



ROWAN COUNTY COMMISSION AGENDA
October 17, 2016 - 6:00 PM
J. Newton Cohen, Sr. Room
J. Newton Cohen, Sr. Rowan County Administration Building
130 West Innes Street, Salisbury, NC 28144

Call to Order

Invocation

- Provided By: Chaplain Michael Taylor

Pledge of Allegiance

Consider Additions to the Agenda

Consider Deletions From the Agenda

Consider Approval of the Agenda

Board members are asked to voluntarily inform the Board if any matter on the agenda might present a conflict of interest or might require the member to be excused from voting.

- Consider Approval of the Minutes: October 3, 2016

1 Consider Approval of Consent Agenda

- A. Engineered Option Permit Fee
- B. RCHD Fee Schedule
- C. Foundation for a Healthy Carolina Dental Grant Application
- D. Refunds for Approval
- E. Program Debt Write-Off
- F. Private Hangar Lease Assignment
- G. Thanksgiving Office Hours
- H. Agreement with Novant Health Rowan Medical Center
- I. Apply for State Farm Grant for SRO Training

2 Public Comment Period

3 Public Hearing for ZTA 02-16

4 Financial Report

5 Adjournment

Citizens with disabilities requiring special needs to access the services or public meetings of Rowan County Government should contact the County Manager's Office three days prior to the meeting by calling (704) 216-8180.

**ROWAN COUNTY
A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144
TELEPHONE: 704-216-8180 * FAX: 704-216-8195**

MEMO TO COMMISSIONERS:

FROM: Carolyn Barger, Clerk to the Board
DATE: 10/10/2016
SUBJECT: Consider Approval of the Minutes: October 3, 2016

ATTACHMENTS:

Description	Upload Date	Type
Consider Approval of the Minutes: October 3, 2016	10/10/2016	Cover Memo

Greg Edds, Chairman
Jim Greene, Vice-Chairman
Mike Caskey
Judy Klusman
Craig Pierce



Aaron Church, County Manager
Carolyn Barger, Clerk to the Board
John W. Dees, II, County Attorney

DRAFT

Rowan County Board of Commissioners

130 West Innes Street • Salisbury, NC 28144
Telephone 704-216-8180 • FAX 704-216-8195

**MINUTES OF THE MEETING OF THE
ROWAN COUNTY BOARD OF COMMISSIONERS**

October 3, 2016 – 3:00 PM

J. NEWTON COHEN, SR. ROOM

J. NEWTON COHEN, SR. ROWAN COUNTY ADMINISTRATION BUILDING
.....

Present: Greg Edds, Chairman
Jim Greene, Vice-Chairman
Mike Caskey, Member
Judy Klusman, Member
Craig Pierce, Member

County Manager Aaron Church, Clerk to the Board/Assistant to the County Manager Carolyn Barger, County Attorney Jay Dees and Assistant County Manager/Finance Director Leslie Heidrick were present.

Chairman Edds convened the meeting at 3:00 p.m.

Chaplain Michael Taylor provided the Invocation.

Chairman Edds led the Pledge of Allegiance.

CONSIDER ADDITIONS TO THE AGENDA

There were no additions to the agenda.

CONSIDER DELETIONS FROM THE AGENDA

Chairman Edds modified item E (Set Public Hearing for ZTA 02-16 & STA 03-16 for October 17, 2016) as listed on the Consent Agenda. The modification was to strike STA 03-16 from the public hearing.

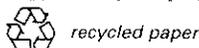
CONSIDER APPROVAL OF THE AGENDA

Commissioner Klusman moved, Commissioner Greene seconded and the vote to approve the agenda as modified passed unanimously.

CONSIDER APPROVAL OF THE MINUTES

Commissioner Klusman moved, Commissioner Caskey seconded and the vote to approve the minutes of the September 19, 2016 Commission Meeting passed unanimously.

Equal Opportunity Employer



1. CONSIDER APPROVAL OF CONSENT AGENDA

Commissioner Greene moved approval of the Consent Agenda as amended. The motion was seconded by Commissioner Klusman and passed unanimously.

The Consent Agenda consisted of the following:

- A. TWCable Internet Upgrade and Renewal
- B. TWCable Library ERate Service
- C. Lease Termination for Urban Trends at West End Plaza
- D. Proclamation for Young Marines Red Ribbon Week October 23-31, 2016

WHEREAS, communities across America have been plagued by the numerous problems associated with illicit drug use and those that traffic in them; *and*

WHEREAS, there is hope in winning the war on drugs, and that hope lies in education and drug demand reduction, coupled with the hard work and determination of organizations such as the Young Marines and the Marine Corps League to foster a healthy, drug-free lifestyle; *and*

WHEREAS, governments and community leaders know that citizen support is one of the most effective tools in the effort to reduce the use of illicit drugs in our communities; *and*

WHEREAS, the red ribbon has been chosen as a symbol commemorating the work of Enriquée “Kiki” Camarena, a Drug Enforcement Administration agent who was murdered in the line of duty, and represents the belief that one person can make a difference; *and*

WHEREAS, the Red Ribbon Campaign was established by Congress in 1988 to encourage a drug-free lifestyle and involvement in drug prevention and reduction efforts; *and*

WHEREAS, October 23-31 has been designated National Red Ribbon Week, which encourages Americans to wear a red ribbon to show their support for a drug-free environment.

NOW, THEREFORE BE IT PROCLAIMED by the Rowan County Board of Commissioners that October 23-31, 2016 be recognized as **RED RIBBON WEEK** in Rowan County, and urges all citizens to join in this special observance.

- E. Set Public Hearing for ZTA 02-16 & STA 03-16 for October 17, 2016 (STA 03-16 was stricken from the Consent Agenda at the beginning of the meeting)
- F. Purchase Chevrolet Tahoe for Emergency Services
- G. Declaration of Surplus Property at West End Plaza
- H. Award Bid for Airport North Ramp Rehabilitation and South Ramp Expansion
- I. Rockwell EMS Station Contract

2. SPECIAL RECOGNITION – DSS ONE CHURCH ONE CHILD PROGRAM

Commissioner Klusman recognized Rowan County Department of Social Services employee, Jon Hunter, for developing the Rowan County One Church

One Child (OCOC) Program, as well as for his fundraising efforts and management of the Program to meet the needs of children in Rowan County.

Commissioner Klusman presented Mr. Hunter with a certificate of appreciation from the Board of Commissioners. The presentation was followed by a round of applause and a standing ovation.

3. SPECIAL RECOGNITION – ROWAN COUNTY 4-H

Amy-Lynn Albertson, County Extension Director, introduced Rowan County 4-H'er of the year, Sam Oster. Ms. Albertson said October 2-8, 2016 was National 4-H Week. Ms. Albertson said the volunteers who donated 6,475 hours at a value of \$23.51/hour equaling \$152,151 in 2015.

Ms. Albertson said while the 4-H'ers could not provide the county with a "real" check, Sam had a ceremonial check to present the Board of Commissioners.

Chairman Edds read a Proclamation recognizing National 4-H Week as follows:

WHEREAS, since 1902, America's 4-H program has served the youth of our nation, emphasizing the importance of head, heart, hands, and health; and

WHEREAS, 4-H participants take part in activities through after school and community-based clubs, as well as camp settings, empowering nearly six million young people across the U.S. with the skills to lead for a lifetime; and

WHEREAS, the 4-H program strengthens rural, suburban, and urban communities by recognizing and developing the power and promise of America's youth, and by creating innovative partnerships among local residents, volunteers, private supporters, universities, and local, state, and federal government; and

WHEREAS, the 4-H motto, "learn by doing," encourages young people to take advantage of educational opportunities that allow them to explore and understand the importance of health, science, agriculture and citizenship; and

WHEREAS, the 4-H pledge "Head, Heart, Hands, and Health," exemplifies a commitment to learning, hard work, and dedication to community service, and inspires our youth to be tomorrow's successful leaders; and

WHEREAS, 4-H Week recognizes the many volunteers and young people who donate their time, talents, and energy to local 4-H programs.

NOW, THEREFORE, BE IT PROCLAIMED, the Rowan County Board of Commissioners does hereby recognize October 2-8, 2016, as NATIONAL 4-H WEEK and expresses appreciation for Rowan County's 4-H programs and participants.

Commissioner Klusman moved, Commissioner Pierce seconded and the vote to approve the Proclamation passed unanimously.

Chairman Edds then presented the Proclamation to Sam. The presentation was followed by a round of applause.

4. PUBLIC COMMENT PERIOD

Chairman Edds opened the Public Comment Period to entertain comments from any citizens wishing to address the Board. With no one coming forward, Chairman Edds closed the Public Comment Period.

5. PUBLIC HEARING FOR FY 2018 COMMUNITY TRANSPORTATION GRANT

Rowan Transit System (RTS) Director Gary Price reported the North Carolina Public Transportation Division was now accepting Community Transportation Program (CTP) applications for Fiscal Year 2018. The CTP is the principal source of funding for the RTS operations.

Mr. Price provided an overview of the funding allocations as follows:

Administration: Requesting \$182,323; \$154,974 or 85% grant and \$27,349 or 15% County match. The grant will support two (2) positions, travel, communications, utilities, fleet insurance and office expenses.

Capital Equipment: Requesting \$297,500; \$267,750 or 90% grant and \$27,349 or 10% County match.

In response to Chairman Edds, Mr. Price confirmed the County would not purchase any new vehicles if the grant funding was reduced.

Commissioner Klusman said once DSS and the Health Department moved to West End Plaza it would be good to provide an express route for the citizens to those departments. Commissioner Klusman encouraged Mr. Price to share the suggestion and possibly coordinate with the City at the appropriate time.

Chairman Edds opened the public hearing to receive citizen input regarding the FY 2018 CTP grant application. With no one wishing to address the Board, Chairman Edds closed the public hearing.

Chairman Edds moved to adopt the CTP Resolution identifying the County Manager as the authorized official to make the necessary federal and state assurances and certifications on application documents with empowerment to enter into subsequent NCDOT grant agreements. The County Attorney must also affirm that Rowan County has authority under State and local law to make and comply with certifications and assurances. The motion was seconded by Commissioner Klusman and passed unanimously.

6. PUBLIC HEARING FOR Z 10-16

Assistant Planning Director Shane Stewart presented the staff Report for Z 10-16. Mr. Stewart said Vernon Powell was requesting the rezoning of a portion of an 81.8 acre parcel owned by Jerry Trevey, James Epting, and Andrew Powell referenced as Tax Parcel 052-096 located at Long Ferry Road and an unnamed

interstate service road near Interstate 85 from 85-ED-1 to 85-ED-2 and Commercial, Business, Industrial (CBI). Mr. Stewart said Planning Staff met with Economic Development Staff regarding a potential development opportunity at this location, which would require 85-ED-2 zoning designation and a conditional use permit.

Mr. Stewart provided a power point as he discussed the site in question, as well as the surrounding properties. Mr. Stewart said rezoning the area south of the service road 85-ED-2 would leave two (2) portions of adjacent parcels (.16 acres of Tax Parcel 052-093 and .35 acres of Tax Parcel 052-095) zoned 85-ED-1. As such, Planning Staff provided mailed notice to the property owners indicating these areas would be included within this request. Staff requested the Commissioners include these areas with the recommendation for Z-10-16.

Mr. Stewart highlighted the zoning criteria contained in the staff report. Procedurally, Mr. Stewart said the Board must develop a statement of consistency describing whether its action is consistent with any adopted comprehensive plans and indicate why their action is reasonable and in the public interest. Staff also recommended providing a statement analyzing the reasonableness of the decision.

Mr. Stewart discussed the Trevey site, which contained a number of important infrastructure features and excellent interstate visibility necessary to attract a variety of economic development opportunities. A district change to 85-ED-2 affords additional distribution and wholesale trade options for the main part of the property (subject to issuance of a conditional use permit) while the CBI area provides a more appropriate designation for the corner lot. The two (2) portions of adjacent properties staff recommended to include within this request would ensure a consistent zoning map for the county jurisdictional area.

The Board of Commissioners scheduled the current public hearing in advance of the Planning Board Meeting, which was held on September 26, 2016. Mr. Stewart reported the Planning Board had voted unanimously to submit a favorable recommendation to the Commissioners based on the recommended Statements of consistency and reasonableness, which he provided in a handout.

Chairman Edds opened the public hearing to receive comments from any citizens wishing to address the Board regarding Z 10-16. With no one coming forward, Chairman Edds closed the public hearing.

Statement of Consistency:

Commissioner Greene moved the Planning Board, in accordance with Section 21-362 (J) of the Rowan County Zoning Ordinance and after due concertation advises that the Z-10-16 request is reasonable and consistent with the Eastern Rowan Land Use Plan based on the following: The rezoning request from 85-ED-1 to 85-ED-2 with a CBI outparcel request is reasonable based on the intent

of the East Rowan Land Use Plan and the CBI designation that further permits the addition of distribution and wholesale trade as conditional uses. Main thoroughfare road frontages, visibility from I-85, water and sewer availability and existing surrounding development all combine to substantiate the reasonableness of the requested zoning change. The motion was seconded by Commissioner Pierce and passed unanimously.

Statement of Reasonableness:

Commissioner Klusman moved in accordance with Section 21-361 (B) of the Rowan County Zoning Ordinance the Planning Board advises the Z-10-16 request is consistent with the Eastern Rowan Land Use Plan based on the following: The property is located in Area 2 of the Eastern Rowan Land Use Plan and is in the commercial and industrial corridor along I-85. The zoning request is consistent with the intent to maximize the economic benefits to the county and inclusion of the CBI and 85-ED-2 zoning designations allow for a wide range of commercial, business and light industrial use furthering consistency with plans set forth between 2000 and 2003 for properties along the I-85 corridor to establish economic development zones. The motion was seconded by Commissioner Pierce and passed unanimously.

Commissioner Pierce moved, Commissioner Caskey seconded and the vote to approve Z-10-16 passed unanimously.

7. SECOND READING FOR PROPOSED REVISIONS TO CHAPTER 5 (ANIMALS) OF THE ROWAN COUNTY CODE OF ORDINANCES

Chairman Edds explained that Chapter 2, Section 2-227 of the Rowan County Code of Ordinances deals with the adoption, amendment or repeal of ordinances. The ordinance states, "If the proposed measure is approved by a majority but not by all the members of the board, or it the measure is not voted on at that meeting, it shall be considered at the next regular meeting of the board."

Chairman Edds explained the Board had voted 4-1 during regular session on September 19, 2016 to approve text amendments to Chapter 5 (Animals) and the second reading was necessary for approval.

Commissioner Pierce moved, Commissioner Klusman seconded and the vote to approve the amendments to Chapter 5 to be effective January 1, 2017 passed unanimously.

8. CONSIDER APPROVAL OF BOARD APPOINTMENTS JUVENILE CRIME PREVENTION COUNCIL

There are three (3) vacancies and the following application was received:

- Christopher Scott Flowers - At large representative

The term is for two (2) years expiring June 30, 2018.

Commissioner Caskey moved, Commissioner Pierce seconded and the vote to appoint Mr. Flowers passed unanimously.

SALISBURY-ROWAN COMMUNITY ACTION AGENCY

There is one (1) vacancy and Jack Duncan has submitted an application.

The term is for two (2) years beginning October 1, 2016 and expiring September 30, 2018.

Commissioner Greene moved, Commissioner Caskey seconded and the vote to appoint Mr. Duncan passed unanimously.

ZONING BOARD OF ADJUSTMENT

There is one (1) at large vacancy. Currently Kevin May is appointed to serve as an alternate but is requesting his appointment be amended to an at large member. Planning Staff supports this change. If approved, Mr. May's current term limit of September 30, 2018 would not be affected and he would be eligible for reappointment.

Commissioner Pierce moved to amend Mr. May's appointment to that of an at large member. The motion was seconded by Commissioner Caskey and carried unanimously.

ROWAN TRANSIT ADVISORY COMMITTEE

On May 5, 2016, the Board of Commissioners approved revised by-laws for the Rowan Transit Advisory Committee. In the revised by-laws, core agencies were made permanent members of the committee. The following applications have been received by the designees requested to represent the core agencies:

- Terrelle Banner - Ruffy Holmes Nutrition Program
- Vernice Gallon – Therapeutic Recreation Division – Please note Ms. Gallon is not a Rowan County resident.
- Steve Joslin – Rowan County Health Department
- Gary Yelton – Rowan Vocational Opportunities
- Christina Sides Joyce – Trinity Living Center

Commissioner Klusman moved to appoint Terrelle Banner, Steve Joslin, Gary Yelton, and Christina Sides Joyce. Commissioner Greene seconded and the motion passed unanimously.

Following an inquiry regarding Ms. Gallon's residency, County Manager Aaron Church stated Ms. Gallon was a Rowan County employee.

Commissioner Klusman moved to appoint Ms. Gallon and Commissioner Caskey seconded. The motion passed unanimously.

GRANITE QUARRY ZONING BOARD OF ADJUSTMENT ETJ

There are two (2) vacancies and the following applications have been received:

- Kelly Smith for reappointment.
- Howell W. Kesler, Jr. for reappointment

The terms are for three (3) years expiring July 31, 2019.

Commissioner Greene moved, Commissioner Klusman seconded and the vote to reappoint Kelly Smith and Howell W. Kesler, Jr. passed unanimously.

TOWN OF CLEVELAND PLANNING / ZONING BOARD ETJ

- Eugene M. Adkins has submitted an application for reappointment.

The term is for three (3) years expiring June 30, 2019.

Commissioner Greene moved, Commissioner Klusman seconded and the vote to reappoint Eugene Adkins carried unanimously.

Chairman Edds took a moment to encourage citizens to consider serving on one of the County's many advisory boards.

9. ADJOURNMENT

There being no further business to come before the Board, Commissioner Pierce moved to adjourn at 3:34 p.m. The motion was seconded by Commissioner Greene and passed unanimously.

Respectfully Submitted,

Carolyn Barger, MMC, NCMCC
Clerk to the Board/
Assistant to the County Manager

**ROWAN COUNTY
A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144
TELEPHONE: 704-216-8180 * FAX: 704-216-8195**

MEMO TO COMMISSIONERS:

FROM: Nina Oliver, Public Health Director
DATE: 9/30/2016
SUBJECT: Engineered Option Permit Fee

On July 1st 2016 a new method of obtaining a septic permit for a property became effective. This method is called an Engineered Option Permit (15A NCAC 18A .1971). The purpose is to allow the client to have options. The Health Department involvement will be limited. The legislation allows local health departments to charge a fee equal to 30% of their normal site evaluation and permitting fees for this type of system. We are seeking approval from the Board of Commissioners to implement an additional fee for this service. The Board of Health approved our recommendation of this fee on September 20th 2016.

ATTACHMENTS:

Description	Upload Date	Type
Engineered Option Septic Permit Fee	9/30/2016	Cover Memo
Engineered Option Permit Statute	9/30/2016	Cover Memo

To: Rowan County Board of Commissioners

From: Nina Oliver, Public Health Director
Tad Helmstetler, Environmental Health Supervisor

Date: September 30, 2016

Re: Engineered Option Septic Permit

Situation:

On July 1st 2016 a new method of obtaining a septic permit for a property became effective. This method is called an Engineered Option Permit (15A NCAC 18A .1971). The purpose is to allow the client to have options. A person choosing this method is to employ a Professional Engineer and Licensed Soil Scientist to prepare drawings, specifications, plans and reports for the design, construction, operation, and maintenance of the system.

Background:

The new permitting process will allow Licensed Soil Scientists and Professional Engineers to design and install septic systems. The Health Department involvement will be limited. The legislation allows local health departments to charge a fee equal to 30% of their normal site evaluation and permitting fees for this type of system (15A NCAC 18A .1971).

Assessment:

Environmental Health believes that there will not be a large demand for this type of system in Rowan County due to the Engineered Option being much higher in cost. In the event that these systems are requested, the General Statute allows county health departments to charge up to 30% of their normal evaluation and permitting fees for the county's involvement with the system. Rowan County's current evaluation and permitting fee is \$225.00, so we can charge up to \$67.50 for our participation in this process.

