

ORDINANCE NO 2019 - 15
AN ORDINANCE REPLACING GRANT COUNTY ORDINANCE
8-2019 AND AMENDING THE GRANT COUNTY CODE

WHEREAS, IT HAS BEEN DETERMINED THAT THERE IS A
NEED TO ESTABLISH FINES FOR VIOLATION OF THE GRANT
COUNTY ON-SITE SEPTIC ORDINANCE.

NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COM-
MISSIONERS OF THE COUNTY OF GRANT, STATE OF INDIANA:

SECTION 1.
THIS ORDINANCE HEREBY REPEALS ORDINANCE NO.8-2019.

SECTION 2.

THE GRANT COUNTY CODE IS AMENDED AS FOLLOWS:

SECTION 16-1-4-24(e) IS AMENDED BY REPEALING THE EX-
ISTING SECTION AND REPLACING IT WITH THE FOLLOWING,
TO-WIT:

(e)THE FOLLOWING FEE SCHEDULE IS ESTABLISHED:

(1) VITAL RECORDS SERVICES:

CERTIFIED BIRTH CERTIFICATE	\$ 15.00 PER COPY
CERTIFIED DEATH CERTIFICATE	\$ 15.00 PER COPY
PATERNITY AFFIDAVIT	\$ 40.00 PER DOCUMENT
PATERNITY AFFIDAVIT UPON MARRIAGE	\$ 40.00 PER DOCUMENT
AFFIDAVIT OF AMENDMENT	\$ 15.00 PER DOCUMENT
CERTIFIED COPY OF PATERNITY AFFIDAVIT	\$ 5.00 PER COPY
VINYL BIRTH CERTIFICATE SLEEVE	\$ 5.00 EACH

(2) NURSING SERVICES:

IMMUNIZATON AND DIAGNOSTIC TESTING: \$1.00 OVER
AVERAGE COMMERCIAL INSURANCE FEE SCHEDULE -I-
\$15.00 ADMINISTRATION FEE

*EXCEPTION WILL BE GIVEN TO PATIENTS WHO MEET
THE FINANCIAL HARDSHIP POLICY ADOPTED BY THE
GRANT COUNTY HEALTH BOARD.*

MANTOUX T.B. SKIN TEST & READING \$10.00 PER TEST
STD TESTING \$20.00 PER TEST

VACCINATION RECORDS \$2.00 PER COPY
CPR TRAINING \$30.00 PER PERSON
\$10.00 COUNTY EMPLOYEE
FIRST AID TRAINING \$10.00 PER PERSON
UNIVERSAL PRECAUTIONS TRAINING \$10/PERSON
TB CERTIFICATION \$10.00 PER PERSON

THE GRANT COUNTY HEALTH OFFICER MAY OFFER
VACCINE TO OTHER GOVERNMENTAL AGENCIES AT THE
COST OF THE VACCINE TO GRANT COUNTY *EXCEPT*
FOR THE ANNUAL TEST FOR TB. THE ANNUAL TB TEST
SHALL BE FREE TO HEALTH DEPARTMENT STAFF AS
THIS TEST IS REQUIRED FOR ALL HEALTH DEPARTMENT
EMPLOYEES.

(3) HEALTH SERVICES — FOODS (Effective 01-01-2018)

FOOD SERVICE ESTABLISHMENTS	ANNUAL LICENSE FEE
1 — 10 EMPLOYEES	\$ 75.00
11 — 25 EMPLOYEES	\$100.00
26 OR MORE EMPLOYEES	\$150.00

THE NUMBER OF EMPLOYEES SHALL INCLUDE ALL FULL-
TIME AND ALL PART-TIME EMPLOYEES ON PAYROLL.

BED & BREAKFAST — ANNUAL LICENSE FEE

THERE SHALL BE A \$35.00 CHARGE FOR A FOOD LI-
CENSE FOR A BED AND BREAKFAST ESTABLISHMENT.

CONVENIENCE STORE, GROCERY, MARKET
— ANNUAL LICENSE FEE

UNDER 2,000 SQUARE FEET	\$ 75.00
2,001 TO 10,000 SQUARE FEET	\$100.00
10,001 OR MORE SQUARE FEET	\$150.00

SQUARE FOOTAGE SHALL BE BASED ON THE SIZE OF
THE BUILDING ITSELF, NOT INCLUDING THE LOT SIZE.

MOBILE RETAIL FOOD ESTABLISHMENT
— ANNUAL LICENSE FEE
MOBILE FOOD ESTABLISHMENT \$60.00

APPLICATION MUST BE SUBMITTED 10 DAYS OR MORE
PRIOR TO THE EVENT.

THERE SHALL BE A \$50.00 LATE CHARGE FOR THOSE
CONCESSIONS WHICH HAVE NOT SUBMITTED THEIR AP-
PLICATION AND PAYMENT TEN DAYS PRIOR TO A GRANT
COUNTY FAIR, FESTIVAL, OR EVENT.

APPLICATIONS BY MAIL MUST BE POST MARKED (10)
DAYS PRIOR TO THE FIRST DAY OF THE EVENT.

