washing machines, dishwashers, and water heaters.

## **Fire Sprinkler System:**

- First 100 Heads - \$120 Fee
- Each Additional Head - \$0.50 Fee

## Insulation Fees

- Minimum Insulation - \$50 Fee
- Buildings - \$0.25 (square foot rounded up to next dollar)

## Mechanical Fees

- First Unit - \$60 Fee
- Each Additional Unit - \$10
- Commercial Range Hoods - \$100
- Fire Suppression System - \$100
- Fire Alarms - \$100
- Gas Piping - \$60
- All Other Mechanicals - \$60

**Note:** For chillers and boilers, please see Structures Other Than Buildings.

## Daycare Inspections

There is a Basic Fee of \$75.

## Extra Inspections

- First Trip - \$30 Fee
- Second Extra Trip - \$40 Fee
- Third Extra Trip - \$60 Fee

**Note:** Extra inspection defined as the third trip for the same inspection or building. A requested inspection scheduled and a project that is not ready when the request is scheduled, will be charged an extra inspection first trip.

## Other Requests

- Specific Time - \$75 Fee
- Holidays / Weekends (Minimum) - \$200 Fee
- After Hours (Emergency Only - Electrical and Water Connection):
  - Commercial - \$200 Fee
  - Residential - \$100 Fee

## Scotland County Health Department FY 23 Fee Schedule

MEDICARE PHYSICIAN		
G0101	Cer/Vag Screening	\$ 46.00
Q0091	Screening Pap Smear	\$ 49.00
EIC NEW PATIENT		
99201	Problem Focused Hx & Exam	\$ 88.00
99202	Expanded PF Hx & Exam	\$ 132.00
99203	Detailed Hx & Exam	\$ 188.00
99204	Comprehensive Hx & Exam	\$ 307.00
99205	Comp. Hx & Exam (HC)	\$ 347.00
EIC EST PATIENT		
99211	Eval. & Mgt.	\$ 49.00
99212	Problem Focused Hx & Exam	\$ 82.00
99213	Expanded PF Hx. & Exam	\$ 142.00
99214	Detailed Hx & Exam	\$ 193.00
99215	Comp. Hx & Exam (HC)	\$ 258.00
MATERNAL HEALTH		
59425	4-6 Office Visits (Bundle)	\$ 700.00
59426	7 + Office Visits (Bundle)	\$1,200.00
59430	Postpartum Care Visit	\$ 120.00
S0280	Pregnancy Risk Screening	\$ 50.00
S0281	Postpartum Visit	\$ 150.00
83655	Lead Test	N/C
83020	Sickle Cell	N/C
96127	Behavioral Risk Screening	\$ 14.00
NEW PATIENTS (CH/FP/MH)		
99201	Problem Focused Hx & Exam	\$ 88.00
99202	Expanded PF Hx & Exam	\$ 132.00
99203	Detailed Hx & Exam	\$ 188.00
99204	Comprehensive Hx & Exam	\$ 307.00
99205	Comp. Hx & Exam (HC)	\$ 347.00
ESTABLISHED PATIENTS (CH/FP/MH)		
99211	Eval. & Mgt. (RN Visits Only)	\$ 49.00
99212	Problem Focused Hx & Exam	\$ 82.00
99213	Expanded PF Hx. & Exam	\$ 142.00
99214	Detailed Hx & Exam	\$ 193.00
99215	Comp. Hx & Exam (HC)	\$ 258.00