The local health department responsibilities of an Engineered Option Permit are:

- (1) Perform a completeness review of the Notice of Intent to Construct to verify inclusion of information required by this Rule and indicate written verification of completeness determination;
- (2) Attend the post-construction conference to observe location of system components and start-up conditions;
- (3) Provide written confirmation of Authorization to Operate upon receipt of complete information required by this Rule;
- (4) File all EOP documentation consistent with current permit filing procedures at the local health department;

- (5) Submit a copy of the final Notice of Intent common form and written confirmation of Authorization to Operate to the Department;
- (6) Review the performance and operation reports submitted in accordance with Table V(b) of Rule .1961 of this Section;
- (7) Perform on-site compliance inspections of the wastewater system in accordance with Table V(a) of Rule .1961 of this Section;
- (8) Investigate EOP system complaints;
- (9) Issue a notice of violation for systems determined to be malfunctioning in accordance with Rule.1961(a) of this Section. The LHD shall direct the owner to contact the design professional engineer, project licensed soil scientist, licensed geologist, and contractor, as appropriate, for determination of the reason of the malfunction and development of a Notice of Intent to Construct for repairs; and
- (10) Require an owner receiving a notice of violation to pump and haul sewage in accordance with Rule .1961(m) of this Section.

Recommendation:

Rowan County Environmental Health respectfully recommends implementing a fee of \$ 67.50 for our required participation in the new Engineer Option Permit to off set our costs of reviewing submitted data and attending the post-installation conference. The Rowan County Board of Health approved this recommendation on September 20th 2016.

15A NCAC 18A .1971 ENGINEERED OPTION PERMIT

(a) An Engineered Option Permit (EOP) on-site wastewater system, as defined by G.S. 130A-334(1g), is available to an owner that provides an alternative process for the siting, design, construction, approval, and operation of the system without requiring the direct oversight or approval of the local health department. An owner choosing to use the EOP shall employ the services of a registered professional engineer licensed pursuant to G.S. 89C to prepare signed and sealed drawings, specifications, plans, and reports for the design, construction, operation, and maintenance of the wastewater system in accordance with G.S. 130A-336.1 and this Rule. Except as provided for in G.S. 130A-336.1 and in this Rule, an EOP system is subject to all applicable requirements of Article 11 of Chapter 130A of the General Statutes and all rules of this Section. Nothing in this Rule shall be construed as allowing any professional to provide services for which he or she has neither the educational background, expertise, or license to perform, or is beyond his or her scope of work as provided for pursuant to G.S. 130A-336.1 and the applicable statutes for their respective profession.

(b) **SITE EVALUATION:** Prior to the preparation and submittal of a Notice of Intent to Construct an EOP system, pursuant to G.S. 130A-336.1(b), the owner shall employ a licensed soil scientist pursuant to G.S. 89F to conduct an evaluation of soil conditions and site features in the proposed initial and repair drainfield areas for the EOP system, pursuant to G.S. 130A-335(a1) and G.S. 130A-336.1(e)(2). The owner shall employ a licensed soil scientist or a licensed geologist pursuant to G.S. 89E to evaluate geologic or hydro-geologic features as may be appropriate for the proposed site. This evaluation and documenting report shall be in accordance with the rules of this Section, and adhere to accepted standards of practice applicable to the type and size of the EOP system.

(c) **NOTICE OF INTENT TO CONSTRUCT:** The Notice of Intent to Construct an EOP System to be submitted by the owner or a registered professional engineer authorized as the legal representative of the owner to the local health department in the county where the facility is located shall be on the common form provided by the Department. It shall include all of the information specified in G.S. 130A-336.1(b) and the following:

- (1) Information required in Rules .1937(d) and .1937(e) of this Section for Improvement Permit and Construction Authorization applications;
- (2) Identification and location on the site plan of existing or proposed potable water supplies, geothermal heating and cooling wells, groundwater monitoring wells, and sampling wells for the facility. The registered professional engineer shall specifically reference any existing permit issued for a private drinking water supply, public water supply, or a wastewater system on both the subject and adjoining properties to provide documentation of compliance with setback requirements in Rule.1950 of this Section;
- (3) Documentation that the proposed wastewater system complies with all applicable federal, State, and local laws, regulations, rules and ordinances in accordance with G.S. 130A-336.1(e)(6);
- (4) Documentation shall be provided that the ownership and control requirements of Rule .1938(j) of this Section and the requirements for a multi-party agreement in Rule .1937(h) of this Section shall be met, as applicable; and
- (5) Proof of insurance for the registered professional engineer, licensed soil scientist, licensed geologist, and on-site wastewater contractor, as applicable.

(d) **LOCAL HEALTH DEPARTMENT NOTICE OF INTENT COMPLETENESS REVIEW:** The completeness review shall be performed by the authorized agent of the local health department pursuant to G.S. 130A-336.1(c). The local health department shall provide written confirmation of the completeness determination on the common form provided by the Department.

(e) **DESIGN PLANS AND SPECIFICATIONS:** The registered professional engineer design, plans, and specifications for the EOP System shall be in accordance with the rules of this Section and with adherence to accepted standards of practice applicable to the type and size of the EOP system. The registered professional engineer design shall incorporate findings and recommendations on soil and site conditions, limitations, and any site modifications specified by the licensed soil scientist or licensed geologist, as applicable. When the registered professional engineer chooses to employ pretreatment technologies not yet approved in this State, pursuant to G.S. 130A-336.1(e)(1), the engineering report shall specify the proposed technology, and the associated siting, installation, operation, maintenance, and monitoring requirements, including manufacturers endorsements associated with its proposed use.

(f) **CONSTRUCTION OF WASTEWATER SYSTEM:** No building permit for construction, location, or relocation shall be issued until after a decision of completeness of the Notice of Intent is made by the local health department pursuant to G.S. 130A-336.1(c). Construction of the wastewater system shall not commence until the system design, plans, and specifications have been provided to the on-site wastewater system contractor and the signed and dated statement by the contractor is provided to the owner, pursuant to G.S. 130A-336.1(e)(4)(b). The owner is

responsible for assuring no modifications or alterations to the site for the wastewater system or the system repair area are made as a result of any construction activities for the facility before or after construction of the wastewater system, unless specifically approved by the design professional engineer, licensed soil scientist, or licensed geologist, as applicable.

(g) **POST CONSTRUCTION CONFERENCE:** Attendance of the Post-Construction Conference required pursuant G.S. 130A-336.1(j) by the authorized agent of the local health department and by the Department (for systems designed for the collection, treatment, and disposal of industrial process wastewater or to treat greater than 3,000 gallons per day) is for the purpose of observing the location of the system and start-up conditions.

(h) **AUTHORIZATION TO OPERATE:** Prior to providing written confirmation for Authorization to Operate, the local health department shall receive the following:

- (1) Documentation that all reporting requirements identified in G.S. 130A-336.1(l) have been met;
- (2) Information set forth in Rule .1938(h) of this Section;
- (3) System start-up documentation, including applicable baseline operating parameters for all components;
- (4) Documentation by the owner or their legal representative that all necessary legal agreements, including easements, encroachments, multi-party agreements, and other documents have been properly prepared, executed and recorded in accordance with Rules .1937(h) and .1938(j) of this Section; and
- (5) Record drawings.

The local health department shall use the State-approved form for written confirmation.

(i) **OPERATION:** The owner of the wastewater system approved pursuant to the EOP is responsible for maintaining the wastewater system in accordance with the written operation and management program required in G.S. 130A-336.1(i)(1) and .1961 of this Section.

- (1) The operation and management program shall identify the system classification in accordance with Table V(a) of Rule .1961 of this Section.
- (2) The operator required pursuant to G.S. 130A-336.1(i)(2) shall inspect the system and submit reports in accordance with Rule .1961(f) of this Section and the written operations and management program provided by the design professional engineer.
- (3) The owner shall notify the local health department and the registered professional engineer who designed and certified the system permitted under this Rule of any site changes, changes in the operator or operator' duties, or any changes in ownership.

(j) **SYSTEM MALFUNCTION:** For systems permitted under this Rule, the owner shall contact the design professional engineer, project licensed soil scientist, licensed geologist, and contractor, as appropriate, for determination of the cause of system malfunction in accordance with Rule.1961(a) of this Section. For repair of a malfunctioning EOP system, this Rule shall be followed in conjunction with Rule .1961(l) of this Section. The operator shall notify the local health department within 48 hours of the system malfunction in accordance with Rule .1961(f) of this Section.

(k) **LOCAL HEALTH DEPARTMENT RESPONSIBILITIES:** The local health department is responsible for the following activities related to the EOP system:

- (1) Perform a completeness review of the Notice of Intent to Construct to verify inclusion of information required by this Rule and indicate written verification of completeness determination;
- (2) Attend the post-construction conference to observe location of system components and start-up conditions;
- (3) Provide written confirmation of Authorization to Operate upon receipt of complete information required by this Rule;
- (4) File all EOP documentation consistent with current permit filing procedures at the local health department;
- (5) Submit a copy of the final Notice of Intent common form and written confirmation of Authorization to Operate to the Department;
- (6) Review the performance and operation reports submitted in accordance with Table V(b) of Rule .1961 of this Section;
- (7) Perform on-site compliance inspections of the wastewater system in accordance with Table V(a) of Rule .1961 of this Section;
- (8) Investigate EOP system complaints;
- (9) Issue a notice of violation for systems determined to be malfunctioning in accordance with Rule.1961(a) of this Section. The LHD shall direct the owner to contact the design professional

engineer, project licensed soil scientist, licensed geologist, and contractor, as appropriate, for determination of the reason of the malfunction and development of a Notice of Intent to Construct for repairs; and

- (10) Require an owner receiving a notice of violation to pump and haul sewage in accordance with Rule .1961(m) of this Section.
- (l) CHANGE IN PROFESSIONAL ENGINEER: The Owner may contract with another registered professional engineer to complete an EOP project. An updated Notice of Intent shall be submitted to the local health department.

History Note: Authority G.S. 130A-335; 130A-336.1;
Temporary Adoption Eff July 1, 2016.

**ROWAN COUNTY
A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144
TELEPHONE: 704-216-8180 * FAX: 704-216-8195**

MEMO TO COMMISSIONERS:

FROM: Nina Oliver, Public Health Director
DATE: October 3, 2016
SUBJECT: RCHD Fee Schedule

As a requirement for accreditation, fee schedules are reviewed, updated as needed, and required to be approved each fiscal year by the Board of County Commissioners and Board of Health. The clinical, dental, and environmental health fee schedule for the Rowan County Health Department has been reviewed and updated as needed for fiscal year 2016-2017.

ATTACHMENTS:

Description	Upload Date	Type
RCHD Fee Schedule Memo	10/3/2016	Cover Memo
Clinical Fees 2016	10/3/2016	Cover Memo
Dental Fees 2016	10/3/2016	Cover Memo
Environmental Health Fees 2016	10/3/2016	Cover Memo

Memo

To: Rowan County Board of Commissioners
From: Nina Oliver, Public Health Director
Wendy Bunton, Office Supervisor
Sharon Owen, Nursing Director
Date: October 3, 2016
Re: Fee Schedules for FY 2016-2017

Situation:

The clinical, dental, and environmental health fee schedule for the Rowan County Health Department has been reviewed and updated as needed for fiscal year 2016-2017.

Background:

As a requirement for accreditation, fee schedules are reviewed, updated as needed, and required to be approved each fiscal year by the Board of County Commissioners and Board of Health.

The clinical fees are compared to any fee changes on the current Division of Medicaid Assistance fee schedule and other third party insurers' explanation of benefits and fee schedules. Cost for services are estimated based on the fees charged by contract vendors, cost of supplies and materials, and staff costs.

Assessment:

There have been changes to the FY 2016-2017 clinical fee schedules as needed. Medicaid has had a 3% decrease in fee reimbursement, however most of our charges remain the same with the exception of items that went up in cost to the department. Items that are in Bold indicate changes such as updates, additions, or increases in rates or fees. Items that are in red are for rates and/or fees that went down in price. The clinical fee schedule will be reviewed and updated next for fiscal year 2017-2018 unless fee and/or cost changes necessitate updates during the current fiscal year. There have been no changes with the dental and environmental fee schedule.

Recommendation:

We respectfully request the Board of Commissioners approval of the FY 2016-2017 Rowan County Health Department fee schedules for clinical, dental, and environmental services. The Board of Health approved this recommendation during their September 20th 2016 Board meeting.

**Rowan County Health Department
PHS Client Fees FY 2016-2017**

SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
10060	I & D of abscess (carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle or paronychia) simple or single	\$250.00	\$77.74	Slides to a minimum of 40% of fee.
10080	I & D of pilonidal cyst, simple	\$124.00	\$114.75	Slides to a minimum of 40% of fee.
10120	Incision and removal of foreign body, simple SQ	\$103.00	\$97.83	Slides to a minimum of 40% of fee.
10140	Incision and drainage of hematoma, seroma or fluid collection	\$118.00	\$109.27	Slides to a minimum of 40% of fee.
10160	Puncture aspiration of abscess, cyst, bulla or hematoma	\$97.00	\$88.81	Slides to a minimum of 40% of fee.
11055	Paring of benign hyperkeratotic lesion (single)	\$40.00	\$34.39	Slides to a minimum of 40% of fee.
11056	Paring of benign hyperkeratotic lesions (2 - 4)		\$42.18	Slides to a minimum of 40% of fee.
11200	Skin tag removal (1 - 15)	\$120.00	\$57.68	Slides to a minimum of 40% of fee.
11300	Shave one lesion <.5 cm Epi/derm arm, trunk, legs	\$54.00	\$47.62	Slides to a minimum of 40% of fee.
11301	Shave one lesion .6 - 1 cm Epi/derm arm, trunk, legs	\$73.00	\$65.64	Slides to a minimum of 40% of fee.
11305	Shave one lesion <.5 cm Epi/derm scalp, nk, hd, ft, gen	\$56.00	\$49.30	Slides to a minimum of 40% of fee.
11306	Shave one lesion .6 - 1 cm Epi/derm scalp, nk, hd, ft, gen	\$75.00	\$68.21	Slides to a minimum of 40% of fee.
11400	Exc. ben lesion including margins ex. skin tag <.5 cm trk, arm, leg	\$88.00	\$80.90	Slides to a minimum of 40% of fee.
11401	Exc. ben lesion including margins ex. skin tag .6 - 1 cm trk, arm, leg	\$108.00	\$99.87	Slides to a minimum of 40% of fee.
11420	Exc. ben lesion including margins ex. skin tag <.5 cm scalp, nk, hd, ft, gen	\$90.00	\$82.04	Slides to a minimum of 40% of fee.
11421	Exc. ben lesion including margins ex. skin tag .6 - 1 cm scalp, nk, hd, ft, gen	\$115.00	\$106.76	Slides to a minimum of 40% of fee.
11740	Evacuation of subungual hematoma	\$38.00	\$31.83	Slides to a minimum of 40% of fee.
11750	Excision of nail and nail matrix, partial or complete, (ingrown or deformed) for permanent removal	\$165.00	\$152.34	Slides to a minimum of 40% of fee.
11760	Repair of nail bed	\$153.00	\$141.38	Slides to a minimum of 40% of fee.
11765	Wedge excision of skin of nail fold (for ingrown toenail)	\$102.00	\$89.60	Slides to a minimum of 40% of fee.
12001	Simple repair super wound <2.5 cm scalp, nk, ax, ext. gen, trk, extremities	\$119.00	\$104.41	Slides to a minimum of 40% of fee.
12002	Simple repair super wound 2.6- 7.5 cm scalp, nk, ax, ext. gen, trk, extrem.	\$127.00	\$111.32	Slides to a minimum of 40% of fee.
16000	Burns - Initial tx 1st degree - only local tx required	\$158.00	\$49.43	Slides to a minimum of 40% of fee.
16020	Burns - Drsg/Debridement of partial thickness burns, initial or subsequent, small < 5% total body surface area	\$66.00	\$57.62	Slides to a minimum of 40% of fee.
17000	Destruction of premalignant lesion (1st lesion)	\$63.00	\$55.42	Slides to a minimum of 40% of fee.
17003	Destruction of premalignant lesion (2nd - 14th lesions), each	\$11.00	\$5.38	Slides to a minimum of 40% of fee.
17110	Destruction of benign lesions other than skin tags or cutaneous vascular proliferative lesions (up to 14)	\$245.00	\$76.62	Slides to a minimum of 40% of fee.
36415	Collection of Venous Blood by Venipuncture	\$13.00	\$2.70	Agreement with Red Cross is \$15.00 for venipuncture for blood bone marrow screening.

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**Rowan County Health Department
PHS Client Fees FY 2016-2017**

SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
36416	Collection of Capillary Blood Specimen	\$12.00	\$0.00	
46900	Destruction of lesion(s), anus (eg,condyloma, papilloma, mulluscum contagiosim, herpetic vesicle), simple; chemical	\$175.00	\$160.97	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
54050	Destruction of genital lesion, penis, simple; chemical	\$110.00	\$95.87	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
54065	Destruction of genital lesion, penis, extensive, includes cryosurgery and chemosurgery	\$174.00	\$163.57	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
56420	Incision and drainage of Bartholin's gland abscess	\$106.00	\$93.44	
56440	Marsupialization of Bartholin's Gland Cyst	\$161.00	\$138.62	
56501	Destruction of lesion(s), vulva, simple; any method	\$322.00	\$97.33	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
56515	Destruction of lesion(s), vulva, extensive; any method	\$528.00	\$166.78	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
57061	Destruction of vaginal lesion(s), simple; any method	\$282.00	\$84.65	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
57065	Destruction of vaginal lesion(s), extensive; any method	\$459.00	\$144.52	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
57170	Diaphragm or cervical cap fitting with instructions	\$85.00	\$52.29	
58300 FP	Insertion of IUD	\$192.00	\$59.14	The FP modifier must be used on the contraceptive device and insertion code 58300, if the LHD is using 340 B stock. Use ICD-10 Dx code Z40.30
58301 FP	Removal of IUD	\$237.00	\$72.62	
59025	Non-Stress test (fetal)	\$114.00	\$23.28	Up to 3 non-stress tests are covered in a 280 day or 40 wk period before high-risk dx must be on claim. All non-stress tests must be medically necessary & have high risk pregnancy dx on claim.
59425	Antepartum care only; 4-6 visits	\$1,404.00	\$329.99	May not bill Lab CPT codes 36415,80048,80050,80051,80055,81000,81001,81002,81003,82731,83020,83021,83026,83030,83036,83045,83050,83051,83055,83060,83065,83068,83069,or 85046 with antepartum codes 59425 or 59426.
59426	Antepartum care only; 7 or more visits	\$2,808.00	\$590.36	May not bill Lab CPT codes 36415,80048,80050,80051,80055,81000,81001,81002,81003,82731,83020,83021,83026,83030,83036,83045,83050,83051,83055,83060,83065,83068,83069,or 85046 with antepartum codes 59425 or 59426.
59430	Post partum care package	\$150.00	\$123.58	
69200	Removal of foreign body from external ear canal without anesthesia	\$172.00	\$85.71	Slides to minimum of 40% of fee.
69209	Removal of impacted cerumen using irrigation/lavage, unilateral (must attach/use modifier 50 for bilateral procedure)	\$121.00	Not listed	Slides to a minimum of 40% of fee.
69210	Removal of impacted cerumen requiring Instrumentation, unilateral (must attach/use modifier 50 for bilateral procedure)	\$121.00	\$35.92	Slides to a minimum of 40% of fee.
71010	Chest X-ray - single view, frontal	\$40.00	\$18.62	Health Department reimburses up to LHD Medicaid rate for required TB client radiology services.
71020	Chest X-ray - two views, frontal and lateral	\$52.00	\$24.68	Health Department reimburses up to LHD Medicaid rate for required TB client radiology services (children 5 years and under only).
76801	Ultrasound, pregnant uterus, RT image & documentation, fetal and maternal evaluation, 1st trimester, transabdominal, single or 1st gestation	Billed By Third Party Radiology	\$102.11	Policy change by DMA during FY 2010-2011 dictates that only providers with sub-specialty in Maternal Fetal Medicine (Perinatology) or Radiology; or OB ultrasound providers who are in an American Institute of Ultrasound in Medicine (AIUM) accredited
76802	- each additional gestation (list separately in addition to code for primary procedure - 76801)	Billed By Third Party Radiology	\$58.11	
76805	Ultrasound, pregnant uterus, RT with image documentation, fetal and maternal evaluation, after 1st trimester (> or = 14 weeks 0 days); transabdominal; single or first gestation	Billed By Third Party Radiology	\$113.58	
76810	- each additional gestation (list separately in addition to code for primary procedure - 76805)	Billed By Third Party Radiology	\$78.82	

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**Rowan County Health Department
PHS Client Fees FY 2016-2017**

SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
76815	Ultrasound, pregnant uterus, RT with image documentation, limited (fetal heartbeat, placental location, fetal position and/or qualitative amniotic fluid volume); one or more fetuses	Billed By Third Party Radiology	\$70.72	practice or an American College of Radiology (ACR) accredited practice may perform OB ultrasounds.
76816	Ultrasound, pregnant uterus, RT with image doc., f/u (re-eval. of fetal size by measuring standard growth parameters & amniotic fluid volume, organ system(s) suspected/confirmed to be abnormal on a previous scan), transabdominal, per fetus	Billed By Third Party Radiology	\$86.94	
76817	Ultrasound, pregnant uterus, RT with image documentation, transvaginal	Billed By Third Party Radiology	\$78.97	
80048	Basic Metabolic Panel	Billed by Reference	\$9.88	Health Department cost from Quest is \$2.30.
80051	Electrolyte panel	Billed by Reference	\$8.51	
80053	Comprehensive Metabolic Panel	Billed by Reference	\$10.42	Health Department reimburses provider for required TB client laboratory services. Health department cost from Quest is \$2.88.
80055	OB Panel, includes: Blood count, complete (CBC) automated and automated differential WBC count (85025 or 85027 and 85004); Hepatitis B Surface Antigen (HBsAg) (87340); Antibody, Rubella (86762); Syphilis test, non-treponemal antibody, qualitative (eg, VDRL, RPR, ART) (86592); Antibody Screen, RBS, each serum technique (86850); Blood typing, ABO (86900); Blood typing, Rh(D) (86901)	Billed by Reference	\$27.81	Health Department reimburses provider for required prenatal client laboratory services. Health Department cost from Quest is \$2.00. Full cost from Quest is \$22.30.
80061	Lipid Panel	Billed by Reference	\$16.53	Health Department cost from Quest is \$3.54. Quest is discontinuing this test as of September 24, 2016.
80061QW	Cholesterol, in-house testing (T. Chol, HDL, Triglycerides)	\$23.00	\$16.53	Health Department cost is \$11.25/test. Equipment/Supply cost \$4.00.
80074	Acute Hepatitis Panel	Billed by Reference	\$57.47	Health Department cost from Quest is \$32.42.
80076	Hepatic Function Panel	Billed by Reference	\$9.88	Health Department reimburses Quest \$2.21 for this lab test for TB clients.
80156	Therapeutic drug testing - Carbamazepine, total	Billed by Reference	\$17.95	Quest fee is \$113.57
80164	Therapeutic Drug Assay - Dipropylacetic Acid (Valproic Acid)	Billed by Reference	\$16.53	Health Department cost from Quest is \$15.00.
80185	Therapeutic drug testing - Phenytoin, total	Billed by Reference	\$16.34	Health Department cost from Quest is \$21.00.
80375	Drugs or substances, definitive, qualitative or quantitative, not otherwise specified 1-3	Billed By Reference	\$22.37	Quest fee is \$100.31
80376	Drugs or substances, definitive, qualitative or quantitative, not otherwise specified 4-6	Billed By Reference	\$22.37	Quest fee is \$133.74.
80377	Drugs or substances, definitive, qualitative or quantitative, not otherwise specified 7 or more	Billed By Reference	\$24.25	Quest fee is \$167.18.
80415	Chorionic gonadotropin stimulation panel; estradiol response	Billed by Reference	NA	
80426	Gonadotropin releasing hormone stimulation	Billed by Reference	NA	
81000	Urinalysis by dipstick or reagent tablet (non-automated with microscopy)	\$23.00	\$3.91	Slides to a minimum of 40% for PC. May slide to zero for FP, MH, CH & CD based on income, after insurance payment.
81002	Urinalysis by dipstick or reagent tablet(non-automated without microscopy)	\$10.00	\$3.15	Slides to a minimum of 40% for PC. May slide to zero for FP, MH, CH & CD based on income, after insurance payment. Cost of Test Strip is \$0.37. Other supplies include towelettes (\$0.03) and urine collection cup (\$0.45). Staff time for instructing client, performing test, and documenting results is estimated at \$3.00. Total estimated cost is \$3.85.
81025	Urine pregnancy test by visual color comparison methods	\$30.00	\$7.80	Pregnancy test strip cost is \$0.77. Other supplies include towelettes (\$0.03) and urine collection cup (\$0.45). Staff time for registering client, instructing and counseling client, performing test, and documenting results is estimated at \$16.66. Total estimated cost is \$17.91.
82043	Albumin, urine, microalbumin, quantitative (creatinine)	Billed by reference	\$7.14	Health Department cost from Quest is \$1.68.

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**Rowan County Health Department
PHS Client Fees FY 2016-2017**

SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
82105	Alpha-fetoprotein (AFP); serum	State Funds Pay For Service	\$20.69	Cost to the health department is \$32.00 (Wake Forest University). DPH requires cost for testing by reference lab be \$92.18 or less. This is one test is Quad Screen (other codes for Quad Screen are 82677, 84702, and 86336.
82120	Amines, vaginal fluid, qualitative	\$10.00	\$4.64	
82150	Amylase	Billed by reference	\$7.99	Health Department cost from Quest is \$4.40.
82247	Bilirubin total	Billed by reference	\$6.20	Health Department cost from Quest is \$1.68.
82248	Bilirubin, direct	Billed by reference	\$6.20	Health Department cost from Quest is \$1.68.
82270	Hemocult, 1-3 determinations	Billed by reference	\$4.01	Billed By Reference Lab.
82306	Vitamin D, 25 hydroxl, includes fractions, if performed	Billed by reference	\$36.51	Health Department cost from Quest is \$20.50.
82310	Calcium, Total	Billed by reference	\$6.35	Health Department cost form Quest is \$1.68.
82465	Cholesterol, serum or whole blood, total (screening)	Billed by reference	\$5.36	Health Department cost from Quest is \$1.18 per component (Total, HDL, Triglycerides) and \$3.54 for total Lipid Panel.
82523	Collagen Cross Links	Billed by reference	\$18.08	Test provided by Quest Diagnostics and includes Creatinine and N-Telopeptide (NTx)
82540	Creatinine	Billed by reference	\$5.72	Health Department cost from Quest is \$1.68.
82607	Cyanocobalamin (Vitamin B-12)	Billed by reference	\$18.59	Health Department cost from Quest is \$4.50.
82627	Dehydroepiandrosterone-sulfate (DHEA-S)	Billed by reference	\$27.42	Quest Cost is \$205.50.
82677	Growth Hormaon (hGH), Antibody (UE3 - Wake Forest University Name)	State Funds Pay For Service	\$30.14	Cost is \$38.00 (Wake Forest University). DPH requires cost for testing by reference lab be \$92.18 or less. This is one test in Quad Screen (other codes for Quad Screen are 82105, 84702, and 86336.
82728	Ferritin	Billed by reference	\$16.80	Health Department cost from Quest is \$5.70.
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	Billed by reference	\$79.43	
82947QW	Glucose, quantitative, blood (except reagent strip)	\$15.00	\$4.84	Cost of Curvette is \$1.45, lancet \$0.30, alcohol swab&0.01, bandaid \$0.03, gauze \$0.01 for supply cost of \$1.80. Staff cost is estimated at \$7.30. Total estimated cost is \$9.10.
82950	Glucose - Fasting and Post 1 hour (quantitative, blood)	Billed by reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$5.86	Health Department cost from Quest is \$1.74. Health Department pays this rate for prenatal client lab services.
82951	Glucose tolerance test (GTT - 3 Specimens)	Billed by reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$15.88	Health Department cost from Quest is \$3.48. Health Department pays this rate for prenatal client lab services.
82952	GTT, each additional test beyond 3 specimens	Billed by reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$4.84	Health Department reimburses Quest for required prenatal client laboratory services; gestational 4 is \$3.48.
83001	Gonadotropin, follicle stimulating hormone (FSH)	Billed by Reference	\$22.92	

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**Rowan County Health Department
PHS Client Fees FY 2016-2017**

SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
83002	Gonadotropin, lutinizing hormone (LH)	Billed by Reference	\$22.84	
83010	Haptoglobin, quantitative	Billed by Reference	\$15.52	
83020	Hemoglobin fractionation and quantitation; electrophoresis	Billed by Reference	\$15.50	
83036	Hemoglobin A1C	Billed by Reference	\$11.97	Health Department cost from Quest \$3.54.
83037	Hemoglobin A1C by device cleared by FDA for home use	\$21.00	Not Listed	83036 Medicaid Rate is \$11.97. Cost of A1C test is \$11.24, lancet \$0.30, alcohol \$0.01, bandaid \$0.03, gauze \$0.01. Staff cost estimated at \$9.10. Total cost estimate is \$20.69. Flat Rate Fee.
83540	Iron	Billed by Reference	\$7.99	Health Department cost from Quest is \$1.95.
83550	Iron binding capacity	Billed by Reference	\$10.78	Health Department cost from Quest for Iron and Iron Binding Capacity is \$3.78.
83615	Lactate dehydrogenase (LD/LDH)	Billed by Reference	\$7.45	Health Department cost from Quest is \$5.55.
83655	Lead level	*Billed by Reference for children ≤ 5 yrs, Not billable for prenatal clients	\$14.93	Health Department cost from Quest is \$7.69. Lead testing for prenatal clients and for children ≤5 years of age is performed by the state lab. The health department pays the state lab \$1.64 for the mailing container. The cost for courier services is additional.
83690	Lipase	Billed by Reference	\$8.49	Health Department cost from Quest is \$6.20.
Multiple CPT Codes	Newborn Screen	Performed By State Lab	Based on Individual CPT Codes	\$19 charge by state lab to facility performing first NB screen in NC. No charge for repeat Newborn screens if first one done in NC (name on repeat must match 1st testing). LHD may charge client for charges by State Lab.
83970	Parathormone (parathyroid hormone)	Billed by reference	\$50.91	Quest fee is \$246.60.
83986	Ph, body fluid, except blood; not otherwise specified	\$10.00	\$4.41	
84030	Phenylketone (PKU, etc.), blood	Billed by Reference	\$6.79	Not listed separately from NB screen
84075	Phosphatase, Alkaline	Billed By Reference	\$6.38	Health Department cost from Quest is \$1.68.
84132	Potassium, serum	Billed by Reference	\$5.66	Health Department cost from Quest is \$1.68.
84144	Progesterone	Billed by Reference	\$25.73	Quest fee is \$123.30.
84146	Prolactin	Billed by Reference	\$23.90	Health Department cost from Quest is \$8.20.
84153	Prostate Specific Antigen (PSA), Total	Billed By Reference	\$22.92	Health Department cost from Quest is \$5.90.
84220	Pyruvate kinase	Billed by Reference	\$11.63	Quest fee for 84210 - Pyruvate is \$137.36
84403	Testosterone, total	Billed by Reference	\$31.85	Quest fee is \$210.91.
84436	Thyroxine, total	Billed by reference	\$7.11	Health Department cost from Quest \$2.40
84439	T4 (free) (thyroxine free)	Billed by Reference	\$20.10	Health Department cost from Quest is \$4.90.
84443	Thyroid stimulating hormone (TSH)	Billed by Reference	\$6.37	Health Department cost from Quest is \$3.33.

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SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
84450	Transferase; aspartate amino (AST), (SGOT)	Billed by reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$6.37	Health Department cost from Quest is \$1.68. Health Department reimburses Quest for required TB client laboratory services.
84460	Transferase; alanine amino (ALT), (SGPT)	Billed By Reference	\$6.73	Health Department cost from Quest is \$1.68.
84478	Triglycerides	Billed By Reference	\$7.10	Health Department cost from Quest is \$1.18.
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio	Billed by Reference	\$7.35	Health Department cost from Quest for T-3 Uptake is \$2.40.
84520	Urea nitrogen, quantitative	Billed by Reference	\$4.86	Health Department cost from Quest is \$1.68.
84550	Uric acid, Blood	Billed By Reference	\$5.74	Health Department cost from Quest is \$2.90.
84560	Uric acid, other source (than blood)	Billed by Reference	\$6.04	Health Department cost from Quest is \$2.90.
84681	C-Peptide	Billed by reference	\$19.59	Health Department cost from Quest is \$20.50.
84702	HCG, quantitative	Billed by Reference/ State Pays for Quad Screen Tests	\$10.79	Health Department cost from Quest is \$6.87. Cost is \$12.50 (Wake Forest University) as part of Quad Screen. DPH requires cost for Quad Screen testing by reference lab be \$92.18 or less. This is one test in Quad Screen (other codes for Quad Screen are 82105, 82677, and 86336.
84703	Gonadotropin, chorionic (HCG), qualitative	Billed by Reference	\$9.26	Quest fee is \$68.14.
85004	Blood Count, automated differential WBC count	Billed by Reference	\$7.98	Health Department cost from Quest \$1.80
85018	Hgb (fingerstick)	\$12.00	\$2.92	Slides to minimum of 40% for PC. May slide to zero for FP, MH, CH and CD after insurance payment.
85025	CBC, automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count and automated differential WBC count	reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$9.58	Health Department reimburses provider for required TB client laboratory services. Quest cost is \$40.56.
85027	CBC, automated (Hgb, Hct, RBC, WBC and platelet count)	Billed by reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$7.98	Health Department cost from Quest is \$1.95 - \$2.00. Health Department reimburses provider for required TB client laboratory services.
85044	Reticulocyte, manual	Billed by reference	\$5.31	Health Department cost from Quest is \$10.00.
85045	Reticulocyte, automated	reference to Health Dept.; Health Dept. not allowed to bill per state regulations	\$4.94	Health Department cost from Quest is \$10.00.
85652	Sed Rate, automated	Billed by reference	\$3.33	Health Department cost from Quest is \$3.28. Health Department reimburses provider for required TB client laboratory services.
85730	PTT (thromboplastin time, partial; plasma or whole blood)	Billed by reference	\$7.40	
86038	Antinuclear antibodies (ANA)	Billed by Reference	\$14.91	Health Department cost from Quest is \$9.02.
86140-90	C-Reactive Protein	Billed by Reference	\$6.38	Health Department cost from Quest is \$3.44.

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Rowan County Health Department
PHS Client Fees FY 2016-2017

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86308	Heterophile Antibodies Screening (screening test for Mononucleosis)	Billed by Reference	\$6.38	Health Department cost from Quest is \$4.00.
86308QW	Heterophile Antibodies Screening (screening test for Mononucleosis,) in-house	\$20.00	\$6.38	Not currently being done - no supplies in house
86336	Inhibin A	State Funds Pay For Service	\$20.95	Cost is \$30.00 (Wake Forest University) as part of Quad Screen. DPH requires cost for Quad Screen testing by reference lab be \$92.18 or less. This is one test in Quad Screen (other codes for Quad Screen are 82105, 82677, and 84702.
86382	Neutralization Test, Viral (use for Rabies Titer)	Billed by reference	\$20.85	Kansas state lab cost is \$42.00 for screening or \$65.00 for titer (endpoint test).
86430	Rheumatoid factor, qualitative	Billed by Reference	\$7.00	Health Department cost from Quest is \$4.41.
86580	TB skin test, Intradermal (includes test and reading only)	\$24.00	\$7.56	Flat rate fee, except as prohibited by law or regulation. PPD test solution costs \$7.56/dose (\$75.61/10 dose vial)
86592	Syphilis Test (Qualitative)	Billed by reference	\$5.26	Quest fee for test is \$2.56. Quest bills health department for non-Medicaid or those that cannot be billed to insurance.
86593	Syphilis Test (Quantitative)	Billed by reference	\$5.44	The health department pays NCSPHL \$1.69 per mailer. This does not include the cost of mailing the package.
86615	Antibody, Bordetella	Billed by Reference	\$16.27	Not listed
86622	Antibody, Brucella	Billed by Reference	\$9.29	Quest fee for Brucella IGG, IGM is \$32.00.
86677	Helicobacter pylori (antibody)	Billed by Reference	\$17.90	Health Department cost from Quest is \$17.32.
86694	Herpes Simplex, non-specific type test	Billed by Reference	\$17.72	Health Department cost from Quest is \$7.69 for HSV 1 or 2.
86696	Herpes Simplex Type 2	Billed by Reference	\$23.88	Health Department cost from Quest is \$25.00 for HSV 1/2 IGM AB.
86701	HIV - 1 Antibody	Billed by reference	\$11.29	The health department pays NCSPHL \$3.42 per mailer; cost of tube, other supplies and mailing the package are not included.
86702	HIV - 2 Antibody	Billed by Reference	\$14.95	The health department pays NCSPHL \$3.42 per mailer; cost of tube, other supplies and mailing the package are not included.
86703	HIV - 1 Antibody and HIV -2 Antibody, single result	Billed by Reference	\$14.95	The health department pays NCSPHL \$3.42 per mailer; cost of tube, other supplies and mailing the package are not included.
86706	Hepatitis B surface antibody (HBsAB)	Billed by Reference	\$13.25	Health Department cost from Quest \$15.00
86710	Antibody, Influenza Virus	Billed by Reference	\$16.72	Quest fee is \$142.77.
86735	Mumps Antibody (IGG, EIA)	Billed to Health Department	\$16.26	Cost from Quest is \$19.01. Used for county employees titers.
86762	Rubella antibody	Billed by Reference	\$17.72	Health Department cost from Quest \$2.56 (Rubella Immune)
86765	Measles (Ruebola) Antibody (IGG, EIA)	Billed to Health Department	\$16.05	Cost from Quest is \$17.45. Used for county employees titers.
86787	Varicella Zoster Antibody	Billed by Reference	\$15.89	Health Department cost from Quest is \$16.20.
86803	Hepatitis C antibody	Billed by Reference	\$17.61	Health Department cost from Quest \$2.54
86850	Antibody Screen, RBC, each serum technique	Billed by Reference	\$14.37	Health Department cost from Quest is \$2.75 (Quest code92401)
86880	Antihuman globulin test (Coombs test); direct, each antiserum	Billed by Reference	\$6.63	Quest fee is \$46.51.
86900	Blood typing, serologic, ABO	Billed by Reference or billed to Health Department for OB clients	\$3.79	Health Department cost from Quest is \$1.28.