VENDING OPERATIONS —ANNUAL LICENSE FEE

VENDING OPERATION MICRO MARKETS \$60.00

VENDING MACHINES WITH PHF (POTENTIALLY HAZAR-
DOUS FOODS) I.E. MILK, ICE CREAM, AND SANDWICHES
WITH MEATS AND CHEESE OR ANY FOOD THAT CAN
SUPPORT THE GROWTH OF BACTERIA
\$5.00 PER MACHINE

NEW ESTABLISHMENTS

THERE SHALL BE A ONE TIME NEW FOOD ESTABLISH-
MENT FEE OF \$60.00 FOR ANY NEW FOOD SERVICE
ESTABLISHMENT, BED & BREAKFAST, MARKET, MOBILE
RETAIL FOOD SALES TRUCK OR VENDING OPERATION

PLAN REVIEWS

THERE IS NO FEE FOR PLAN REVIEWS HOWEVER THERE
WILL BE A \$250.00 FINE FOR STARTING CONSTRUCTION
PRIOR TO PLAN REVIEW AND APPROVAL.

PENALTIES

THERE SHALL 'BE A \$50.00 LATE CHARGE FOR ANY
FOOD SERVICE ESTABLISHMENT, BED & BREAKFAST,
MARKET, MOBILE RETAIL FOOD SALES TRUCK OR VEND-
ING OPERATION WHICH HAVE NOT SUBMITTED THEIR LI-
CENSE APPLICATIONS AND PAYMENT BY THE DEADLINE
OF DECEMBER 31ST. APPLICATIONS BY MAIL SHALL BE
POSTMARKED NO LATER THAN DECEMBER 31ST.

AFTER JANUARY 10TH THERE SHALL BE AN ADDITIONAL
PENALTY FEE OF \$20.00 PER DAY FOR EACH DAY OF
OPERATION WITHOUT A CURRENT LICENSE (MAXIMUM
\$250.00) AND CLOSURE OF OPERATION,

ALL VIOLATIONS AT ALL ESTABLISHMENTS SHALL BE AS-
SESSED PENALTIES PER 410 IAC 7-23.

FINE FOR REMOVAL OF A CLOSURE SIGN BY ANYONE
OTHER THAN A HEALTH DEPARTMENT EMPLOYEE
\$500.00.

ANY PERSON(S) FOUND TO BE OPERATING A FOOD SER-
VICE IN GRANT COUNTY WITHOUT A VALID FOOD SER-
VICE LICENSE ISSUED BY THE GRANT COUNTY HEALTH
DEPARTMENT SHALL BE FINED \$250.00

(4) ENVIRONMENTAL HEALTH SERVICES

SEPTIC SYSTEM PERMITS

NEW CONSTRUCTION \$150.00

REPLACEMENT \$125.00
REPAIR \$ 50.00

NEW IS DEFINED AS THE CONSTRUCTION OF AN ONSITE
SYSTEM TO SERVE A NEW RESIDENCE OR NEW COM-
MERCIAL FACILITY.

REPLACEMENT IS DEFINED AS THE REPLACEMENT OR
EXPANSION OF A SOIL ABSORPTION FIELD EITHER WITH
OR WITHOUT THE ADDITION OF ANY ON-SITE SEWAGE
SYSTEM COMPONENT OTHER THAN THE SOIL ABSORP-
TION FIELD.

REPAIR IS DEFINED AS THE REPAIR OR REPLACEMENT
OF ANY ON-SITE SEWAGE SYSTEM COMPONENT OTHER
THAT THE REPLACEMENT OR EXPANSION OF A SOIL AB-
SORPTION FIELD.

**ON-SITE SEPTIC INSTALLER REGISTRATION AND CERTI-
FICATION FEES**

ANNUAL CERTIFIED INSTALLER REGISTRATION \$ 30.00
GRANT COUNTY HEALTH DEPARTMENT
CERTIFICATION TEST \$ 75.00

TATTOO & BODY PIERCING - ANNUAL LICENSE FEE

ESTABLISHMENT \$100.00
INDIVIDUAL ARTIST (TATTOO OR PIERCER)
LICENSE \$ 40.00
COMBINATION TATTOO/PIERCER LICENSE \$ 60.00

THERE SHALL BE A \$75.00 LATE CHARGE FOR ANY TAT-
TOO/BODY PIERCING ESTABLISHMENT AND A \$25.00
LATE CHARGE FOR ANY INDIVIDUAL ARTIST WHICH
HAVE NOT SUBMITTED THEIR LICENSE APPLICATIONS
AND PAYMENT BY THE DEADLINE OF DECEMBER 31ST.
APPLICATIONS BY MAIL SHALL BE POSTMARKED NO
LATER THAN DECEMBER 31ST.

ON-SITE SEPTIC FINES

INSTALLATION OF AN ON-SITE SEPTIC SYSTEM WITHOUT
A PERMIT \$15,000.00

FINE FOR REMOVAL OF A CLOSURE SIGN BY ANYONE
OTHER THAN A HEALTH DEPARTMENT EMPLOYEE
\$500.00,

SECTION 3.

THIS ORDINANCE SHALL BECOME EFFECTIVE NOVEMBER 1,
2019.

ADOPTED THIS 21st DAY OF OCTOBER, 2019

THE BOARD OF COMMISSION-
ERS OF THE COUNTY OF GRANT
STATE OF INDIANA.

/S/ Mike Burton
MIKE BURTON

/S/ Mark Bardsley
MARK BARDSLEY

/S/ Ron Mowery
RON MOWERY

ATTEST:
/S/ James E. McWhirt, AUDITOR
JAMES E. McWHIRT

DOCUMENT PREPARED BY DAVID GLICKFIELD, JR.

I affirm, under the penalties for perjury, that I have taken reasonable
care to redact each Social Security number in this document, un-
less required by law.

/S/James E. McWhirt
TNH 10/30