PREVENTIVE NEW (AH/CH/FP)		
99381	Preventive New < 1 Year Old	\$ 140.00
99382	Preventive New 1-4 Years Old	\$ 145.00
99383	Preventive New 5 - 11	\$ 170.00
99384	Preventive New 12 - 17	\$ 187.00
99385	Preventive New 18 - 39	\$ 184.00
99386	Preventive Est. 40 - 64	\$ 219.00
99387	Preventive New 65 - over	\$ 237.00
PREVENTIVE EST. (AH/CH/FP)		
99391	Preventive Est. < 1 Year Old	\$ 120.00
99392	Preventive Est. 1-4 Years Old	\$ 135.00
99393	Preventive Est. 5 - 11	\$ 140.00
99394	Preventive Est. 12 - 17	\$ 161.00
99395	Preventive Est. 18 - 39	\$ 154.00
99396	Preventive Est. 40 - 64	\$ 173.00
99397	Preventive Est. 65 - over	\$ 193.00
COMMUNICABLE DISEASE		
T1002	RN Services (15 Minutes)	\$ 71.00
FAMILY PLANNING BC METHODS		
57170	Diaphragm	\$ 111.00
S4993	Pills Per Pack	\$ 10.00
J1050	Depo Injection (S.P. & P. Ins.)	\$ 58.50
J7296	Kyleena 5 yrs. (NO FPW)	\$ 675.00
J7297	Liletta 5 years	\$ 53.00
J7298	Mirena 5 yrs.	\$ 388.00
J7300	Paragard 10 yrs.	\$ 297.00
S5001	Ella (Morning After)	\$ 22.00
J7301	Skyla 3 yrs.	\$ 469.00
J7303	Nuravaring (EA)	\$ 7.00
J7304	Patch (BOX)	\$ 74.00
J7304	Patch (EA)	\$ 25.00
J7307	Nexplanon	\$ 497.00
FAMILY PLANNING PROCEDURES		
11981	Implant Insertion	\$ 139.00
11982	Implant Removal	\$ 147.00
11983	Removal & Insertion	\$ 240.00
58300	IUD Insertion	\$ 151.00
58301	IUD Removal	\$ 154.00

## Scotland County Health Department FY 23 Fee Schedule

IMMUNIZATIONS (0-18 Yrs)		
90620	Bexsero 1 2	\$ 188.00
90633	HEP A (2 - 18) 1 2	\$ 36.00
90647	Pedvax-HIB 1 2 3	\$ 28.00
90670	Pevnar 1 2 3 4	\$ 212.00
90680	Rotavirus 1 2 3	\$ 89.00
90700	DTAP 1 2 3 4 5	\$ 27.00
90707	MMR (0 - 17) 1 2	\$ 83.00
90713	IPV 1 2 3 4	\$ 37.00
90714	TD (adult)	\$ 37.00
90716	Varicella (1-18 yrs)	\$ 143.00
90723	Pediarix	\$ 87.00
90734	Meningococcal	\$ 135.00
90744	HEP B (0 - 18) 1 2 3	\$ 26.00
INJECTABLES (19yrs & Over)		
86580	TB Skin Test	\$ 15.00
90632	HEP A (Adult) 1 2	\$ 75.00
90636	Twinrix (18+) 1 2 3	\$ 115.00
90651	Gardasil (9)--VFC 9-18	\$ 239.00
90656	Influenza	\$ 19.00
90670	Pevnar 1	\$ 212.00
90675	Rabies Pre/Post Expo. 1 2 3	\$ 314.00
90707	MMR (Adult) 1 2	\$ 83.00
90715	T-Dap	\$ 37.00
90716	Varicella (19 & Older) 1 2	\$ 143.00
90714	TD (adult) every 10 yrs.	\$ 45.00
90732	Pneumonia	\$ 110.00
90750	Shringrix	\$ 152.00
90746	HEP B (Adult Series) 1 2 3	\$ 65.00
96372	Haldol / Prolixin	\$ 25.00
J2790	Rhogam	\$ 66.00
TOBACCO CESSATION		
99406	Intermediate (3-10 Min.)	\$ 13.00
99407	Intermediate (>10 Min.)	\$ 24.00
COVID-19 SERVICES		
0011A	Moderna Admin (1st Dose)	\$ 29.00
0012A	Moderna Admin (2nd Dose)	\$ 29.00
87635	COVID-19 LAB (test# 87635)	N/C
91300	COVID-19 Vaccine (Pfizer)	N/C
91301	COVID-19 Vaccine (Moderna)	N/C
99211	Eval. & Mgt. (RN Visits Only)	\$ 49.00
99000	Handling Charge	\$ 11.00
G2023	Specimen Collection	\$ 19.00