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SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
86901	Blood typing, serologic, RH(D)	Billed by Reference or billed to Health Department for OB clients	\$3.79	Health Department cost from Quest is \$1.28.
87045	Culture, bacterial, feces, aerobic, with isolation and preliminary examination, Salmonella and Shigella species	Health Dept. is not allowed per state regulations to bill for this test	\$11.63	The health department pays NCSPHL \$1.86 per specimen container and test mailer. This does not include the cost of mailing the package.
87070	Culture, bacterial, any source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates (use only for in-house male GC swabs and Group B Strep sent to outside lab)	Billed by reference to Health Dept. for Group B Strep \$30.00	\$10.62	Health Department cost from Quest is \$5.64 for Group B strep culture. Health department reimburses provider for required prenatal laboratory services. Bill to medicaid and third party for in-house test only.
87077	Culture, bacterial aerobic isolate, additional methods required for definitive identification, each isolate	Billed by Reference	\$9.96	Health Department cost from Quest is \$9.90.
87081	Culture, presumptive, pathogenic organisms, screening only (use for cultures sent to reference labs)	reference to Health Dept.	\$7.11	Health Department cost from Quest is \$7.18. Health Department reimburses provider for required STD client laboratory services. Fee is sliding based on income.
87086	Urine Culture - bacterial; quantitative colony count	reference to Health Dept.	\$9.95	Health Department cost from Quest is \$6.36. Health Department reimburses provider for required prenatal client laboratory services.
87088	Urine Culture with isolation and presumptive identification of isolates, each isolate	\$0.00	\$9.98	Health Department cost from Quest is \$6.36.
87116	Culture, tubercle or other acid-fast bacilli (TB, AFB, mycobacteria), any source, with isolation and presumptive identification of isolates	Health Dept. is not allowed to bill per state regulations to bill for this test	\$13.33	The health department pays NCSPHL \$6.93 per specimen container and test mailer. This does not include the cost of mailing the package.
87147	Culture Typing immunologic method, other than immunofluorescence, per antiserum (code used in addition to 87070 for Prenatal Group B Strep speciation)	Billed by Reference	\$6.38	Health Department cost from Quest is \$5.36
87168	Macroscopic Exam, Arthropods	\$10.00	\$4.70	
87172	Pinworm Exam - Tape Prep	\$10.00	\$4.70	
87177	Ova and parasites; direct smears, concentration and identification	Billed by Reference	\$10.97	Slides to minimum of 40% for PC. Health Department cost from Quest is \$13.94.
87186	Susceptibility Studies, antimicrobial agent, microdilution method or agar dilution, each multi-antimicrobial, per plate	Billed by Reference to Health Dept.	\$10.66	Health Department reimburses provider for required prenatal client laboratory services.
87205	Smear, primary source with interpretation, Gram or Giemsa stain for bacteria, fungi or cell types	\$25.00	\$5.26	
87210	Smear and Wet mount with interpretation for infectious agents	\$24.00	\$4.70	
87252	Virus isolation, tissue culture inoculation, observation and presumptive identification by cytopathic effect (use for Herpes culture and Influenza surveillance for NC PH Lab)	Health Department not allowed to charge because NCSPHL is providing the TC	\$20.09	NCSPHL does not charge for test kit, able to reuse mailer in most instances. This does not include the cost of mailing the package.
87340	Hepatitis B Surface Antigen	Department not allowed to charge because NCSPHL is providing the TC	\$11.48	The Health Department pays NCSPHL \$1.69 per mailer. Prenatal testing is sent to Quest at a cost of \$9.80.
87400	Influenza A or B, each; infectious agent detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method	Billed by Reference	\$14.13	

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87491	Chlamydia Trachomatis, amplified probe technique (Gen-Probe)	Health Department not allowed to bill per state regulations. Billed by Reference.	\$30.24	Health Department cost from Quest for Probtch is \$7.17.
87591	Neisseria Gonorrhea, Amplified probe technique, (Gen-Probe)	Health Department not allowed to bill per state regulations. Billed by Reference.	\$30.24	Health Department cost from Quest for Probtch is \$7.18.
87624	Human Papillomavirus (HPV) high risk types (e.g. 16, 18, 31, 33, 53, 45, 51, 52, 56, 58, 59, 68)	Billed by Reference.	\$30.24	Health Department cost from Quest is \$43.05
87804	Influenza, infectious agent antigen detection by immunoassay with direct optical observation, single-step method (rapid test, state lab)	Billed by reference	\$14.13	Health Department cost from Quest is \$16.40
87880 QW	Streptococcus, Group A; infectious agent detection by immunoassay with direct optical observation	\$30.00	\$14.13	Slides to a minimum of 40% for PC. Cost of test is \$1.26. Health Department purchases in box of 25 at \$35.32.
87999	Unlisted mircobiology procedure	Billed by reference	\$0.00	
88142	Pap Smear, thin prep (REFL)	Billed by reference.	\$24.99	Cost from Quest is \$18.45. Note: if pap is ASCUS, HPV mRNA E6/E7 will be performed at at an additional charge (CPT 87624)
89060	Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine) - Use for Fern Test	\$15.00	\$9.09	Slides to a minimum of 40% of fee, except where prohibited by law or regulation.
89220	Sputum, obtaining specimen, aerosol induced technique	\$0.00	\$0.00	No charge for TB sputom collection per state regulations.
89321	Semen analysis, sperm presence and motility of sperm	\$25.00	\$14.86	Health Department cost from Quest is \$16.25. Set-up with FP modifier
90471	Immunization Administration (single or combination vaccine/toxoid); when billing Medicaid, this CPT code is only allowed to be used for those 21 years of age and older (percutaneous, intradermal, SQ or IM)	\$20.45	\$20.45	The State law requires that providers receiving free vaccine from the Division of Public Health charge vaccine fees at no more than the rates established by the State's Medicaid program. LHD's shall administer required and State supplied immunizations at no cost to pts that are uninsured or underinsured with family income < 200% federal poverty level.
90471 EP	Immunization administration of 1 vaccine (single or combo vaccine); use for 20 years and younger (percutaneous, intradermal, SQ or IM)	\$20.45	\$20.45	Append EP modifier to all immunization administration codes billed for Medicaid recipients in the Health Check age range, 0 through 20 years of age. Immunization Adm. is payable with a preventive code for a Health Check visit as of 7/1/2010.
90471 NC	Immunization Administration (single or combination vaccine); for any employee or no charge vaccination administration	\$0.00	\$0.00	For use with employee vaccine administration; or with other vaccines administered at no charge
90472	Immunization Administration (single or combination), each additional vaccine; when billing Medicaid, this CPT code is only allowed to be used for those 21 years of age and older	\$20.45	\$20.45	The State law requires that providers receiving free vaccine from the Division of Public Health charge vaccine fees at no more than the rates established by the State's Medicaid program. LHD's shall administer required and State supplied immunizations at no cost to pts that are uninsured or underinsured with family income < 200% federal poverty level.
90472 EP	Immunization Administration (single or combination vaccine), each additional immunization, use for 20 years of age and younger	\$20.45	\$20.45	Append EP modifier to all immunization administration codes billed for Medicaid recipients in the Health Check age range, 0 through 20 years of age. Immunization Adm. is payable with a preventive code for a Health Check visit as of 7/1/2010.
90472 NC	Immunization Administration (single or combination vaccine);each additional vaccine; for any employee or no charge vaccination administration	\$0.00	\$0.00	For use with purchased vaccine. No administration fee will be billed for administration of CPT code 90732, Pneumococcal Polysaccharide 23 valent vaccine (pneumonia vaccine) . For use with employee vaccine administration or with other vaccines administered at no charge.
90473	Immunization administration oral or intranasal route, one vaccine; age 21 years or older	\$20.45	\$20.45	The State law requires that providers receiving free vaccine from the Division of Public Health charge vaccine fees at no more than the rates established by the State's Medicaid program. LHD's shall administer required and State supplied immunizations at no cost to pts that are uninsured or underinsured with family income < 200% federal poverty level.
90473 EP	Immunization administration oral or intranasal route, one vaccine, age 20 or younger	\$20.45	\$20.45	CPT Code 90473 can only be billed if the intranasal/oral vaccine is the only immunization provided on that date of service. Administration of an intranasal or oral vaccine provided in addition to one or more injectable immunization administrations is billed with CPT code 90474 with the EP modifier.
90473 NC	Immunization administration oral or intranasal route, one vaccine, for use with no charge vaccine administration	\$0.00	\$0.00	CPT Code 90473 can only be billed if the intranasal/oral vaccine is the only immunization provided on that date of service. Administration of an intranasal or oral vaccine provided in addition to one or more injectable immunization administrations is billed with CPT code 90474. For use with no charge services.

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90474	Immunization administration oral or intranasal route, one vaccine	\$20.45	\$20.45	CPT Code 90473 can only be billed if the intranasal/oral vaccine is the only immunization provided on that date of service. Administration of an intranasal or oral vaccine provided in addition to one or more injectable immunization administrations is billed with CPT code 90474. Currently 90474 cannot be billed with 90473 because there are no two oral/ intranasal vaccines or combination oral/intranasal vaccine that would be given.
90474 EP	Immunization administration oral or intranasal route (single or combination vaccine/toxoid), each additional vaccine, age 20 or younger	\$20.45	\$20.45	CPT Code 90473 can only be billed if the intranasal/oral vaccine is the only immunization provided on that date of service. Administration of an intranasal or oral vaccine provided in addition to one or more injectable immunization administrations is billed with CPT code 90474 with the EP modifier. Currently 90474 cannot be billed with 90473 because there are no two oral/ intranasal vaccines or combination oral/intranasal vaccine that would be given.
90474 NC	Immunization administration oral or intranasal route (single or combination vaccine/toxoid), each additional vaccine, for use with no charge vaccine administration	\$0.00	\$0.00	CPT Code 90473 can only be billed if the intranasal/oral vaccine is the only immunization provided on that date of service. Administration of an intranasal or oral vaccine provided in addition to one or more injectable immunization administrations is billed with CPT code 90474. Currently 90474 cannot be billed with 90473 because there are no two oral/ intranasal vaccines or combination oral/intranasal vaccine that would be given. For use with no charge services.
90620 SL	Meningococcal, recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, IM (use for Bexsero)	\$0.00	\$171.74	New Code. See NC Immunization Program coverage criteria for state supplied vaccine.
90620 CP	Meningococcal, recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, IM (use for Bexsero)	\$175.00	\$171.74	New Code. Cost from Cardinal is \$123.84.
90632	Hepatitis A - Adult Dosage-per dose (2 dose schedule), IM (HAVRIX - 1440EL.U/ml; VAQTA - 50U/1ml)	\$50.00	\$43.71	Cost from Cardinal: HAVRIX is \$45.21 per dose, HD must purchase in 10 dose pack at \$452.03.
90633-SL	Hepatitis A - Ped/Adol. Immunization-per dose (2 dose schedule), age 12 months - 18 years, state supplied vaccine (see NCIP Coverage Criteria)	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine
90633-CP	Hepatitis A - Ped/Adol. Dosage - per dose (2 dose schedule), IM (HAVRIX - 720EL.U/0.5ml; VAQTA - 25U/0.5ml)	\$40.00	\$23.57	Cost from Cardinal: HAVRIX is \$23.65 per dose, HD must purchase in 10 dose pack at \$236.46 Fee does not slide.
90636-SL	Twinrix (Hepatitis A and Hepatitis B, adult, 3 dose schedule), age ≥ 18 years	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine
90636-CP	Twinrix (Hepatitis A and Hepatitis B, adult dosage, 3 dose schedule), IM	\$90.00	\$88.61	Cost from Cardinal: \$68.37 per dose, HD must purchase in 10 dose pack at \$683.70. Fee does not slide.
90647-SL	HIB - 3 dose schedule (PRP-OMP Conjugate), ≥ 2 months to < 5 years; certain children > 59 months through 18 years who are not appropriately immunized; IM; includes PedvaxHIB	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine
90647-CP	HIB - 3 dose schedule (PRP-OMP Conjugate), ≥ 2 months to < 5 years; certain children > 59 months through 18 years who are not appropriately immunized; IM; includes PedvaxHIB	\$35.00	\$19.48	Cost from Cardinal: PedvaxHIB, \$22.77 per dose; HD must buy in 10 dose packs at a cost of \$227.71. Fee does not slide.
90648 -SL	HIB- 4 dose schedule (PRP-T Conjugate), ≥ 2 months to < 5 years; certain children > 59 months through 18 years who are not appropriately immunized; IM; includes ActHIB, Hiberix	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine
90648- CP	HIB- 4 dose schedule (PRP-T Conjugate), ≥ 2 months to < 5 years; certain children > 59 months through 18 years who are not appropriately immunized; IM; includes ActHIB, Hiberix	\$36.00	\$20.79	Cost from Cardinal: Hiberix - \$9.90 per dose, HD must purchase in 10 dose pack at \$98.95. ActHIB - \$26.22 per dose, HD must purchase in 5 pack dose \$131.06. Fee does not slide.
90649 PA	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent) per dose (3 dose schedule), IM; females and males age 19 through 26 years (Gardasil); contraindicated in pregnancy			HPV Quadrivalent - Patient Assistance Program
90649-SL	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent) per dose (3 dose schedule), IM; females and males age 9 through 18 years, the series must be completed prior to the 19th birthday (Gardasil); contraindicated in pregnancy	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine
90649-CP	Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent) per dose (3 dose schedule) (Gardasil)	\$160.00	\$134.37	Cost from Cardinal is \$154.04 per dose and may be purchased in 10 pack at \$1540.46. Medicaid will reimburse for females age 19 through 26 years of age. Fee does not slide.
90651 PA	Gardasil 9	\$0.00	\$0.00	HPV Quadrivalent - Patient Assistance Program; Currently receiving Gardasil Quadrivalent from the Patient Assistance Program.
90651-SL	Gardasil 9	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine.
90651-CP	Gardasil 9	\$180.00	\$175.87	Cost from Cardinal: \$170.90 per dose. Fee does not slide.

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SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
90660	Influenza virus vaccine, trivalent, live, for intranasal use	\$0.00	\$21.03	The HD does not purchase nasal influenza vaccine. Code would be used if state or SNS vaccine is provided, such as with the H1N1 vaccine of FY 2009-2010.
90670 SL	Pneumococcal 13 valent conjugate vaccine ≥ 2 months through 59 months (< 5 years of age); certain children ≥ 60 months through 18 years with high risk conditions (PVC 13), IM use; see NCIP Coverage Criteria	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine.
90670 CP	Pneumococcal 13 valent conjugate vaccine ≥ 2 months through 59 months (< 5 years of age); certain children ≥ 60 months through 18 years with high risk conditions (PVC 13), IM use; see NCIP Coverage Criteria (Prenvar)	\$160.00	\$0.00	Medicaid does not pay for this vaccine. Use purchased vaccine for patients not eligible for VFC. Fee is flat rate. Cost per dose is \$153.48 from Cardinal, HD must purchase in single or 10 dose packs (\$1534.76) See coverage criteria for VFC. Fee does not slide.
90675	Rabies pre-exposure vaccine or booster -IM, per dose (3 dose schedule)	\$260.00	\$145.59	Rowan County Animal Control and Rowan County Veterinary Clinics price is \$230. Cost from Cardinal is currently \$212.89 per dose. **Health Department and Veterinarian price subject to change based on cost of vaccine. Vaccine Administration charges slide to zero percent for Rowan County Animal Control and Rowan County Veterinary Clinics staff. Otherwise, fee does not slide.
90680-SL	Rotavirus Vaccine (RotaTeq), pentavalent, live, per dose (3 dose schedule), oral, for use ≥ 6 weeks through 7 months	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine.
90680-CP	Rotavirus Vaccine (RotaTeq), pentavalent, live, per dose (3 dose schedule), oral, for use ≥ 6 weeks through 7 months	\$90.00	\$74.56	Use purchased vaccine for patients that are not eligible for VFC Fee is flat rate. Cost is \$75.20 per dose (Cardinal), HD must purchase 10 in ten dose packs at \$752.08. Not a required vaccine. Fee does not slide.
90681-SL	Rotavirus Vaccine (Rotarix), human attenuated, live, per dose (2 dose schedule), oral, for use > 6 weeks through 7 months	\$0.00	\$10.99	Not a required vaccine
90685 SL	Quadrivalent Flu Vaccine, split virus, preservative free, 6 months-35 months	\$0.00	Not Listed yet	New Code. See NC Immunization Program coverage criteria for state supplied vaccine.
90686 SL	Quadrivalent Flu Vaccine, split virus, preservative free, 3 years and older	\$0.00	Not Listed yet	New Code. See NC Immunization Program coverage criteria for state supplied vaccine.
90687-SL	Quadrivalent Flu Vaccine, 6 months-35 months	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine.
90687-CP	Quadrivalent Flu Vaccine, 6 months-35 months	\$10.00	Not Listed Yet	Cost from Seacoast Medical is 8.28 per 0.25 ml dose; health department must purchase in 10 dose vials of 0.5 ml per dose at \$165.50. Fee does not slide.
90688-SL	Quadrivalent Flu Vaccine 3 years and older	\$0.00	\$0.00	See NC Immunization Program coverage criteria for state supplied vaccine.
90688-CP	Quadrivalent Flu Vaccine 3 years and older	\$20.00	Not Listed Yet	Cost from Seacoast Medical is \$16.55 per 0.5 ml dose; health department must purchase in 10 dose vials at \$165.50. Fee does not slide.
90696-SL	Kinrix, only for age 4-6 year booster dose of DTaP and Polio (IPV)	\$0.00	\$0.00	Available for VFC eligible children = either Medicaid eligible, uninsured, American Indian or Alaskan Native, underinsured (health insurance does not cover full cost of vaccinations, or unaccompanied minors without proof of insurance in Title X clinics)
90696-CP	Kinrix, only for age 4-6 year booster dose of DTaP and Polio (IPV)	\$58.00	\$50.90	Use purchased vaccine for patients that are not eligible for VFC. Cost from Cardinal is \$39.83 per dose, HD must purchase in 10 dose pack at \$398.39. Not a required vaccine. Fee does not slide.
90698-SL	Pentacel, primary 4 dose series of DTaP, Polio, and Hib (2, 4, 6, and 15-18 months); do not administer to anyone over 4 years of age	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90698-CP	Pentacel, primary 4 dose series of DTaP, Polio, and Hib (2, 4, 6, and 15-18 months); do not administer to anyone over 4 years of age	\$90.00	\$77.48	Use purchased vaccine for patients that are not eligible for VFC. Cost from Cardinal is \$81.85 per dose, HD must purchase in 5 dose packs at \$409.24. Fee does not slide.
90700-SL	DTaP - Pediatric ≥ 2 months to < 7 years of age, IM; (Tripedia, Daptacel, Infanrix)	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90700-CP	DTaP - Pediatric ≥ 2 months to < 7 years of age, IM; (Tripedia, Daptacel, Infanrix)	\$24.00	\$14.20	Use purchased vaccine for patients that are not eligible for VFC. Cost from Cardinal is \$17.39 per dose, Daptacel must be purchased in 10 dose pack at \$173.86.
90702-SL	DT - Pediatric ≥ 2 months to < 7 years of age	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine. For all children, see ACIP general recommendations for list of approved contraindications and precautions
90702-CP	DT - Pediatric ≥ 2 months to < 7 years of age	\$50.00	\$23.82	Cost from the Cardinal is \$44.28 per dose, HD must purchase in 10 dose pack at \$442.81.
90707-SL	MMR - SQ	\$0.00	\$0.00	See NCIP Vaccine Coverage Criteria for use of state supplied vaccine for children and selected adults.
90707-CP	MMR - SQ	\$69.00	\$40.61	Charge applies to individuals who have documented receipt of 2 doses previously and for which state supplied vaccine may not be used. Children and adults meeting state criteria for vaccine will not be charged. Cost from Cardinal: \$60.47 per dose, HD must purchase in 10 dose packs at \$604.69.

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SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
90710-SL	ProQuad - Measles, Mumps, Rubella, Varicella (MMRV), for use with children 12 months through 12 years of age, VFC covers only for 12-15 month and 4-6 year old age groups	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine. Medicaid does not pay for this vaccine.
90710-CP	ProQuad - Measles, Mumps, Rubella, Varicella (MMRV), for use with children 12 months through 12 years of age, VFC covers only for 12-15 month and 4-6 year old age groups	\$184.00	\$132.90	Cost from Cardinal is \$173.25 per dose, HD must purchase in 10 dose packs at \$1732.53.
90713-SL	IPV (Inactivated Polio Virus) - SQ or IM, (VFC for use with children ≥ 2 months through 17 years)	\$0.00	\$0.00	Routine vaccination of US residents ≥ 18 years of age is not necessary or recommended.
90713-CP	IPV (Inactivated Polio Virus) - SQ or IM, (VFC for use with children ≥ 2 months through 17 years)	\$35.00	\$24.54	Cost from Cardinal is \$26.88 per dose, HD must purchase in 10 dose pack at \$268.88.
90714-SL	Td, preservative free, 7 years or older, IM (VFC 7 years though 18 years)	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90714-CP	Td, preservative free, 7 years or older, IM (Tenivac) (VFC 7 years through 18 years)	\$30.00	\$19.06	Cost from Cardinal is \$26.94 per dose. HD must purchase in 10 dose pack at \$269.38.
90715-SL	Tdap (Tetanus, diptheria, and acellular pertussis), IM (VFC 7 years through 18 years; certain adults 19 through 64 years may receive state supplied vaccine), Adacel (licensed for 11-64 years) or Boostrix (licensed for 10-64 years)	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90715-CP	Tdap (Tetanus, diptheria, and acellular pertussis), IM (VFC 7 years through 18 years; certain adults 19 through 64 years may receive state supplied vaccine), Adacel (licensed for 11-64 years) of Boostrix (licensed for 10-64 years)	\$40.00	\$39.10	See NCIP Vaccine coverage criteria. Cost from Cardinal: Adacel- \$33.09 per dose, HD must purchase in 10 pack at \$330.98. Boostrix- \$31.82 per dose, HD must purchase in 10 pack at \$318.29.
90716 SL	Varicella Immunization - SQ, licensed for 12 months of age and older, see comments	\$0.00	\$0.00	See NC Immunization Program coverage criteria for children ≥ 12 months through 18 years
90716-CP	Varicella Immunization - SQ, licensed for 12 months of age and older	\$110.00	\$85.56	Flat rate fee for those not covered by Vaccine for Children program. Cost is \$103.57 and must be purchased in 10 dose packs at \$1035.67.
90723 SL	Pediarix (DTaP, Hep B, IPV), IM, ≥ 2 months through 6 years	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90723-CP	Pediarix (DTaP, Hep B, IPV), IM, ≥ 2 months through 6 years	\$72.00	\$71.90	Cost from Cardinal: \$55.39 per dose for preservative free, HD must purchase in 10 dose packs at \$553.88.
90732-CP	Pneumococcal polysaccharide, 23 valent adult vaccine or immunosuppressed client dosage, for use in individuals 2 years and older, SQ/IM	\$80.00	\$31.21	Cost from Cardinal: \$75.87 per dose in 10 dose vial at \$758.69.
90733-CP	Meningococcal conjugate vaccine , Serotypes A, C, Y, and W-135 (tetraivalent) - IM; Menomune (PPSV4), licensed for ≥2 years, recommended for ages 2-10 years and > 55 years	\$120.00	\$89.60	Cost from Cardinal is \$114.93 per dose.
90734-SL	Meningococcal conjugate vaccine , Serotypes A, C, Y, and W-135 (tetraivalent) - IM (use SC modifier for ages 19-55 years), Menactra (MCV4) or Menveo (CRM197 conjugate), both licensed for 11- 55 years of age)	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90734-CP	Meningococcal conjugate vaccine , Serotypes A, C, Y, and W-135 (tetraivalent) - IM (use SC modifier for ages 19- 55 years), Menactra (MCV4) or Menveo (CRM197 conjugate), both licensed for 11-55 years of age)	\$115.00	\$105.80	Cost from Cardinal for Menveo: \$94.06 per dose, HD must purchase in 5 dose pack at \$470.27.
90736-CP	Zoster (shingles) Vaccine, live for SQ injection (Zostavax) - for use age 60 years and older	\$210.00	not listed	Cost from Cardinal: \$198.66 per dose in single dose (minimum order of \$600); or \$189.36 in 10 dose pack at \$1893.52. Fee does not slide.
90744-SL	Hepatitis B vaccine - Pediatric or Adolescent (3 dose schedule) (if the first dose of Hepatitis B vaccine is given prior to age 19, UCDVP vaccine may be used to complete the series prior to age 20)	\$0.00	\$0.00	See NC Immunization Program coverage criteria for use of state supplied vaccine.
90744-CP	Hepatitis B vaccine - Pediatric or Adolescent (3 dose schedule) (if the first dose of Hepatitis B vaccine is given prior to age 19, UCDVP vaccine may be used to complete the series prior to age 20)	\$26.00	not listed	Cost from Cardinal: \$11.43 per dose, HD must purchase in 10 dose pack at \$114.24. Fee does not slide.
90746 SL	Hepatitis B vaccine - Adult, 20 years and > - per dose (3 dose schedule), Certain adults ≥ 20 years of age may receive state supplied Hep B	\$0.00	\$0.00	Criteria for state use of Hepatitis B vaccine for adults: 1. Individuals who are ≥ 20 yrs of age, regardless of insurance status, who are household, sexual or needle sharing contacts of an acute or chronic Hepatitis B infected person. All household, sexual, or needle sharing contacts of acute or chronic Hepatitis B infected persons must be referred to the health department for testing and vaccination. 2. Uninsured immigrants with refugee status who are from endemic countries who are ≥ 20 yrs of age. All immigrants with refugee status must be referred to the health department for testing and vaccination.

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90746-CP	Hepatitis B vaccine - Adult, 20 years and > - per dose (3 dose schedule), may be used for 19 year olds that do not meet the state supplied vaccine coverage criteria	\$57.00	\$54.65	Cost per dose is \$37.26 from Cardinal (Engerix). HD must purchase in 10 dose pack at \$372.62. Fee does not slide.
92527	Cardio IQ Advanced Lipid Panel and Inflammation Panel	TBD when Quest quotes price.	Code not Listed Yest	Cost from Quest has not been determined - Cost pending for this new CPT Code.
92551	Screening test, pure tone, air only (hearing test)	\$27.00	\$8.02	
92551 EP	Screening test, pure tone, air only; use this code for hearing screening provided as part of a health check visit (hearing test)	NA	\$8.02	Must be reported as part of health check visit in order to be paid for visit, however, the procedure is not separately reimbursed by Medicaid for Health Check visit.
92552	Pure tone audiometry (threshold); air only; use this code for screening of persons age 21 or older	\$54.00	\$16.15	Use for self-pay and third party pay. Slides to minimum of 40% except where prohibited by law.
92552 EP	Pure tone Audiometry (threshold); air only; use this code for hearing screening provided as part of a health check visit	NA	\$16.15	Must be reported as part of health check visit in order to be paid for visit, however, the procedure is not separately reimbursed by Medicaid for Health Check visit.
92587	Evoked otoacoustic emissions, limited(single stimulus level, either transient or distortion products)	\$65.00	\$29.18	Use for self-pay and third party pay. Slides to minimum of 40% except where prohibited by law.
92587 EP	Evoked otoacoustic emissions, limited(single stimulus level, either transient or distortion products)	NA	\$29.18	Must be reported as part of health check visit in order to be paid for visit, however, the procedure is not separately reimbursed by Medicaid for Health Check visit.
92588	Evoked otoacoustic emissions, comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otacoutic emissions at multiple levels and frequencies)	\$80.00	\$48.27	Use for self-pay and third party pay. Slides to minimum of 40% except where prohibited by law.
92588 EP	Evoked otoacoustic emissions, comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otacoutic emissions at multiple levels and frequencies)	NA	\$48.27	Must be reported as part of health check visit in order to be paid for visit, however, the procedure is not separately reimbursed by Medicaid for Health Check visit.
94640	Pressurized or non-pressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes	\$35.00	\$10.18	Slides to a minimum of 40% of fee.
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	\$35.00	\$11.13	Slides to a minimum of 40% for PC.
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	\$10.00	\$2.07	
94761	Non-invasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	\$20.00	\$3.95	
95115	Allergen Immunotherapy - single injection	\$14.00	\$7.93	Flat rate fee.
95117	Allergen Immunotherapy -two or more injections	\$16.00	\$9.61	Flat rate fee.
96110	Developmental testing - limited developmental screen/milestones (ex. Developmental Screening Test II, Early language milestone screen) with interpretation and results	\$20.00	\$8.49	May bill to third party payers other than Medicaid. Slides to zero percent pay after insurance payment.
96110 EP	Developmental testing - limited developmental screen/milestones (ex. Developmental Screening Test II, Early language milestone screen) with interpretation and results	Health Dept. not allowed to bill Medicaid per state regulations.	\$8.49	Must be reported as part of health check visit in order to be paid for visit, however, the procedure is not separately reimbursed by Medicaid for Health Check visit.
96150 EP	Health and Behavior Intervention, individual face-to-face, 15 minutes per unit, Initial Assessment	\$30.00	\$18.39	
96151 EP	Health and Behavior Intervention, individual face-to-face, 15 minutes per unit, Re-assessment	\$25.00	\$17.79	
96372	Therapeutic, prophylactic, or diagnotic injection, SQ or IM	\$55.00	\$16.53	Use to bill for administration of 17P; replaces CPT code 90772; Also use for any other therapeutic injections not covered by another CPT code
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (wet to moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for on-going care, per session	\$90.00	Not Listed	Procedure not reimbursable by Medicaid
97802	Medical Nutrition Therapy; Initial assessment and intervention; individual, face-to-face with client, each 15 minutes	\$60.00	\$22.38	Slides to zero percent pay after insurance payment.

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97803	Medical Nutrition Therapy; re-assessment and intervention, individual, face to face with client, each 15 minutes	\$50.00	\$19.39	Slides to zero percent pay after insurance payment.
99000	Lab handling/conveyance - of specimen from physician's office to a laboratory (with visit)	\$12.00	not listed	Bill to insurance and self-pay for labs sent to reference lab. Medicaid does not pay for this service. Slides to minimum of 40% pay for PC.
99050	Services requested after posted office hours in addition to basic service	\$55.00	\$26.48	Slides to zero percent pay.
99173	Screening test of visual acuity, quantitative, bilateral; use for ages 21 and older.	\$20.00	not listed	
99173 EP	Screening test of visual acuity, quantitative, bilateral	Health Department not allowed to bill per state regulations.	not listed	Must be reported as part of health check visit in order to be paid for visit, however, the procedure is not separately reimbursed by Medicaid for Health Check visit.
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	\$50.00	\$15.72	Use for third party insurers (other than Medicaid) and self pay clients.
99201	New - Problem Focused	\$101.00	\$33.18	Slides to a minimum of 40% for PC.
99201 OB	New - Problem Focused	\$0.00	\$33.18	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99201 code)
99202	New - Expanded Focused	\$175.00	\$57.54	Slides to a minimum of 40% for PC Adult Health. Minimum of \$40.00 pre-pay per visit. DOC physicals slide to \$60.00.
99202 OB	New - Problem Focused	\$0.00	\$57.54	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99202 code)
99203	New - Detailed/Low Complexity	\$253.00	\$83.36	Slides to a minimum of 40% for PC Adult Health. Minimum of \$40.00 pre-pay per visit.
99203 OB	New - Problem Focused	\$0.00	\$83.36	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99203 code)
99204	New - Comprehensive/ Moderate Complexity	\$393.00	\$129.27	Slides to a minimum of 40% for PC Adult Health. Minimum of \$40.00 pre-pay per visit.
99204 OB	New - Problem Focused	\$0.00	\$129.27	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99204 code)
99205	New - Comprehensive/HighComplexity	\$495.00	\$163.41	Slides to a minimum of 40% for PC Adult Health. Minimum of \$40.00 pre-pay per visit.
99205 OB	New - Problem Focused	\$0.00	\$163.41	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99205 code)
99211	Established - Nurse Encounter (no MD required)	\$50.00	\$34.16	Slides to a minimum of 40% for PC Adult Health. Slides to 20% for blood pressure checks.
99211 FP	Established - Nurse Encounter (no MD required)	\$50.00	\$34.16	Use for Family Planning Nurse Visits - Slides to a minimum of zero percent pay.
99211 NC	Established - Nurse Encounter (no MD required)	\$0.00	\$34.16	No charge as required by state programs.
99212	Established - Problem Focused	\$101.00	\$56.93	Slides to a minimum 40% for PC Adult Health. Minimum of \$20.00 pre-pay per visit. Slides to zero percent for other programs as required by law or regulation.
99212 FP	Established - Problem Focused	\$101.00	\$56.93	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.

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99212 OB	Established - Problem Focused	\$0.00	\$56.93	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99212 code)
99213	Established - Expanded /Low Complexity	\$171.00	\$78.66	Slides to a minimum 40% for PC Adult Health. Minimum \$20.00 pre-pay/visit. May bill E&M codes for antepartum care for 1-3 visits or for high risk pregnancy requiring >13 visits using ICD-10 codes that crosswalk from 640-648 ICD-9 codes.
99213 FP	Established - Expanded /Low Complexity	\$171.00	\$78.66	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.
99213 OB	Established - Expanded /Low Complexity	\$0.00	\$78.66	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99213 code)
99214	Established - Detailed/Moderate Complexity	\$256.00	\$122.13	Slides to a minimum 40% for PC Adult Health. Minimum \$20.00 pre-pay/visit. May bill E&M codes for antepartum care for 1-3 visits or for high risk pregnancy requiring >13 visits & using ICD-10 codes that crosswalk from 640-648 ICD-9 codes.
99214 FP	Established - Detailed/Moderate Complexity	\$256.00	\$122.13	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.
99214 OB	Established - Detailed/Moderate Complexity	\$0.00	\$122.13	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99214 code)
99215	Established - Comprehensive/High Complexity	\$345.00	\$182.16	Slides to a minimum 40% for PC Adult Health. Minimum of \$20.00 pre-pay per visit. May bill E&M codes for antepartum care for 1-3 visits or for high risk pregnancy requiring >13 visits & using ICD-10 codes that crosswalk from 640-648 ICD-9 codes.
99215 FP	Established - Comprehensive/High Complexity	\$345.00	\$182.16	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.
99215 OB	Established - Comprehensive/High Complexity	\$0.00	\$182.16	Use for Prenatal Visits that are on hold until it is determined if package code or individual visits are to be billed. If OB Package is billed, leave visits with OB modifier attached in system. If individual visits are billed at the end of the pregnancy, remove OB modifier in system and visit will bill with the established fee (see 99215 code)
99381	Initial/New preventive < 1 year	\$331.00	\$90.00	Use for third party insurance other than Medicaid.
99381 EP	Initial/New preventive < 1 year	\$331.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare after initial 12 months of enrollment. Use EP modifier for Health Check visits. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99382	Initial/New preventive 1 - 4 years	\$319.00	\$90.00	Use for third party insurance other than Medicaid.
99382 EP	Initial/New preventive 1 - 4 years	\$319.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare after initial 12 months of enrollment. Use EP modifier for Health Check visits. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99383	Initial/New preventive 5-11 years	\$360.00	\$154.00	Use for third party insurance other than Medicaid.
99383 EP	Initial/New preventive 5-11 years	\$317.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare after initial 12 months of enrollment. Use EP modifier for Health Check visits. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99383 FP	Initial/New preventive 5-11 years	\$360.00	\$154.00	Slides to a minimum of zero percent pay. Non-covered by Medicare after initial 12 months of enrollment. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99384	Initial/New preventive 12 - 17 years	\$340.00	\$169.00	Use for third party insurance other than Medicaid.
99384 EP	Initial/New preventive 12 - 17 years	\$340.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare after initial 12 months of enrollment. Use EP modifier for Health Check visits. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99384 FP	Initial/New preventive 12 - 17 years	\$340.00	\$169.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.

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SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
99385	Initial/New preventive 18 - 39 years	\$279.00	\$167.00	Slides to minimum of 40% for PC Adult Health (21yrs or ≥). Pre-pay of \$40.00 for PC Adult Health. Use also for third party insurance other than Medicaid.
99385 EP	Initial/New preventive 18 - 20 years	\$279.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare after initial 12 months of enrollment. Use EP modifier for Health Check visits. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99385 FP	Initial/New preventive 18 - 39 years	\$279.00	\$167.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.
99386	Initial/New preventive 40 - 64 years	\$326.00	\$199.00	Slides to a minimum of 40% for PC Adult Health. Pre-pay of \$40.00. Non-covered by Medicare after 1st 12 months of enrollment. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99386 FP	Initial/New preventive 40 - 64 years	\$326.00	\$199.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay as required by law or regulation.
99387	Initial/New preventive > 65 Years	\$220.00	\$215.00	Slides to a minimum of 40% for PC Adult Health. Pre-pay of \$40.00. Non-covered by Medicare after 1st 12 months of enrollment. Use Code G0438 for Medicare clients. Billable once per lifetime for Refugee Health with diagnosis code Z02.89.
99391 EP	Established Preventive < 1 year	\$294.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits.
99392 EP	Established Preventive 1 - 4 years	\$282.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits.
99393	Established Preventive 5 -11 years	\$281.00	\$146.00	Use for third party insurance other than Medicaid.
99393 EP	Established Preventive 5 -11 years	\$281.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits.
99393 FP	Established Preventive 5 -11 years	\$281.00	\$146.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay. Non-covered by Medicare.
99394	Established Preventive 12 - 17 years	\$279.00	\$146.00	Use for third party insurance other than Medicaid.
99394 EP	Established Preventive 12 - 17 years	\$279.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits.
99394 FP	Established Preventive 12 - 17 years	\$279.00	\$146.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay. Non-covered by Medicare.
99395	Established Preventive 18 - 39 years	\$279.00	\$142.00	Slides to a minimum 40% for PC Adult Health (21 yrs or ≥). Pre-pay of \$20.00 applies. Also use for third party billing other than Medicaid. Non-covered by Medicare.
99395 EP	Established Preventive 18 - 20 years	\$279.00	\$90.00	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits.
99395 FP	Established Preventive 18 - 39 years	\$279.00	\$142.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay. Non-covered by Medicare.
99396	Established Preventive 40 - 64 years	\$326.00	\$158.00	Slides to a minimum of 40% for PC Adult Health. Pre-pay minimum of \$20.00 applies. Also use for third party insurance other than Medicaid. Non-covered by Medicare.
99396 FP	Established Preventive 40 - 64 years	\$326.00	\$158.00	Use for Family Planning Visits - Slides to a minimum of zero percent pay. Non-covered by Medicare.
99397	Established Preventive > 65 years	\$180.00	\$175.00	Slides to a minimum of 40% for PC Adult Health. Pre-pay minimum of \$20.00 applies. Also use for third party insurance other than Medicaid. Non-covered by Medicare. Use Code G0439 for Medicare clients.
99406	Smoking and Tobacco Use Cessation Counseling Visit, Intermediate, > 3 minutes up to 10 minutes	\$24.00	\$11.93	Use for third party insurance and non-program modifier required billing to Medicaid.
99406 EP	Smoking and Tobacco Use Cessation Counseling Visit, Intermediate, > 3 minutes up to 10 minutes	\$24.00	\$11.93	Slides to a minimum of zero percent pay. Use EP modifier for Health Check visits.
99407	Smoking and Tobacco Use Cessation Counseling Visit, Intensive, greater than 10 minutes	\$46.00	\$23.05	Use for third party insurance and non-program modifier required billing to Medicaid.
99407 EP	Smoking and Tobacco Use Cessation Counseling Visit, Intensive, greater than 10 minutes	\$46.00	\$23.05	Slides to a minimum of zero percent pay. Use EP modifier for Health Check visits.
99408	Alcohol and/or Substance Abuse (other than Tobacco) Structured Screening and Brief Intervention Services, 15 to 30 minutes (CRAFFT)	\$62.00	\$30.73	Use for third party insurance and non-program modifier required billing to Medicaid.
99408 EP	Alcohol and/or Substance Abuse (other than Tobacco) Structured Screening and Brief Intervention Services, 15 to 30 minutes (CRAFFT)	\$62.00	\$30.73	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits. For use in children under the age of 21

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SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
99409	Alcohol and/or Substance Abuse (other than Tobacco) Structured Screening and Intervention Services, greater than 30 minutes (CRAFTT)	\$122.00	\$60.41	Use for third party insurance and non-program modifier required billing to Medicaid.
99409 EP	Alcohol and/or Substance Abuse (other than Tobacco) Structured Screening and Intervention Services, greater than 30 minutes (CRAFTT)	\$122.00	\$60.41	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits. For use in children under the age of 21.
99420	Administration and Interpretation of Health Risk Assessment Instrument (use for MCHAT - autism screening, GAPS, HEADSSS)	\$25.00	\$8.14	Use for third party insurance other than Medicaid.
99420 EP	Administration and Interpretation of Health Risk Assessment Instrument (use for MCHAT - autism screening, GAPS, HEADSSS)	\$25.00	\$8.14	Slides to a minimum of zero percent pay. Non-covered by Medicare. Use EP modifier for Health Check visits.
99501	Home visit for postnatal assessment and follow-up care	\$225.00	58.29	Limit of one visit per postpartum period; visit must be between last day of pregnancy and last day of month in which 60th postpartum day occurs; not reimbursable on same date of service as CC4C, OB Care Manager, or maternal care skilled nurse visit.
99502	Home visit for newborn care and assessment	\$225.00	\$60.00	Limit of one visit per infant per lifetime; visit must be within 60 days of birth; not billable if 99502-EP is billed regardless of date of service. Not billable on same date of service as CC4C, OB Case Manager or maternal care skilled nurse home visits. Use for third party insurance other than Medicaid.
99502-EP	Newborn EPSDT screen home visit	\$225.00	\$60.00	Limit of one visit per infant per lifetime; visit must be prior to first birthday; not billable if 99502 is billed regardless of date of service. Not billable on same date of service as CC4C, OB Case Manager, or maternal care skilled nurse home visits.
A4217	500ml Sterile Saline	\$12.00	\$2.64	Cost from McKesson is \$5.90 for 250 ml or \$11.80 for 500 ml. Bill per 500 ml.
A4267	Male Condoms	\$0.00	\$0.00	Condoms may not be charged for per STD and FP program guidelines. Not covered by Medicare. Cost from Global Protection is \$0.062 per condom. HD purchases in packs of 1000.
A4614	Peak expiratory flow rate meter, hand held	\$25.00		Cost is \$13.00 - \$15.00 per peak flow meter from McKesson.
A4649	Laceration/Suture Tray/Supplies (Includes zylcaine with or without epinephrine, sterile drape and gloves, sutures, irrigation solution and syringe(s), gauze and/or other dressing materials, betadine)	\$30.00	\$0.00	Cost is minimum of \$19.00. Cost of suture removal tray is \$2.11. Estimated staff cost is
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width \geq to 3" and < 5", per yard (Jones Wrap)	\$10.00	3.26 per yard	Cost from McKesson.
A7006	Administration set, with small volume filtered pneumatic nebulizer	\$20.00	\$9.47	Cost from McKesson is \$1.28, \$2.71 and \$1.79 for adult mouthpiece and tubing, peds mask and tubing and adult mask and tubing respectively.
D0145	Oral Evaluation for patient under three years of age and counseling with primary care giver; must be billed with D1206, allowed once every 90 days, limited to 6 times prior to child's 3rd birthday	\$60.00	\$35.62	Sliding scale fee.
D1206	Topical application of fluoride varnish; must be billed in conjunction with D0145, limited to children under 3 years of age, allowed once every 90 days, limited to 6 times prior to child's 3rd birthday	\$50.00	\$15.72	Sliding scale fee.
G0008	Administration of flu vaccine - no other services same day. If provided, report significant separately identifiable E/M for medically necessary service (Z23)	\$20.45	Unknown	For use with purchased vaccine. Use for clinic clients with Medicare/Medicaid. Coinsurance and deductible do not apply.
G0009	Administration of pneumococcal vaccine - no other services same day. Reported once in a lifetime based on risk; Medicare covers cost of vaccine and administration (Z23)	\$20.45	Unknown	For use with purchased vaccine. Use for clinic clients with Medicare/Medicaid. Coinsurance and deductible do not apply.
G0010	Administration of Hepatitis B Vaccine; Medicare covers the cost of vaccine and administration (Z23)	\$20.45	Unknown	For use with purchased vaccine. Use for clinic clients with Medicare/Medicaid. Coinsurance and deductible do not apply.
G0101	Cervical or vaginal cancer screening, pelvic and clinical breast exam; covered once every two years and annually if high risk for cervical/vaginal cancer, or if childbearing age patient has had an abnormal pap smear in preceding three years; high risk dx, (Dx Codes Z01.42, Z11.51, Z12.4)	\$70.00	Unknown	Medicare billing code.
G0102	Prostate cancer screening digital rectal exam; covered annually by Medicare. Not separately payable with an E/M code (99201-99499)	\$38.00	Unknown	Medicare billing code.
G0103	Prostate Cancer screening; prostate specific antigen test (PSA); covered annually by Medicare. (Dx Codes - Z12.5, Z80.42)	Billed By Reference Lab	Unknown	Medicare billing code.
G0402	Initial Preventive Physical Examination; face to face visit	\$220.00	155.89	Services limited to new beneficiary during the first 12 months of Medicare enrollment. The IPPE (G0402) is a one-time benefit that must be provided within 12 months of the effective date of a beneficiary's Medicare Part B coverage.