CHILD HEALTH PROCEDURES		
D0145	Oral Evaluation 1st	\$ 50.00
D1206	Topical Appl. of Flouride Var	\$ 35.00
92551	Audiometry Screening	\$ 20.00
92567	Tympanometry	\$ 20.00
92588	OAE (hearing)	\$ 95.00
99173	Vision Screening	\$ 5.00
2000F	Blood Pressure	N/C
96110	Developmental Limited	\$ 12.00
99420	Autism Screening	\$ 16.00
99420	PSC (part of developmental)	\$ 16.00
99420	HEADSS	\$ 16.00
99408	CRAFFT	\$ 31.00
69210	Ear Lavage	\$ 45.00
83655	Lead Test	N/C
83202	Sickle Cell	N/C
OTHER		
LU 030	UPS (Rabies Titer Multiple)	\$ 75.00
36415	Venipuncture	\$ 11.00
90471EP	Immunization Update	\$ 25.00
90471	Injection Admin. (Adult)	\$ 25.00
90472EP	Injection Administering Charge	\$ 18.00
90472	Injection Administering Charge	\$ 18.00
90473	FluMist (single)	\$ 25.00
90474	FluMist (multiple vaccines)	\$ 18.00
86592	RPR/STS -- Handling	\$ 11.00
89220	Sputum Specimen Collection	NC
99000	Handling Charge	\$ 11.00
G0008	Influenza Injection Admin.	\$ 25.00
G0009	Pneumonia Injection Admin.	\$ 25.00
G0010	Hep B Admin (Medicare)	\$ 25.00
G0108	Cohart 4 Individual Counseling	\$ 55.00
G0109	Cohart 4 Group Sessions	\$ 20.00
LU017	Disability Verification/Leave	\$ 15.00
LU018	Medical Record Copy	\$ 10.00
LU102	Comp. of Record for TB SCR	\$ 15.00
LU300	Backless Belt Position Booster Se	\$ 10.00
LU301	High Back Belt Position Booster S	\$ 10.00
LU302	Forward Facing Combination Sea	\$ 20.00
LU303	Forward Facing Convertible Seat	\$ 20.00
LU304	Rear Facing Infant/Convertible Se	\$ 20.00
LU402	Medicaid Co-Pay	\$ 5.00
LU403	Private Ins. Co-Pay	\$ 20.00

## Scotland County Health Department FY 23 Fee Schedule

IN HOUSE LAB SERVICES		
G0477	Drug Screening	\$ 27.00
81001	Urinalysis (w/Micro)	\$ 17.00
81002	Urinalysis (Dip Stick)	\$ 12.00
81003	Urinalysis (w/out Micro)	\$ 12.00
81025	Pregnancy Test (Urine)	\$ 10.00
82120	Amines	\$ 12.00
82270	FOBT (stool for occult blood)	\$ 12.00
82947QW	Glucose: Fast/Rand (waived)	\$ 12.00
82950QW	Glucose 1 & 2 hr. challenge	\$ 14.00
85018	Hemoglobin	\$ 8.00
86790	Rabies Titer	\$ 47.00
87081	GC Culture	\$ 38.00
87205	GC Smear	\$ 12.00
87210	Wet Mount (Prep)	\$ 12.00
87810	Chlamydia Eia	\$ 65.00
OUTSIDE LAB SERVICES (Labcorp)		
83655	Adult Lead (test#007625)	\$ 61.00
87070	Aerobic Bacterial Culture (test#008649)	\$ 65.25
87081	Group B Beta Strep (test #188130)	\$ 38.00
87491	Chlamydia Trachomatis (test #188078)	\$ 12.00
87522	Hep C Virus Geno (test#550705)	\$ 425.00
87591	Neisseria Gonorrhoea (test #188086)	\$ 12.00
87624	Pap IG,HPV-h+1r (test#198190)	\$ 101.00
87624	Reflex/Co-test Low Volume(test#507405)	\$ 37.50
87624	Reflex Co-Test High-Risk (test#507301)	\$ 37.50
87902	Hep C Geno Reflex (#550709)	\$ 561.25
87900/87902	Hep C Drug Resistance (#550326)	\$ 686.00
88175	Pap Smear (test #196250)	\$ 26.00
88141	Physician Read Pap (test#192555)	\$ 22.00
STD LABCORP LABS		
86694	Herpes Simplex Virus (#164806)	\$ 80.00
86606/86695	HSV I & II Antibody IgG (#164905)	\$ 45.00
86696	HSV 2 Reflex	\$ 57.00
86480	Quantiferon Test (test #183244 & 182873)	\$ 60.00
491/87591/876	CT/GC/Trich (urine)/Male (#183160)	\$ 60.40
87491/87591	Chlamydia/GC Probe (test #183194)	\$ 24.00
HIV LABS (Labcorp)		
80053	CMP (test# 322000)	\$ 3.60
80061	Lipid Panel (test #235010)	\$ 3.20
80074	Acute HEP Panel (#322744)	\$ 50.00
80076	Hepatic Function Panel (test #322755)	\$ 2.90

HIV LABS (Labcorp)		
80307	UDS (test # 794370)	\$ 13.15
81381	HLA* B57:01 (test# 006926)	\$ 62.50
82040	Albumin (test# 001081)	\$ 2.30
82247	Bilirubin, Total (test# 001099)	\$ 2.30
82248	Bilirubin, Direct (test# 001222)	\$ 2.30
82955 & 85041	G6PD (test# 001917)	\$ 10.00
83036	HgB A1C (test# 001453)	\$ 4.00
84450	AST (test# 001123)	\$ 2.30
84155	Protein, Total (test# 001073)	\$ 2.30
84460	ALT (test #001545)	\$ 2.30
85025	CBC (test# 005009)	\$ 3.00
86361	CD4 (test# 505008)	\$ 8.50
86644	CMV Titer (test# 0026494)	\$ 20.00
86480	Quantiferon Gold (test# 182879 & 182893)	\$ 55.00
86592	RPR (test# 012005)	\$ 2.70
86593 & 86780	RPR Reflex (test# 012021)	\$ 11.00
87389	HIV 1 & 2 (test# 083935)	\$ 20.00
86701	HIV 1 & 2, Reflex (1) (test# 083940)	\$ 84.00
86702	HIV 1 & 2, Reflex (2) (test# 083940)	\$ 84.00
86704	Hep B Core Ab, Total (test# 006718)	\$ 9.50
86705	Hep B Core Ab, IgM (test# 016881)	\$ 16.00
86706	Hep B Surface Ab (test# 006395)	\$ 7.00
86708	Hep A Ab, total (test# 006726)	\$ 9.50
86709	Hep A Ab, IGM (test# 006734)	\$ 15.00
86777	Toxoplasma IgG (test# 0064748)	\$ 25.00
86803	Hep C Ab (test# 144045)	\$ 12.00
87521	Hep C Ab w/Reflex (test# 550850)	\$ 116.75
87340	Hep B Surface Ag (test# 006510)	\$ 7.00
87491 & 87591	Chlamydia/GC (test# 183194)	\$ 24.00
87522	HCV GT 1a NS5A Profile (test# 550705)	\$ 129.00
87900 & 87902	HCV GT 1a NS5A Profile, Reflex (test# 550705)	\$ 198.75
87902	HCV GT 1a NS5A Profile, Reflex (test#550705)	\$ 245.00
87536	Viral Load (test# 550420)	\$ 98.00
86708,87340,86705,	Hepatitis Screening Panel (test# 373442)	\$ 61.00
87521	Hepatitis Screening Panel Reflex (test#550850)	\$ 116.75
86803	Hep C Ab (test# 144045)	\$ 12.00
87521	Hep C Ab Reflex (test# 550850)	\$ 116.75
87536	Genosure Prime (test# 550535)	\$ 105.00
87900	Genosure Prime, Reflex Interp (test#551704)	\$ 101.49
87901 & 87906	Genosure Prime, Reflex (test# 551704)	\$ 146.24
87901 & 87906	Genosure Archive (test# 551776)	\$ 146.24
87900	Genosure Archive, Reflex Interp (test#551776)	\$ 101.49