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Rowan County Health Department
PHS Client Fees FY 2016-2017

SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
G0438	Annual Wellness Visit, Initial	\$220.00	\$135.28	Medicare covers an Initial Annual Wellness Visit (AWV) (Medicare does not cover Preventive Visits) - The Affordable Care Act included an Annual Wellness Visit as a benefit beginning in 2010. The Annual Wellness Visit must include a personalized prevention plan of service (PPPS). Copayment/coinsurance waived; Deductible waived.
G0439	Annual Wellness Visit, Subsequent	\$180.00	\$93.96	Medicare covers Subsequent Annual Wellness Visits (AWV) (Medicare does not cover Preventive Visits) - The Affordable Care Act included Annual Wellness Visits as a benefit beginning in 2010. The Annual Wellness Visit must include a personalized prevention plan of service (PPPS). Copayment/coinsurance waived; Deductible waived
J0171	Adrenalin/Epinephrine, injection - SC, IM, 0.1 mg	\$1.00	\$0.04	Cost from Moose Pharmacy is \$22.89 per box of 25 -1mg vials or \$0.92 per 1mg = \$0.10 per 0.1mg dose. Package Service Item - Not separately payable by Medicare.
J0561	Penecillin G Benzathine (Bicillin LA) per 100,000 units, injection	Cost of Medication may be billed to third party payers.	\$3.92	Cost from Cardinal is \$0.19 per 1.2 mmu/2ml. Provided by state.
J0696	Ceftriaxone sodium injection per 250 mg (Rocephin)	Cost of Medication may be billed to third party payers.	\$1.43	Cost from Cardinal is \$0.70 per 250 mg injection. Health Department must purchase in 10 dose package. Vaccine purchased through Cardinal is for 340B medication use only (STD Treatment). Provided by state. Package Service Item - Not separately payable by Medicare.
J1050	Depoprovera 150 mg/ml (Medroxyprogesterone Acetate) Dx. Code Z30.42	\$29.32 per 150 mg or \$0.20 per mg See Comments Section	\$39.04	Contraceptives prices purchased through the 340B program change regularly. The state Public Health Nursing and Professional Development Unit suggests that the average cost per year be used to determine the health department's charge for each method or device used.(Non-covered by Medicare) Cost is per 150 mg from Cardinal which is \$25.62 which = \$0.1955 (rounded to \$0.20) per mg. The depo injection J1050 FP UD billed with diagnosis Z30.013 (initial injection) or Z30.42 (surveillance of injection if the depo was provided at the hospital post-delivery).
J1200	Diphenhydramine HCL (Benedryl), Injection, IV/IM, up to 50 mg	\$3.00	\$0.72	Flat rate fee except as prohibited by law or regulation. Cost from Moose Pharmacy is \$1.68 per 50 mg, or pack of 25 - 50mg/ml vials at \$41.89. Package Service Item - Not separately payable by Medicare.
J1725	Hydroxprogesterone Caporoate (17P Makena), use for Medicaid clients; use with 96372 administration code; for use from 18 to 36 weeks, cannot start use after 23 weeks	\$0.00	\$20.00	Makena is indicated for the prevention of preterm birth in women with a singleton pregnancy who have a history of singleton pregnancy spontaneous preterm birth. Cost is \$90.00 per 10 doses (10ml vial, one dose is 1 ml), cost per dose is \$9.00. Makena charges Medicaid for medication.
J1725 NC	Hydroxprogesterone Caporoate, 1 mg, (17P Makena), use for non-Medicaid clients; use with 96372 administration code; for use from 18 to 36 weeks, cannot start use after 23 weeks	\$0.00	\$20.00	Makena is indicated for the prevention of preterm birth in women with a singleton pregnancy who have a history of singleton pregnancy spontaneous preterm birth. Provided by state at no charge for non-Medicaid clients.
J1815	Insulin injection, per 5 units	\$7.00	\$0.27	Cost for Novolin N & R 10cc/vial (1000 units/vial) is \$154.59 from Moose Pharmacy or \$0.16 per unit or \$0.80 per 5 units. Package service item, not separately payable by Medicare.
J1885	Ketorolac Tromethamine (Toradol), Injection, per 15 mg	\$6.00	\$0.33	Cost from Moose Pharmacy is \$193.89 per box of 25 2ml vials; 60 mg/2ml. Cost per 2ml vial is \$7.76 or 1.94 per 15 mg. Package service item, not separately payable by Medicare.
J2790	Rho D Immune Globulin, human, full dose, 300 mcg (RhoGAM) Rhophylac, 300 mcg/2 ml), Injection, IM	\$100.00	\$86.49	Slides to zero percent pay. Cost from Cardinal is \$751.32 per box of 10 or \$75.14/dose. Package service item, not separately payable by Medicare.
J3301	(Triamcinolone Acetonide (Kenalog), Injection, per 10mg	\$15.00	\$1.33	Cost from Moose Pharmacy is \$72.86 per 400mg/10ml vial, or \$1.83 per 10 mg. Package service item, not separately payable by Medicare.
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1000 mcg	N/A	\$0.24	Received from state for use with TB clients. Cannot charge for this medications.
J3490	Metronidazole 500 mg (Flagyl), oral, specify drug and dose (using unclassified drug HCPCS code)	\$0.00	\$20.00	Provided by state for STD clients. Cost from Cardinal is \$52.38 per bottle of 500 or \$0.11 per tablet.
J7298 FP UD	Levonorgesterel releasing IUD, 52mg, use for Mirena	\$283.00 See Comments Section	745.23	Contraceptives prices purchased through the 340B program change regularly. The state Public Health Nursing and Professional Development Unit suggests that the average cost per year be used to determine the health department's charge for each method or device used. Not covered by Medicare. New HCPCS Code effective 1-1-2016.
J7300 FP UD	IUD copper contraceptive, use for Paraguard	\$225.75 See Comments Section	386.89	Contraceptives prices purchased through the 340B program change regularly. The state Public Health Nursing and Professional Development Unit suggests that the average cost per year be used to determine the health department's charge for each method or device used. Not covered by Medicare. Price from Paraguard Direct as of 9-1-2016 is \$225.75 individually.
J7613	Albuterol, inhalation solution, FDA approved, non-compounded, administered through DME, unit dose, 1mg	\$1.00	\$0.00	Cost from Innes Street Drug is \$12.97 per box of 25 vials or \$0.52 per 1 vial (0.083% solution)

*Purchased vaccine fees are flat rate.
Law requires providers receiving free vaccine from DPH charge vaccine adm. fees no > than State Medicaid program rates.

**Rowan County Health Department
PHS Client Fees FY 2016-2017**

SERVICE CODE	SERVICE/PROCEDURE	2016-2017 RCHD Fee	2016-2017 Medicaid Rate	Comments
J8499	Clonidine 0.1 mg (using prescription drug, oral, non-chemotherapeutic, NOS HCPCS code)	\$0.25	\$0.00	Cost from Moose Pharmacy is \$13.00 per bottle of 100 or \$0.13 per pill.
J8499	Doxycycline 100 mg, oral, (using prescription drug, oral, non-chemotherapeutic, NOS HCPCS code)	\$0.00	\$0.00	Cost from Cardinal is \$4.63 per tablet. Provided by the state for STD clients
J8499	Fluconazole 150 mg, oral, specify drug and dose (using prescription drug, oral, non-chemotherapeutic, NOS HCPCS code)	\$0.00	\$0.00	Cost from Cardinal is \$0.55 per tablet. Provided by the state for STD clients
J8499	Valacyclovir 500 mg, oral, specify drug and dose, (using unclassified drug HCPCS code)	\$0.00	\$0.00	Cost from Cardinal is \$5.90 per bottle of 30 or \$0.20 per tablet. Provided by the state for STD clients
LU021	Completion of form verifying exam (not at time of exam or other billable service)	\$20.00	\$0.00	Use for self pay and third party pay
LU102	Completion of "Record of Tuberculosis Screening" - DHHS Form 3405	\$5.00	\$0.00	
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	Billed by Reference	\$42.98	
Q2038	Fluzone vaccine for 3 yrs and older, IM, use for Medicare clients	\$20.00	\$12.044	Cost from Seacoast Medical is \$16.55 per 0.5 ml dose; health department must purchase in 10 dose vials at \$165.50. Fee does not slide.
S0197	Prenatal Vitamins, 30- day supply	\$0.00	\$0.00	Cost for bottle of 100 is \$5.00 - \$5.50 from Moose Pharmacy. The health department is required to provide prenatal vitamins for prenatal clients but may not bill separately for the vitamins. Cost is to be covered by the visit fees charged for prenatal services.
S0280	Medical home program, comprehensive care coordination and planning, initial plan	\$65.00	\$50.00	Providers shall bill this incentive code after the pregnancy risk screening tool has been completed.
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan plan	\$175.00	\$150.00	Providers shall bill this incentive code after the postpartum visit is completed. The provider billing S0281 must be the same provider that bills the postpartum visit. DMA will only pay this incentive if an OB package code that includes postpartum care,* is billed. In order for providers to receive reimbursement for incentive code S0281, they must bill within 60 days of the date of delivery. Use ICD-10 Dx code Z39.2.
S0630	Suture Removal by provider other than the provider who originally closed the wound	\$0.00	\$0.00	Not covered by Medicare, cost of suture removal tray is \$2.11 from PSS.
S4993	Oral Contraceptives, per cycle	\$2.88 See Comments Section	\$3.03	Contraceptives prices purchased through the 340B program change regularly. The state Public Health Nursing and Professional Development Unit suggests that the average cost per year be used to determine the health department's charge for each method or device used. Be Smart Family Planning clients may receive up to a 3 month supply of oral contraceptives.
S9445	Patient Education (individual), not otherwise classified, non-physician provider (1 unit = 15 minutes)	\$19.00	\$14.43	
S9445 ST	Patient Education (individual), not otherwise classified, non-physician provider (1 unit = 15 minutes); use for HIV counseling	Health Department not allowed to bill per state regulations.	\$14.43	Counseling is not billable per HIV/STD guidelines, use for report only.
S9982	Medical Records Copying Fee, per page	\$0.05**	\$0.00	**See attached Rowan County wide copy/print fees from April 15, 2009 for complete list of charges.
T1001	Nursing assessment/evaluation (Maternal care skilled nurse home visit)	\$93.00	\$87.09	Maximum of 2 visits per month are reimbursable; may not be billed on same date of service as a CC4C, OB Case Manager, newborn home or maternal postnatal visit. Not covered by Medicare.
T1002	Registered Nurse services, up to 15 minutes	\$50.00	\$18.59	Maximum of 4 units/day may be billed; documentation must support medical necessity requests for additional units. May not be billed with preventive medicine, prenatal or treatment codes; may be billed with E&M code for separately identifiable medical condition on same day of service with modifier 25 appended to either the E&M or T1002 code. Not covered by Medicare.

*Purchased vaccine fees are flat rate.
Law requires providers receiving free vaccine from DPH charge vaccine adm. fees no > than State Medicaid program rates.

Rowan County Health Department
Dental Fees 2016-2017

Service Code	Service/Procedure	RCHD Fee
D0110	Initial Exam	\$85.00
D0120	Periodic oral evaluation	\$50.00
D0140	Limited oral exam	\$75.00
D0145	Oral Eval for patient under 3 yr	\$70.00
D0150	Comp oral eval-new/estab pat	\$75.00
D0160	Detail/extensive oral eval. B/R	\$90.00
D0170	ReEvaluation, Limited	\$75.00
D0210	Intraoral-complete series (bw)	\$125.00
D0220	Intraoral-periapical-1st film	\$30.00
D0230	Intraoral-periapical-each add'l	\$25.00
D0240	Intraoral-occlusal film	\$40.00
D0270	Bitewing-single film	\$30.00
D0272	Bitewing-two film	\$40.00
D0273	Bitewing-3 film	\$50.00
D0274	Bitewing-four films	\$60.00
d0330	Panoramic film	\$115.00
D1110	Prophylaxis-adult	\$85.00
D1120	Prophylaxis-child	\$58.00
D1206	Topical fluoride varnish	\$50.00
D1208	Fluoride w/o prophylaxis	\$35.00
D1351	Sealant-per tooth	\$42.00
D1510	Space maint-fixed unilateral	\$265.00
D1515	Space maint-fixed bilateral	\$350.00
D1550	Recementation of space maint	\$75.00
D2140	Amalgam-1 surf Prim/perm	\$95.00
D2150	Amalgam-2 surf Prim/perm	\$110.00
D2160	Amalgam-3 surf Prim/perm	\$145.00
D2161	Amalgam-4 + surf Prim/perm	\$170.00
D2330	Resin-one surf, anterior	\$100.00
D2331	Resin-two surf, anterior	\$120.00
D2332	Resin-three surf, anterior	\$150.00
D2335	Resin-4 + surf, anterior	\$210.00
D2390	Resin composite crown, anterior	\$250.00
D2391	Resin composite 1 s, posterior	\$125.00
D2392	Resin composite 2s, posterior	\$155.00
D2393	Resin composite- 3s, posterior	\$190.00
D2394	Resin composite-4+s, posterior	\$240.00
D2920	Recement crown	\$75.00
D2930	Prefab stain steel crn-primary	\$215.00
D2931	Prefab stain steel crown-perm	\$245.00
D2932	Prefabricated resin crown	\$255.00
D2933	Prefab stl crown w/resin window	\$250.00

D2940	Sedative fillings	\$100.00
D2950	Crown buildup, including any pins	\$170.00
D3110	Pulp cap - direct, (+rest)	\$65.00
D3120	Pulp cap -indirect, (+rest)	\$50.00
D3220	Therapeutic-pulpotomy (exe res)	\$135.00
D3230	Pulpal therapy-anterior, primary	\$160.00
D3240	Pulpal therapy-posterior, primary	\$235.00
D3310	Root canal therapy - anterior	\$450.00
D3320	Root canal therapy - bicuspid	\$650.00
D3330	Root canal therapy - molar	\$700.00
D4341	Perio scale & root pin 4 + per quad	\$175.00
D4342	Perio scale & root pin 1-3 quad	\$130.00
D4355	Full mouth debridement, eval/diag	\$130.00
D7140	Extract, erupted th/exposed rt	\$100.00
D7210	Extractions-surgical/erupt tooth	\$285.00
D7220	Extraction-impacted/soft tis	\$200.00
D7510	Incis&drain abscess-intra soft	\$210.00
D7910	Suture of small wounds t 5cm	\$175.00
D9230	Analgesia	\$80.00
TopFIVarnish	Topical fluoride varnish	\$50.00

Environmental Health
FEE SCHEDULE
Effective 10/6/14

WELL PERMIT	\$225.00
SOIL/SITE EVALUATION (Single Family Residence)	\$125.00 Per Site
IMPROVEMENT PERMIT/AC (Single Family Residence)	\$100.00
SOIL/SITE EVALUATION (Other)	\$125.00 Per Site
IMPROVEMENT PERMIT/AC (Other)	\$100.00+\$50.00/120gal/EDF
RESIDENTIAL LAYOUT	\$50.00
EXISTING SEPTIC SYSTEM INSPECTION	\$50.00
BACTERIA ANALYSIS	\$55.00
INORGANIC CHEMICAL (MINERALS) ANALYSIS	\$95.00
NITRATE/NITRITE ANALYSIS	\$55.00
PETROLEUM ANALYSIS	\$105.00
VOLATILE ORGANIC ANALYSIS	\$105.00
PESTICIDE ANALYSIS	\$105.00
FLOURIDE ANALYSIS	\$55.00
POOL PERMITS (YEAR-ROUND)	\$150.00/Year
POOL PERMITS (SEASONAL)	\$75.00/Year
TATTOO PERMITS	\$200.00/Per Artist Per Year
FOODHANDLING ESTABLISHMENTS PLAN REVIEW (NEW)	\$200.00
FOODHANDLING ESTABLISHMENTS PLAN REVIEW (REMODEL)	\$100.00
TEMPORARY FOOD ESTABLISHMENT (TFE'S) PERMIT	\$75.00
LIMITED FOOD SERVICE ESTABLISHMENT	\$75.00

**ROWAN COUNTY
A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144
TELEPHONE: 704-216-8180 * FAX: 704-216-8195**

MEMO TO COMMISSIONERS:

FROM: Nina Oliver, Public Health Director
DATE: October 3 2016
SUBJECT: Foundation for a Healthy Carolina Dental Grant Application

The Rowan County Smile Center is looking to fund a new initiative to provide pregnant women who are in enrolled at the RCHD prenatal program, access to important dental services. RCHD is applying for one dental focused grant through the Foundation for a Healthy Carolina to fund our new initiative. The Foundation provides grants to agencies that focus on advancing equity and access to health. We are seeking \$18,297 to help cover 60 uninsured prenatal patients who need dental services.

ATTACHMENTS:

Description	Upload Date	Type
Dental Grant Memo	10/3/2016	Cover Memo
Dental Grant Budget	10/3/2016	Cover Memo

To: Rowan County Board of County Commissioners
From: Nina Oliver, Public Health Director
Elizabeth Davis, Quality Improvement Specialist
Tykeisha Carter, Health Department Intern
Date: October 3, 2016
Re: Oral Health Grant

Situation

The Rowan County Health Department's (RCHD) Smile Center is applying for grants to fund start up cost for oral health programs. The Smile Center is looking to fund a new initiative to provide pregnant women who are enrolled at the RCHD prenatal program, access to important dental services. Oral health is critical to overall health. Many changes that occur in pregnancy, can affect oral health. Diseases from bacteria in the mouth that develop during pregnancy can reach the fetus and contribute to negative pregnancy outcomes. A study from the Journal of Dental Education estimated that more than 18% of pre-term, low-birthrate births were a result of oral infections. Currently, 9.6% of Rowan County births are low birth-weight compared to 9.1% in North Carolina. Studies have also shown significant access to dental care disparities between minority pregnant woman and non-Hispanic white pregnant women. Black and Hispanic pregnant women were significantly less likely to receive dental care while pregnant. There is currently one other dental office in the county that accepts new patients who are pregnant. Lastly, a large portion of pregnant women do not have dental benefits. While Medicaid will cover dental in pregnant women, many do not use it, and they lose it after they give birth. By providing dental care to women who are pregnant, the Smile Center would increase the number of Rowan County women who receive prenatal dental care which can help to improve the outcomes of births in the county. We will also become the dental home for our prenatal patient's infants.