## Scotland County Health Department FY 23 Fee Schedule

LABS 2 GO					
80048	Basic Metabolic Panel (8) (test#322758)	\$ 8.00	83921	Methylmalonic Acid, Serum (test# 70	\$ 50.00
80051	Electrolyte Panel (test# 303754)	\$ 8.00	83970	Parathyroid Hormone (test# 015610)	\$ 26.00
80053	CMP 14 (test #322000)	\$ 9.00	84100	Phosphorus, Serum (test# 001024)	\$ 8.00
80061	Lipid Panel (test #235010)	\$ 9.00	84144	Progesterone (test# 004317)	\$ 52.00
0061 & 8370	NMR LipoProfile (test # 884247)	\$ 46.00	84146	Prolactin (test#004465)	\$ 32.00
80069	Renal Panel (10) (test# 322777)	\$ 19.00	84153	PSA (test #010322)	\$ 10.00
80074	Acute HEP Panel (#322744)	\$ 55.00	84207	Vitamin B6, Plasma (test# 004655)	\$ 40.00
80076	Hepatic Panel (test #322755)	\$ 8.00	84402	Testosterone, Free, Direct (test# 144	\$ 90.00
80162	Digoxin, Serum (test# 007385)	\$ 38.00	84403	Testosterone, Total (test# 004226)	\$ 83.00
80164	Valproic Acid (Depakote)®,S (test# 00726	\$ 35.00	84425	Vitamin B1 (thiamine), Blood (test# 1	\$ 28.00
80175	Lamotrigine (test # 716944)	\$ 101.00	84436, 84443 84479	THYROID PROFILE (#000620)	\$ 27.00
80178	Lithium, Serum (test# 007708)	\$ 27.00	84436, 84443 84480	Thyroid Profile II (#027011)	\$ 37.00
80185	Phenytoin (Dilantin), Serum (test# 007401	\$ 38.00	84439	T4 FREE(test #001974)	\$ 16.00
81003	Urinalysis (w/out Micro)	\$ 12.00	84443	TSH (test #004259)	\$ 10.00
2043 & 8257	Albumin/Creatinine Ratio, Urine (#140285	\$ 18.00	84450	AST (SGOT) (test# 001123)	\$ 8.00
82103	Alpha-1-Antirypsin, Serum (test# 001982)	\$ 36.00	84460	ALT (SGPT) (test# 001545)	\$ 8.00
82150	Amylase (test# 001396)	\$ 14.00	84480	T3 (test #002188)	\$ 15.00
82248	Bilirubin, Direct (test# 001222)	\$ 8.00	84481	T3 FREE (test #010389)	\$ 32.00
82306	VITAMIN D (#081950)	\$ 30.00	84482	T3, Reverse (test# 070104)	\$ 104.00
82378	CEA (test# 002139)	\$ 27.00	84484	Troponin I (test# 120832)	\$ 30.00
82390	Ceruloplasmin (test# 001560)	\$ 29.00	84520	BUN (test #001040)	\$ 8.00
82525	Cooper, Serum (test# 001586)	\$ 23.00	84550	Uric Acid, Serum (test# 001057)	\$ 8.00
82565	Creatinine, Serum (test #001370)	\$ 8.00	84630	Zinc, Plasma or Serum (test# 001800	\$ 12.00