Background

Rowan County Health Department's Smile Center is one of two pediatric dental clinics in Rowan County. We provide compassionate and quality dental care to children 17 and under. We also help families take steps to prevent their children from suffering future dental problems. The Smile Clinic is the main safety-net provider for the county. We continually provide valuable care for populations that are Medicaid recipients, low-income, uninsured, and vulnerable.

Assessment

RCHD is applying for one (1) dental focused grant to fund our new initiative. The 2016 Foundation for a Healthy Carolina- Fall Grant Program is funded by Foundation for the Carolinas. The Foundation for a Healthy Carolina provides grants for organizations in the greater Charlotte region that are aligned with its vision of improving health, human services and educational outcomes. Healthcare grants are directed towards advancing equity and access of the community health needs of vulnerable populations. We are seeking \$18,297 to help cover 60 uninsured prenatal patients who need dental services.

Recommendation

The Rowan County Health Department respectfully recommends that the Rowan County Board of Commissioners support and approve this opportunity for the Rowan County Health Department to apply for the 2016 Foundation for a Healthy Carolina - Fall Grant Program. This grant opportunity will also be brought before the Board of Health during their October 11 2016 meeting. The grant is due on October 28th 2016.

Foundation for a Healthy Carolina Grant

Line Item		Total
Initial Exam	\$85 per adult	\$ 5,100.00
Prophylaxis (teeth cleaning)	\$85 per adult	\$ 5,100.00
Topical Flouride Varnish	\$50 per adult	\$ 3,000.00
Dentist's Time	\$130 per hour (30 hours; 30 min./patient)	\$ 3,900.00
Dental Assistant's Time	\$19.95 per hour (30 hours)	\$ 1,197.00

60 Patients (\$220 per patient)

Total \$ 18,297.00

Seeking \$18,000(Grant Funding)

**ROWAN COUNTY
A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144
TELEPHONE: 704-216-8180 * FAX: 704-216-8195**

MEMO TO COMMISSIONERS:

FROM: Tonya Parnell, Tax Collections Manager
DATE: October 3, 2016
SUBJECT: Refunds for Approval

ATTACHMENTS:

Description	Upload Date	Type
Regular Refunds	10/3/2016	Cover Memo
VTS Refunds	10/3/2016	Cover Memo

DATE 10/03/16
TIME 8:50:01
USER BRANDONP

BATCH DATE 10/03/2016
BATCH TIME 8:49:52

ROWAN COUNTY, NC
UNPROCESSED REFUNDS BY NAME REPORT & UPDATE

PAGE 1
PROGRAM CL2029

REFUND TO NAME/ADDRESS	USER	TRANS DATE	MAINT DATE/TIME	YEAR	RGC	RECEIPT	TRANS#	REFUND AMT	ON HOLD?	TAXPAYER ID
ABEL WILLIE MAE 702 CANDLEWICK DRIVE SALISBURY NC 28147	PREOLELB	9/06/2016	9/06/2016 13:02	2016	100	5282836	629741	6.68		12331
NAME/ADDRESS TOTAL: NOT HELD >								6.68	HELD >	
ADAMS FRANKLIN E ADAMS MARY L 5980 HIGHWAY 152 W MOORESVILLE NC 28115-7330	& WF OFFICALPMT	8/31/2016	9/01/2016 8:34	2016	100	5283478	628040	1.03		1298500
NAME/ADDRESS TOTAL: NOT HELD >								1.03	HELD >	
ALAN G CARPENTER PA 1318C DAVIE AVE STATESVILLE NC 28677	PREOLELB	9/13/2016	9/13/2016 12:35	2016	100	5353409	631444	17.75		6208491
NAME/ADDRESS TOTAL: NOT HELD >								17.75	HELD >	
ALLISON TREVOR 6226 CHAMAR CIR KANNAPOLIS NC 28081	PREOLELB	9/22/2016	9/22/2016 11:32	2016	100	5372056	633484	8.82		6282044
NAME/ADDRESS TOTAL: NOT HELD >								8.82	HELD >	
ALLMAN LINDA E 155 TREX RD ROCKWELL NC 28138-9643	HOPPERGT	9/23/2016	9/23/2016 13:43	2016	100	5366785	633835	17.56		6263840
NAME/ADDRESS TOTAL: NOT HELD >								17.56	HELD >	
AMBURN CHRISTOPHER L & AMBURN JAMES DAVID 1411 OAKWOOD AVE KANNAPOLIS NC 28081-9452	OFFICALPMT	8/31/2016	9/01/2016 8:37	2016	100	5364451	628042	2.71		6256271
NAME/ADDRESS TOTAL: NOT HELD >								2.71	HELD >	

Sonya Parnell
Tax Collections Manager

DATE 10/03/16
TIME 8:50:01
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ROWAN COUNTY, NC
UNPROCESSED REFUNDS BY NAME REPORT & UPDATE

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REFUND TO NAME/ADDRESS	USER	TRANS DATE	MAINT DATE/TIME	YEAR	RGC	RECEIPT	TRANS#	REFUND AMT	ON HOLD?	TAXPAYER ID
ANDERSON GREGORY MARK 1430 EMANUEL CHURCH RD ROCKWELL NC 28138-9752	BRANDONP 2005 TRACKER TRAK MARIN LKBOX KEYED	9/27/2016	9/27/2016 9:15	2016	100	5377388	634452	12.99		6299447
NAME/ADDRESS TOTAL: NOT HELD >								12.99	HELD >	
ANDERSON MELANIE ANNE 1430 EMANUEL CHURCH RD ROCKWELL NC 28138-9752	BRANDONP 2012 ADAM PERMTAG AD87117 LKBOX KEYED	9/27/2016	9/27/2016 9:16	2016	100	5374884	634453	5.82		6291172
NAME/ADDRESS TOTAL: NOT HELD >								5.82	HELD >	
BAILEY MARY W 265 WINDY HILL DR SALISBURY NC 28147-6510	BRANDONP 265 WINDY HILL RD LKBX KEY MARY W BAILEY	9/30/2016	9/30/2016 10:07	2016	100	5319108	635638	72.08		587025000
NAME/ADDRESS TOTAL: NOT HELD >								72.08	HELD >	
BAILEY MARY W BAILEY JERRY L 265 WINDY HILL DR SALISBURY NC 28147-6510	HOPPERGT 265 WINDY HILL RD PD MARY BAILEY	9/14/2016	9/14/2016 13:14	2016	100	5319108	631654	2.52		587025000
NAME/ADDRESS TOTAL: NOT HELD >								2.52	HELD >	
BAKER LARRY LEE 2500 LOURANCE BLVD GREENSBORO NC 27407-0000	LOCKBOXD N FISHERMANS LN LOCK BOX	8/31/2016	8:55	2016	100	5393527	629262	6.49		6338356
NAME/ADDRESS TOTAL: NOT HELD >								6.49	HELD >	
BARE WILLIAM JAMES BARE PATRICIA ELAINE 2201 WOODCREST DR KANNAPOLIS NC 28081-9612	&WF LOCKBOXD 1986 BASS TRACKER LOCK BOX	9/27/2016	9:12	2016	100	5294853	634423	7.37		24015000
NAME/ADDRESS TOTAL: NOT HELD >								7.37	HELD >	

DATE 10/03/16
TIME 8:50:01
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UNPROCESSED REFUNDS BY NAME REPORT & UPDATE

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REFUND TO NAME/ADDRESS	USER	TRANS DATE	MAINT DATE/TIME	YEAR	RGC	RECEIPT	TRANS#	REFUND AMT	ON HOLD?	TAXPAYER ID
BARENTINE GARY 125 COLTSVILLE DR MOUNT ULLA NC 28125-0000	PREOLELB	9/27/2016	9/27/2016 13:16	2016	100	5384497	634624	70.69		6321687
NAME/ADDRESS TOTAL: NOT HELD >								70.69	HELD >	
BAUCOM DEREK TRENT 190 FAIRFIELD LN SALISBURY NC 28146-6311	LOCKBOXD	9/27/2016	9:12	2016	100	5348575	634437	1.73		6182695
NAME/ADDRESS TOTAL: NOT HELD >								1.73	HELD >	
BAUCOM KENNETH MAX 140 JOHNSON DAIRY RD ROCKWELL NC 28138-9745	PREOLELB	9/27/2016	9/27/2016 13:12	2016	100	5302986	634614	14.80		3328750001
NAME/ADDRESS TOTAL: NOT HELD >								14.80	HELD >	
BEAVER LINDA B 7495 BEAVER LN KANNAPOLIS NC 28081-8919	HOPPERGT	8/31/2016	9/02/2016 13:14	2016	100	5306296	629419	77.14		38423000
NAME/ADDRESS TOTAL: NOT HELD >								77.14	HELD >	
BELT DANIEL CALEB & BELT SHELBY FOWLER 265 WAGON WHEEL WAY SALISBURY NC 28147-0000	LOCKBOXD	9/19/2016	9:25	2016	100	5391314	632252	846.56		6336580
NAME/ADDRESS TOTAL: NOT HELD >								846.56	HELD >	
BENSON CAROL WALLER 12330 COOL SPRINGS RD CLEVELAND NC 27013-9714	LOVEKH	9/13/2016	9/13/2016 11:09	2016	100	5383630	631385	163.60		6318786
NAME/ADDRESS TOTAL: NOT HELD >								163.60	HELD >	

DATE 10/03/16
TIME 8:50:01
USER BRANDONP

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UNPROCESSED REFUNDS BY NAME REPORT & UPDATE

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REFUND TO NAME/ADDRESS	USER	TRANS DATE	MAINT DATE/TIME	YEAR	RGC	RECEIPT	TRANS#	REFUND AMT	ON HOLD?	TAXPAYER ID
BLUM CATHERINE 9811 SCHEER CT HARRISBURG NC 28075-6634	ROBINSCW	9/30/2016	9/30/2016 13:28	2016	100	5376887	636007	462.92		6297932
NAME/ADDRESS TOTAL: NOT HELD >								462.92	HELD >	
BOSTIAN TENITA ANN 149 PENDER LN MOUNT ULLA NC 28125-7811	HOPPERGT	9/30/2016	9/30/2016 13:03	2016	100	5339224	635965	1.68		6132789
NAME/ADDRESS TOTAL: NOT HELD >								1.68	HELD >	
BRIDGES BERNADINE 9047 CLOVERFIELD DR KANNAPOLIS NC 28081	PREOLELB	9/21/2016	9/21/2016 11:39	2016	100	5324626	633215	13.24		6032651
NAME/ADDRESS TOTAL: NOT HELD >								13.24	HELD >	
BRINGLE KATHRYN L CHAPTER 13 TRUSTEE #1350167 PO BOX 2115 WINSTON SALEM NC 27102-2115	ISENHOC	8/31/2016	9/06/2016 13:33	2012	200	4719540	629790	65.57		32941
NAME/ADDRESS TOTAL: NOT HELD >								65.57	HELD >	
BRINGLE KATHRYN L CHAPTER 13 TRUSTEE #1550226 P O BOX 2115 WINSTON SALEM NC 27102-2115	ISENHOC	8/31/2016	9/06/2016 13:37	2015	100	5180301	629796	30.00		3229
NAME/ADDRESS TOTAL: NOT HELD >								30.00	HELD >	
BROOME BECKY J & HUS BROOME MICHAEL J 1261 POPLAR GLEN DR KANNAPOLIS NC 28083-2008	LOCKBOXD	8/31/2016	11:32	2016	100	5375645	629654	10.06		6293545
NAME/ADDRESS TOTAL: NOT HELD >								10.06	HELD >	

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BROWN KENNETH AUGUSTUS PO BOX 101 FAITH NC 28041	LOVEKH	9/07/2016	9/07/2016 15:25	2016	100	5350910	630345	10.26		6195472
								10.26	HELD >	
BROWN LINDA G 9009 LITTLE HAMPTON PL CHARLOTTE NC 28215-7521	LOVEKH	9/16/2016	9/16/2016 15:14	2016	100	5371477	632164	16.98		6280362
								16.98	HELD >	
BUCKNER SHIRLEY 194 GOFF ACRES LN SALISBURY NC 28146-8304	PREOLELB	9/27/2016	9/27/2016 12:53	2016	100	5338838	634590	18.00		6129067
								18.00	HELD >	
BUIE LAWRENCE RANDALL 140 REBECCA LN SALISBURY NC 28146-9030	OFFICALPMT	9/22/2016	9/22/2016 8:08	2016	100	5357504	633409	17.23		6231867
								17.23	HELD >	
BURTON JAMES C BURTON NADENE 3440 W INNES ST SALISBURY NC 28144-0769	& WF ISENHOCS	7/31/2016	9/01/2016 15:11	2016	100	5396953	629159	3.18		80005000
								3.18	HELD >	
CAROLINA CAMPGROUND LLC 185 JIM NEELY RD SALISBURY NC 28144-0000	HOUCKNC	12/28/2015	9/09/2016 8:10	2015	100	5399082	630640	5,018.79		6318420
CAROLINA CAMPGROUND LLC 185 JIM NEELY RD SALISBURY NC 28144-0000	HOUCKNC	7/29/2016	9/09/2016 8:11	2016	100	5399083	630644	4,943.51		6337839
								9,962.30	HELD >	

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CAROLINA FARM CREDIT ACA ESCROW PROCESSING PO BOX 100285 COLUMBIA SC 29202	PREOLELB	9/12/2016	9/12/2016 13:40	2016	100	5399087	631152	7.28		6338424
NAME/ADDRESS TOTAL: NOT HELD >								7.28	HELD >	
CARPENTER JUDY ORBISON CARPENTER FRANKLYN DALE 609 W RICE ST LANDIS NC 28088-1653	BRANDONP	9/30/2016	9/30/2016 10:05	2016	100	5347072	635635	358.84		6175108
NAME/ADDRESS TOTAL: NOT HELD >								358.84	HELD >	
CARPENTER SHAWN LUTHER 140 SILVER BIRCH LN MOUNT HOLLY NC 28120-1175	LOCKBOXD	8/31/2016	8:55	2016	100	5359721	629239	2.19		6239471
NAME/ADDRESS TOTAL: NOT HELD >								2.19	HELD >	
CARRUTH MAMIE 616 WESTMINSTER DR STATESVILLE NC 28677	PREOLELB	9/07/2016	9/07/2016 12:52	2016	100	5282870	630214	7.88		123905000
NAME/ADDRESS TOTAL: NOT HELD >								7.88	HELD >	
CATOE HELEN K 245 BASINGER KLUTTZ RD SALISBURY NC 28146-1112	HOPPERGT	9/19/2016	9/19/2016 15:14	2016	100	5321392	632505	62.76		6010244
NAME/ADDRESS TOTAL: NOT HELD >								62.76	HELD >	
CENTER STAGE DANCE CO ATTN SANDY OVERCASH 150 S BOSTIAN ST CHINA GROVE NC 28023-2436	LOCKBOXD	8/31/2016	11:32	2016	100	5283250	629635	41.25		12768
NAME/ADDRESS TOTAL: NOT HELD >								41.25	HELD >	

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CLAY PAMELA LYNN 1808 DARBY PL SALISBURY NC 28146-8684	HOPPERGT	9/07/2016	9/07/2016 15:42	2016	100	5365903	630358		1,438.91		6261123
NAME/ADDRESS TOTAL: NOT HELD >									1,438.91	HELD >	
CLINE MARIA 3506 MOORESVILLE RD SALISBURY NC 28147-8829	PREOLELB	9/21/2016	9/21/2016 12:40	2016	100	5335051	633250		4.37		6102381
NAME/ADDRESS TOTAL: NOT HELD >									4.37	HELD >	
CONNOR PAULETTE D CONNOR MAEBELLE 99 E FORREST AVE APT 806 DETROIT MI 48207-3860	LOCKBOXD	8/31/2016	11:32	2016	100	5281837	629632		2.05		114230000
NAME/ADDRESS TOTAL: NOT HELD >									2.05	HELD >	
COOK PATSY D 3520 NC HWY 73 E CONCORD NC 28025	HOPPERGT	9/23/2016	9/23/2016 13:19	2016	100	5339193	633796		10.31		6132734
NAME/ADDRESS TOTAL: NOT HELD >									10.31	HELD >	
CORELOGIC TAX SERVICE 486 THOMAS JONES WAY STE 150 EXTON PA 19341	HOUCKNC	7/29/2015	9/26/2016 9:10	2015	100	5403679	634015		698.19		6336178
NAME/ADDRESS TOTAL: NOT HELD >									698.19	HELD >	
CORELOGIC TAX SERVICE PARCEL 014 086\ 486 THOMAS JONES WAY STE 150 EXTON PA 19341	ISENHOC	7/30/2016	9/01/2016 15:09	2016	100	5369601	629157		23.67		6273579
NAME/ADDRESS TOTAL: NOT HELD >									23.67	HELD >	

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CORRIHER JOE ALLEN JR & WF CORRIHER ELIZABETH ANN 2024 SPRINGDALE AVE CHARLOTTE NC 28203-0000	LOCKBOXD JOE RANKIN RD LOCK BOX	8/31/2016	8:55	2016	100	5385247	629260	2.16		6324457
NAME/ADDRESS TOTAL: NOT HELD >								2.16	HELD >	
COX ENTERPROSES 6205 PEACHTREE DUNWOODY RD ATLANTA GA 30328	LOCKBOXD S MAIN ST LOCK BOX	8/31/2016	11:32	2016	100	5391051	629658	122.84		6336323
NAME/ADDRESS TOTAL: NOT HELD >								122.84	HELD >	
CREATIVE SIGN SERVICE INC 1 FREEDOM SQ LAUREL MS 39440-3367	PREOLELB SECT C SCH B/S CLASS BB ASM# 00 PD CREATIVE SIGN SERVICE	9/06/2016	9/06/2016 12:22	2016	100	5287734	629697	15.23		17654H
NAME/ADDRESS TOTAL: NOT HELD >								15.23	HELD >	
CRESS DORIS E WALLACE DIANNE C 1210 OLD CRESS RD SALISBURY NC 28147-5656	ROBINSCW OLD CRESS RD PD-DORIS E CRESS	9/30/2016	9/30/2016 11:01	2016	100	5283237	635706	111.40		127420000
NAME/ADDRESS TOTAL: NOT HELD >								111.40	HELD >	
DARIUS HEDRICK INC PO BOX 246 GOLD HILL NC 28071-0246	LOCKBOXD 770 ST STEPHENS CHURCH RD LOCK BOX	8/31/2016	8:55	2016	100	5301652	629217	5.51		31575
NAME/ADDRESS TOTAL: NOT HELD >								5.51	HELD >	
DARRIUS HEDRICK SALES INC PO BOX 246 GOLD HILL NC 28071-0246	LOCKBOXD 2006 TRAILER UNKNOWN LOCK BOX	8/31/2016	8:55	2016	100	5372465	629246	2.06		6283216
NAME/ADDRESS TOTAL: NOT HELD >								2.06	HELD >	

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DAVIS CAROL TED DAVIS NANCY 516 SPRING GARDEN AVE KANNAPOLIS NC 28081-9169	& WF LOCKBOXD	8/31/2016	11:32	2016	100	5284127	629635	5.07		136545000
NAME/ADDRESS TOTAL: NOT HELD >								5.07	HELD >	
DEAL ELBERT KELLER 2137 BERTHA ST KANNAPOLIS NC 28083-3023	PREOLELB	9/01/2016	9/01/2016 13:05	2016	100	5340577	629085	42.43		6140125
NAME/ADDRESS TOTAL: NOT HELD >								42.43	HELD >	
DEMBYS USED CARS INC 3075 N CANNON BLVD KANNAPOLIS NC 28083-9126	LOCKBOXD	9/27/2016	9:12	2016	100	5298847	634423	9.76		28818
NAME/ADDRESS TOTAL: NOT HELD >								9.76	HELD >	
DESTINY CITY CHURCH PO BOX 73 SALISBURY NC 28145-0073	LOVEKH	8/31/2016	9/02/2016 11:32	2016	100	5388867	629335	131.27		6334126
NAME/ADDRESS TOTAL: NOT HELD >								131.27	HELD >	
DIGGS JOE ANN 171 CREEKVIEW DR CHINA GROVE NC 28023-9732	HOPPERGT	8/31/2016	9/01/2016 13:06	2016	100	5285042	629087	2.50		14658000001
NAME/ADDRESS TOTAL: NOT HELD >								2.50	HELD >	
DILLON SALLIE W 1860 AMITY HILL RD CLEVELAND NC 27013-9242	LOVEKH	9/30/2016	9/30/2016 11:56	2016	100	5285075	635868	4.01		146920000
NAME/ADDRESS TOTAL: NOT HELD >								4.01	HELD >	