82550	Creatine Kinase, total (test# 001362)	\$ 8.00	84702	Quantitative HCG (test #004416)	\$ 13.00
82553	Creatine Kinase (CK), MB (test# 120816	\$ 35.00	84703	Qualitative HCG (serum) (test# 0045	\$ 20.00
82607	VITAMIN B12 (#001503)	\$ 22.00	85018	HEMOGLOBIN (test#005041)	\$ 8.00
82670	Estradiol (test #004515)	\$ 41.00	85025	CBC W/DIFF/PIT(test #005009)	\$ 8.00
82728	Ferritin, Serum (test# 004598)	\$ 32.00	85045	Reticulocyte Count (test# 005280)	\$ 13.00
82746	Folate (Folic Acid), Serum (test# 002014)	\$ 23.00	85049	PLATELET(test #005249)	\$ 8.00
82784	Immunoglobulin A, Quantitative (test# 001	\$ 33.00	85379	D-Dimer (test# 115188)	\$ 31.00
82947	Glucose: Fast/Rand (waived)	\$ 12.00	85610	PROTHROMBIN TIME (PT) (#00519	\$ 11.00
82977	GGT (test# 001958)	\$ 8.00	85652	Erythrocyte Sedimentation Rate (tes	\$ 20.00
83001	FSH, Serum (test#004309)	\$ 42.00	85730	THROMBOPHASTIN TIME (PPT) (#	\$ 12.00
83002	Luteinizing Hormone (LH), S (test# 00428	\$ 42.00	85652	Erythrocyte Sedimentation Rate (tes	\$ 20.00
83036	Hemoglobin A1C (test # 001453)	\$ 9.00	85730	THROMBOPHASTIN TIME (PPT) (#	\$ 12.00
83516	Antigliadin Abs,IgA (test# 161646)	\$ 30.00	85610 & 85730	PROTHROMBIN TIME (PT) & (PTT)	\$ 20.00
83516	Tissue Transglutaminase,IgA (test#16464	\$ 115.00	86038	ANA, DIRECT (test# 164855)	\$ 47.00
83520	Adiponectin (test# 004650)	\$ 155.00	86140	C-REACTIVE PROTEIN, QUANT (te	\$ 10.00
83525	Insulin (test #004333)	\$ 31.00	86141	C-REACTIVE PROTEIN , CARDIAC	\$ 10.00
83540	Iron (test# 001339)	\$ 8.00	86225 & 86235	ANA PANEL (test #165092)	\$ 377.00
3540 & 8355	Iron and TIBC (test# 001321)	\$ 28.00	86256 & 86671	Inflammatory Bowel Disease-IBD (te	\$ 97.00
83615	LDH (test# 001115)	\$ 8.00	82955 & 85041	G-6-PD, AUTOMATED rbc COUNT(t	\$ 15.00
83690	Lipase (test# 001404)	\$ 14.00	86317	HEPATITIS B SURF Ab QUANT (tes	\$ 13.00
83695	Lipoprotein (a) (test# 120188)	\$ 30.00	86376	TPO (test #006676)	\$ 18.00
83735	Magnesium (test# 001537)	\$ 16.00	86376 & 86800	THYROID ANTIBODIES (#006684)	\$ 28.00
83880	BNP (test# 140889)	\$ 50.00	86431	RA FACTOR (test# 006502)	\$ 19.00
83915	5' Nucleotidase (test# 001701)	\$ 26.00	86480	QUANTIFERON (test #182879)	\$ 60.00

**Scotland County Health Department  
FY 23 Fee Schedule**

LABS 2 GO		
86480	QUANTIFERON (incubated) (test #18289)	\$ 60.00
86593	RPR (test # 006460)	\$ 10.00
86618	LYME DISEASE ANTIBODY TOTAL & IgM (test# 258004)	\$ 231.00
86617	LYME DISEASE ANTIBODY TOTAL & IgM W/REFLEX WESTERN BLOT	\$ 155.00
86757	ROCKY MOUNTAIN SPOTTED FEVER,Ig (test # 016592)	\$ 126.00
86757	ROCKY MOUNTAIN SPOTTED FEVER,Ig (test # 016667)	\$ 126.00
86644	CMV Ab (test #006494)	\$ 25.00
6695 & 8669	HSV 1 & 2 (test #164922)	\$ 45.00
86696	HSV 2 REFLEX	\$ 57.00
86706	HEP B SURFACE Ab Qualitative (test # 0	\$ 12.00
86704	HEP B CORE Ab(test #006718)	\$ 15.00
86705	HEP B core Ab, IgM (#016881)	\$ 21.00
86708	HEP A ANTIBODY (test #006726)	\$ 15.00
86709	HEP A, IgM (#006734)	\$ 20.00
86735	MUMPS TITER (test #096552)	\$ 18.00
86762	RUBELLA TITER (test #006197)	\$ 16.00
86765	MEASLES TITER (test #096560)	\$ 18.00
86777	TOXOPLASMA GONDII Ab (test # 006478)	\$ 30.00
86787	VARICELLA TITER (test # 096206)	\$ 16.00
86800	Thyroglobulin Antibody (test# 006685)	\$ 48.00
A0001	Thyroglobulin by IMA Reflex (test# 006	\$ 45.00
A0002	Thyroglobulin by LCMS Reflex (test# 0	\$ 65.00
A0003	Thyroglobulin by RIA Reflex (test# 503	\$ 45.00
86803	HEP C ANTIBODY (test #140659)	\$ 17.00
86803	HEP C Ab W/REFLEX (test # 144065)	\$ 17.00
86850	ANTIBODY SCREEN (test #006015)	\$ 16.00
6900 & 8690	ABO & Rh (test #006049)	\$ 18.00
87086	URINE CULTURE © (test #008847)	\$ 13.00
87186	Sensitivity Organism #1 (test# 997870)	\$ 13.00
87186	Sensitivity Organism #2 (test# 997870)	\$ 13.00
87340	HEP B SURFACE ANTIGEN (test #00651	\$ 12.00
87186	Sensitivity Organism #2 (test# 997870)	\$ 13.00
87522	HCV RNA by PCR, Qn Rfx Geno (test# 55	\$ 134.00
87902	Hepatitis C Genotype (Reflex) (test#55048	\$ 250.00
88112	Anal Pap (test# 009160)	\$ 55.00
5, 82728, 82	ANEMIA B PROFILE **CBC w/D/PLT;	\$ 46.00
10, 83550, 85	FERRITIN; FOLATES; IRON; IRON	
82607	BINDING CAPACITY; RETIC COUNT (test # 042077)	

**Scotland County Department of Social Services  
Fee Schedule**

**Child Support**

Application Fee	\$25.00
Paternity Testing Fee	\$19.50

**Children Services**

Pre Placement Fees:

Pre Placement Assessment only	\$1300.00
Pre Placement Assessment update	\$500.00
Preparation of Report to the Court only	\$200.00
Pre Placement Assessment and preparation of Report to the Court	\$1500.00
Home Study (non court ordered nor requested through the North Carolina Interstate Compact)	\$500.00

Confidential Intermediary Fees:

Record Review and Search	\$250.00
Ongoing Search and Facilitation	\$75.00/hour

**Emergency Management Services  
Fee Schedule  
FY 2022-2023**

ALS/BLS transports: \$600.00

Mileage: \$15.00 per mile

ALS Treatment/no transport: \$150.00

(TOR): Transfer of remains \$95.00

Patient Treated, Transferred Care to Another EMS Professional/Unit \$600.00

Patient Dead on Scene – No Resuscitation Attempted (with Transport) \$600.00

## **Scotland County Board of Elections Fee Schedule**

Any data that is emailed – is free

Printed Reports – First 5 pages are free any additional pages are .15 per page

Election CD – \$25.00 and we provide the CD

Candidate Filing Fees – Generally 1% of the sought office's base salary

**Register of Deed  
Fee Schedule  
FY 2022-2023**

Recording Real Estate Instruments

Instruments except deeds of trust and mortgages ..... \$26 first 15 pages

    \$4 ea. add'l page

Deeds of trust and mortgages ..... \$64 first 35 pages

    \$4 ea. add'l page

Plats ..... \$21 ea. sheet

Nonstandard document ..... \$25

Multiple instruments as one, each . . . . . \$10

Add'l assignment instrument index reference, each. . . . . \$10

Add'l party to index in excess of 20, each ..... \$2

Satisfaction instruments . . . . . No fee

UCC Records

    One or two pages in writing . . . . . \$38

    More than two pages in writing ..... \$45 up to 10 pages

    \$2 ea. page over 10

    Response to written request for information . . . . . \$38

    Copy of statement ..... \$2 ea. page

Marriage license . . . . . \$60

Delayed marriage certificate, with one certified copy . . . . . \$20

Application or license correction with one certified copy . . . \$10

Marriage license certified copy . . . . . \$10

Birth certificate certified copy . . . . . \$10

Birth certificate after one year or more for same county,  
with one certified copy . . . . . \$20

Papers for birth certificate in another county one year  
or more after birth . . . . . \$10

Recording Real Estate Instruments

Instruments except deeds of trust and mortgages ..... \$26 first 15 pages

\$4 ea. add'l page

Deeds of trust and mortgages ..... \$64 first 35 pages

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.. \$20

Application or license correction with one certified copy . . . . .

.. \$10

Marriage license certified copy . . . . .

..... \$10

Birth certificate certified copy . . . . . \$10  
 Birth certificate after one year or more for same county,  
 with one certified copy . . . . . \$20  
 Papers for birth certificate in another county one year  
 or more after birth . . . . . \$10  
 Birth certificate for papers from another county one year  
 or more after birth, with one certified copy . . . . . \$10  
 Death certificate certified copy . . . . . \$10  
 Birth record amendment ..... \$10  
 Death record amendment . . . . . \$10  
 Legitimations. . . . . \$10  
 Certified copies unless statute otherwise provides . . . . . \$5  
 first page  
 \$2 ea. add'l page  
 Uncertified copies. . . . . \$0.25  
 Other Services  
 Notary public oath ..... \$10  
 Comparing copy for certification . . . . . \$5  
 State vital records automated search ..... \$14  
 State vital records automated search copy. . . . . \$10

**Scotland County Sheriff's Office**  
**Fee Schedule**  
**FY 2022-2023**

Civil Process - \$30.00

Fingerprints - \$15.00

Gun Permit - \$5.00

Concealed Carry Permit (New) - \$90.00 (\$10.00 to fingerprints, \$45.00 state fees, \$35.00 county fees)

Concealed Carry Permit (Renewal) - \$75.00 (\$40.00 state fees, \$35.00 county fees)

Concealed Carry Permit (Retired LEOs) - \$45.00

Concealed Carry Permit (Duplicate) - \$15

**Scotland County  
Board Compensation  
FY 2022-2023**

<u>Board</u>	<u>Rate</u>		<u>Paid</u>	<u>Additional Notes</u>
	<u>Chairman</u>	<u>Member</u>		
Commissioners	945.00	636.00	Monthly	N/A
Elections	125.00	100.00	Monthly	Plus \$25 per unscheduled meeting
E & R	100.00	100.00	Per Meeting	Paid for either a half day \$50 or full day \$100 depending on length of meeting
Plannning & Zoning	25.00	25.00	Per Meeting	Meets as needed
Health	35.00	25.00	Per Meeting	Paid semi-annually
DSS	35.00	25.00	Per Meeting	Paid semi-annually