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DIXON SHERRY PO BOX 298 EAST SPENCER NC 28039-0298	DANIELBE	9/06/2016	9/06/2016 14:21	2015	100	5213542	629853	73.15		6103645
NAME/ADDRESS TOTAL: NOT HELD >								73.15	HELD >	
DLH FAMILY PROPERTIES LLP 128 OVERHILL DR SUITE 101 A MOORESVILLE NC 28117	PREOLELB	9/08/2016	9/08/2016 13:52	2016	100	5297478	630550	8.41		269782500
NAME/ADDRESS TOTAL: NOT HELD >								8.41	HELD >	
DODGENS DARRELL D JR & WF DODGENS RACHEL H 3916 N POTSDAM AVE #2728 SIOUX FALL SD 57104-7048	OFFICALPMT	9/06/2016	9/06/2016 8:36	2016	100	5387718	629574	4.14		6330903
NAME/ADDRESS TOTAL: NOT HELD >								4.14	HELD >	
DOWNER FRED M JR 707 S FRANKLIN ST CHINA GROVE NC 28023-1905	LOCKBOXD	9/09/2016	11:32	2016	100	5358615	630739	1.86		6236072
NAME/ADDRESS TOTAL: NOT HELD >								1.86	HELD >	
DUREN JAMES & WF DUREN DEANNE S 435 SHEPPARD PLANT RD CHINA GROVE NC 28023-7515	LOCKBOXD	9/13/2016	8:58	2016	100	5358647	631349	35.22		6236139
NAME/ADDRESS TOTAL: NOT HELD >								35.22	HELD >	
ELLIS WILLIAM DOUGLAS PO BOX 379 SPENCER NC 28159-0379	HOPPERGT	9/12/2016	9/12/2016 13:14	2016	100	5286888	631116	59.64		167085000
NAME/ADDRESS TOTAL: NOT HELD >								59.64	HELD >	

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ERGOBIZ LLC 1735 HEILIG RD SALISBURY NC 28146 2314	LOCKBOXD CLASS SP ASM# 000 LOCK BOX	8/31/2016	11:32	2016	100	5378517	629655	1.97		6302205
NAME/ADDRESS TOTAL: NOT HELD >								1.97	HELD >	
FAULKNER PATRICIA JANE 770 OLD STONE HOUSE RD SALISBURY NC 28146-0000	HOUCKNC 1025 COLEY RD XFR FM 2015 100 5268254	10/23/2015	9/30/2016 12:30	2015	100	5403705	635927	112.34		6334185
FAULKNER PATRICIA JANE 770 OLD STONE HOUSE RD SALISBURY NC 28146-0000	HOUCKNC 1025 COLEY RD XFR FM 2015 100 5268254	11/23/2015	9/30/2016 12:30	2015	100	5403705	635928	147.94		6334185
FAULKNER PATRICIA JANE 770 OLD STONE HOUSE RD SALISBURY NC 28146-0000	HOUCKNC 1025 COLEY RD XFR FM 2015 100 5268254	12/21/2015	9/30/2016 12:30	2015	100	5403705	635929	147.94		6334185
FAULKNER PATRICIA JANE 770 OLD STONE HOUSE RD SALISBURY NC 28146-0000	HOUCKNC 1025 COLEY RD XFR FM 2016 100 5388920	8/19/2016	9/30/2016 12:31	2016	100	5403706	635938	23.97		6334185
FAULKNER PATRICIA JANE 770 OLD STONE HOUSE RD SALISBURY NC 28146-0000	HOUCKNC 1025 COLEY RD XFR FM 2016 100 5388920	9/19/2016	9/30/2016 12:31	2016	100	5403706	635939	147.94		6334185
NAME/ADDRESS TOTAL: NOT HELD >								580.13	HELD >	
FIRST BANK & TRUST COMPANY PO BOX 1000 ABINGDON VA 24212	HOPPERGT 41 OLD FARM RD 1ST BANK & TRUST CO	9/07/2016	9/07/2016 14:09	2016	100	5394219	630303	1,309.45		6338952
NAME/ADDRESS TOTAL: NOT HELD >								1,309.45	HELD >	
FIRST BAPTIST CH OF SALISBURY 223 N FULTON ST SALISBURY NC 28144-4223	LOCKBOXD 219 W LIBERTY ST LOCK BOX	8/31/2016	11:32	2016	100	5280493	629632	30.09		102435600
NAME/ADDRESS TOTAL: NOT HELD >								30.09	HELD >	

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FISHER LUKE C 11 NORTH RD SALISBURY NC 28144-6907	LOCKBOXD 11 NORTH RD LOCK BOX	9/15/2016	8:50	2016	100	5288248	631745	16.18		181402000
NAME/ADDRESS TOTAL: NOT HELD >								16.18	HELD >	
FITZMARK LLC 3405 PIEDMONT RD STE 400 ATLANTA GA 30305-0000	BRANDONP S MAIN ST LKBOX KEYED	9/06/2016	9/06/2016 11:38	2016	100	5391051	629664	63.96		6336323
NAME/ADDRESS TOTAL: NOT HELD >								63.96	HELD >	
FLEURY DORINA MICHELLE 303 W 22ND ST KANNAPOLIS NC 28081-2415	PREOLELB 2000 DODG MP DURANGO 2WD /STAFFMARK	9/16/2016	9/16/2016 14:32	2013	200	4963174	632151	56.38		6322607
NAME/ADDRESS TOTAL: NOT HELD >								56.38	HELD >	
GARDNER BETTY PO BOX 28 GRANITE QUARRY NC 28072-0028	HOPPERGT 2000 HOME PERMTAG AD67091 BETTY GARDNER VISA	9/30/2016	9/30/2016 13:43	2016	100	5340824	636027	1.35		6141165
NAME/ADDRESS TOTAL: NOT HELD >								1.35	HELD >	
GE CAPITAL/PTAX COE P O BOX 35715 BILLINGS MT 59107-9979	LOVEKH SECT C SCH A10 CLASS EQ ASM# 00 PD-GE CAPITAL/PTAX COE	8/31/2016	9/02/2016 13:59	2016	100	5300853	629457	5.80		30861K
NAME/ADDRESS TOTAL: NOT HELD >								5.80	HELD >	
GIBSON PHILLIP STEVEN 230 WAYCROSS DR ROCKWELL NC 28138-9545	LOVEKH 230 WAYCROSS DR /PAYROLL PLUS CORP.	9/12/2016	9/12/2016 13:11	2016	100	5371851	631111	26.54		6281421
NAME/ADDRESS TOTAL: NOT HELD >								26.54	HELD >	

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GREEN KENNETH LEE 1025 PHANIEL CHURCH RD ROCKWELL NC 28138-7602	LOCKBOXD 1979 STARCRAFT O/B LOCK BOX	9/23/2016	10:35	2016	100	5302530	633696	76.49		32527
NAME/ADDRESS TOTAL: NOT HELD >								76.49	HELD >	
GREEN ROGER C 175 DUTCH CREEK RD ROCKWELL NC 28138-9707	LOVEKH 175 DUTCH CREEK RD PD-ROGER C GREEN	9/13/2016	9/13/2016 15:33	2016	100	5350989	631502	480.64		6196088
NAME/ADDRESS TOTAL: NOT HELD >								480.64	HELD >	
GRISSOM JAMES EDWARD 1350 POTNECK RD SALISBURY NC 28147-8741	LOCKBOXD 1964 APAC S/V LOCK BOX	9/07/2016	8:37	2015	100	5200287	630001	9.27		6013187
NAME/ADDRESS TOTAL: NOT HELD >								9.27	HELD >	
HALL KENNETH P 1020 STONE RD SALISBURY NC 28146-8931	PREOLELB 1987 EVINRUDE PD KENNETH P HALL	8/30/2016	9/07/2016 13:00	2016	100	5339810	630224	2.38		6136604
NAME/ADDRESS TOTAL: NOT HELD >								2.38	HELD >	
HALL WILLIAM MADISON 225 KNOLLWOOD DR SALISBURY NC 28146-9005	LOVEKH 1972 CHEV CORVETTE PD-WILLIAM HALL	9/19/2016	9/19/2016 16:39	2016	100	5293750	632580	5.81		228647500
NAME/ADDRESS TOTAL: NOT HELD >								5.81	HELD >	
HARRIS CLARA D 116 GLENDOWER DR SALISBURY NC 28144-9428	PREOLELB 420 VINEYARD DR PD CLARA HARRIS	9/06/2015	9/06/2016 12:49	2016	100	5294531	629732	13.14		236420000
NAME/ADDRESS TOTAL: NOT HELD >								13.14	HELD >	

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HARRIS CLARA D 420 VINEYARD DR SALISBURY NC 28146	PREOLELB 420 VINEYARD DR PD CLARA HARRIS	9/06/2015	9/06/2016 12:54	2016	100	5294531	629733	219.09		236420000
NAME/ADDRESS TOTAL: NOT HELD >								219.09	HELD >	
HARTFORD KATHY SUE HALL 195 ALEX RD CLEVELAND NC 27013-9336	LOCKBOXD 2001 HAUL LOCK BOX	9/27/2016	9:12	2016	100	5364127	634440	3.44		6254956
NAME/ADDRESS TOTAL: NOT HELD >								3.44	HELD >	
HATHAWAY SUSAN 4767 RAINBOW DR KANNAPOLIS NC 28081-8858	PREOLELB 1983 LAZY DAYS I/O PD SUSAN HATHAWAY	8/30/2016	9/07/2016 13:40	2016	100	5331385	630273	1.49		6080758
NAME/ADDRESS TOTAL: NOT HELD >								1.49	HELD >	
HAUPT JAMES EDGAR JR HAUPT TERESA 885 JOE LENTZ RD SALISBURY NC 28146-1557	LOVEKH 1998 JOHNSON O/B PD-JAMES E HAUPT	9/12/2016	9/12/2016 10:21	2016	100	5325356	631033	11.24		6038615
NAME/ADDRESS TOTAL: NOT HELD >								11.24	HELD >	
HEDRICK JIMMY F 154 BRIARFIELD DR MOORESVILLE NC 28115-9598	HOPPERGT 154 BRIARFIELD DR PD JIMMY HEDRICK	9/13/2016	9/13/2016 12:13	2016	100	5283455	631435	2.06		12963
NAME/ADDRESS TOTAL: NOT HELD >								2.06	HELD >	
HEILIG MICHAEL A 355 WOODWEDGE CIR SALISBURY NC 28144	HOPPERGT 355 WOODWEDGE CIR PD MICHAEL HEILIG	9/29/2016	9/29/2016 12:56	2016	100	5369207	635353	2.36		6271987
NAME/ADDRESS TOTAL: NOT HELD >								2.36	HELD >	

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HENDERSON DOROTHY G % DOROTHY ALDRICH BRYAN 2220 C ST APT 104 SAN DIEGO CA 92102-1978	ISENHOCS EPPERSON RD XFR FM 0000 100 0000000	8/31/2016	9/09/2016 14:33	2014	100	5049667	630895	5.00		247062500
NAME/ADDRESS TOTAL: NOT HELD >								5.00		
HENDERSON DOROTHY G % DOROTHY ALDRICH BRYAN 2220 C ST APT 104 SAN DIEGO CA 92102-1978	ISENHOCS EPPERSON RD REVERSE TRAN # 630895	8/31/2016	9/12/2016 8:43	2014	100	5049667	630984	5.00	-	247062500
NAME/ADDRESS TOTAL: NOT HELD >								5.00	-	
HOFMANN BERND H & WF HOFMANN MARY K 5975 US 52 HWY SALISBURY NC 28146-0000	LOCKBOXD 5975 US 52 HWY LOCK BOX	8/31/2016	11:32	2016	100	5376678	629654	12.25		6297301
NAME/ADDRESS TOTAL: NOT HELD >								12.25		
HOUSTON CHERYL DENISE HOUSTON HELEN MRS 1417 N CHURCH ST SALISBURY NC 28144-3528	HOPPERGT 1417 N CHURCH ST PD CHERYL HOUSTON	9/30/2016	9/30/2016 12:27	2016	100	5331329	635910	4.04		6080627
NAME/ADDRESS TOTAL: NOT HELD >								4.04		
HUTTON REAL ESTATE HOLDINGS 736 CHERRY ST CHATTANOOGA TN 37402-1909	DANIELBE MOORESVILLE RD PD-HUTTON REAL ESTATE	8/31/2016	9/06/2016 10:18	2016	100	5369132	629623	11.35		6271872
NAME/ADDRESS TOTAL: NOT HELD >								11.35		
INGRAM WAYNE ALAN 72 GOODMAN DR SALISBURY NC 28147-0000	LOCKBOXD 72 GOODMAN DR LOCK BOX	9/07/2016	8:37	2016	100	5340850	630021	59.02		6141443
NAME/ADDRESS TOTAL: NOT HELD >								59.02		
INGRAM WAYNE ALAN 72 GOODMAN DR SALISBURY NC 28147-0000	LOCKBOXD 2011 SKEETER LOCK BOX	9/07/2016	8:37	2016	100	5340851	630021	234.03		6141443
NAME/ADDRESS TOTAL: NOT HELD >								234.03		
NAME/ADDRESS TOTAL: NOT HELD >								293.05		

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JACKSON AMY BENTON 2080 HOBSON RD # A CLEVELAND NC 27013-8006	PREOLELB 1987 MERZ 30E 4S 300E PD AMY JACKSON	9/08/2016	9/08/2016 12:26	2010	200	4260472	630466	27.75		6301730
NAME/ADDRESS TOTAL: NOT HELD >								27.75	HELD >	
JARRETT STEVEN C 260 JARRETT DR SALISBURY NC 28144	LOCKBOXD JARRETT DR LOCK BOX	8/31/2016	11:32	2016	100	5359752	629651	14.05		6239495
JARRETT STEVEN C 260 JARRETT DR SALISBURY NC 28144	LOCKBOXD JARRETT DR LOCK BOX	8/31/2016	11:32	2016	100	5381336	629657	5.21		6311336
NAME/ADDRESS TOTAL: NOT HELD >								19.26	HELD >	
JETER ROSA MAE APT 502 2013 NEW HAMPSHIRE AVE NW WASHINGTON DC 20009-3412	BRANDONP BEAGLE CLUB RD XFR FROM 2016 100 5299634	9/30/2016	9/30/2016 10:01	2016	100	5299631	635631	94.40		29432
NAME/ADDRESS TOTAL: NOT HELD >								94.40	HELD >	
JETER WALTER LOUIS C/O ROSA JETER APT 502 2013 NEW HAMPSHIRE AVE NW WASHINGTON DC 20009-3412	LOCKBOXD BEAGLE CLUB RD LOCK BOX	9/30/2016	9:50	2016	100	5299634	635581	144.22		29433
JETER WALTER LOUIS C/O ROSA JETER APT 502 2013 NEW HAMPSHIRE AVE NW WASHINGTON DC 20009-3412	BRANDONP BEAGLE CLUB RD REVERSE TRAN # 635581	9/30/2016	9/30/2016 10:01	2016	100	5299634	635629	144.22-		29433
NAME/ADDRESS TOTAL: NOT HELD >									HELD >	

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JGP REALTY INC 803 PERFORMANCE RD MOORESVILLE NC 28115-9597	BRANDONP	9/07/2016	9/07/2016 8:39	2016	100	5345468	630047	1,346.71		6168217
NAME/ADDRESS TOTAL: NOT HELD >								1,346.71	HELD >	
JONES ROBERT EDWARD 255 FOUR LAKES DR CLEVELAND NC 27013-8996	LOCKBOXD	9/15/2016	1999 FRHT IRP TAG ML6249 LOCK BOX	2016	100	5353280	631778	12.92		6207490
JONES ROBERT EDWARD 255 FOUR LAKES DR CLEVELAND NC 27013-8996	KESLERKF	9/27/2016	1999 FRHT IRP TAG ML6249 REVERSE TRAN # 631778	2016	100	5353280	634505	12.92-		6207490
NAME/ADDRESS TOTAL: NOT HELD >									HELD >	
JONES WILLIAM W JONES ANNE S 12019 NC HWY 88 W CRESTON NC 28615-0000	& WF LOCKBOXD	8/31/2016	JONES RD LOCK BOX	2016	100	5299271	629635	4.99		291272000
NAME/ADDRESS TOTAL: NOT HELD >								4.99	HELD >	
JORDAN JAMES C JORDAN DIXIE J 325 CLIFF EAGLE RD SALISBURY NC 28146-7745	& WF HOPPERGT	9/20/2016	325 CLIFF EAGLE RD PD JAMES JORDAN	2016	100	5299353	632756	2.04		29189100001
NAME/ADDRESS TOTAL: NOT HELD >								2.04	HELD >	
JOYNER BLAIR A JOYNER EDWARD G 107 LARCH RD SALISBURY NC 28147-9149	HOPPERGT	9/07/2016	107 LARCH RD PD BLAIR JOYNER	2016	100	5299474	630185	320.07		292936000
NAME/ADDRESS TOTAL: NOT HELD >								320.07	HELD >	

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JULIAN DONALD R 624 N CRAIGE ST SALISBURY NC 28144-3314	LOVEKH N CRAIGE ST PD-DON R FULIAN	9/20/2016	9/20/2016 16:30	2016	100	5299494	633106	84.90		293190000
NAME/ADDRESS TOTAL: NOT HELD >								84.90	HELD >	
KARRIKER STEVEN M KARRIKER BARBARA J 1925 OLD CONCORD RD SALISBURY NC 28146-1357	& WF HOPPERGT 1978 FISHER 00012 00065 PD JEAN KARRIKER	9/19/2016	9/19/2016 13:42	2016	100	5299731	632422	38.00		295404000
NAME/ADDRESS TOTAL: NOT HELD >								38.00	HELD >	
KEITH-PERRY LLC PO BOX 20250 RALEIGH NC 27619-0000	LOCKBOXD 523 N ELLIS ST LOCK BOX	8/31/2016	8:55	2016	100	5387972	629260	18.73		6331630
NAME/ADDRESS TOTAL: NOT HELD >								18.73	HELD >	
KELLEY SANDRA KAY 315 SAILBOAT DR SALISBURY NC 28146-0000	LOCKBOXD 1995 TRACKER LOCK BOX	9/09/2016	11:32	2016	100	5385618	630751	8.72		6325679
NAME/ADDRESS TOTAL: NOT HELD >								8.72	HELD >	
KEOBOUPHA SOUKTHAVY V KEOBOUPHA VILAVONE V 10943 TAILWATER ST DAVIDSON NC 28036-9607	& WF OFFICALPMT 100 MINK DR /IVR-VISA	9/02/2016	9/02/2016 9:39	2016	100	5349831	629277	203.43		6189900
NAME/ADDRESS TOTAL: NOT HELD >								203.43	HELD >	
KLUTTZ CHANDLER BRYAN 9630 HWY 801 MOUNT ULLA NC 28125-0000	OFFICALPMT 2008 HOND MC CBR 1000 /INTERNET-VISA-DMV BILL	9/12/2016	9/12/2016 8:17	2013	200	5028935	630973	8.35		6316306
NAME/ADDRESS TOTAL: NOT HELD >								8.35	HELD >	

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KLUTTZ H CHARLES KLUTTZ KELLY S 516 MINING AVE SALISBURY NC 28147-8810	& WF LOVEKH MINING AV PD-KELLY S KLUTTZ	9/06/2016	9/06/2016 15:45	2016	100	5301732	629931	1.04		31639
NAME/ADDRESS TOTAL: NOT HELD >								1.04	HELD >	
KLUTTZ ROBERT T KLUTTZ LISA H 300 THOMPSON RD SALISBURY NC 28147-6412	&WF LOCKBOXD THOMPSON RD LOCK BOX	9/12/2016	9:08	2016	100	5334976	631008	36.08		6102172
NAME/ADDRESS TOTAL: NOT HELD >								36.08	HELD >	
LAXTON CHATMAN &WF LAXTON HANNAH 309 W 22ND ST KANNAPOLIS NC 28081-0000	OFFICALPMT 309 W 22ND ST /IVR-VISA-PIF	9/19/2016	9/19/2016 9:16	2016	100	5393570	632222	322.05		6338390
NAME/ADDRESS TOTAL: NOT HELD >								322.05	HELD >	
LERETA CORP CENTRAL REPORT PROCESSING DEPT 1123 PARK VIEW DR COVINA CA 91724-3748	HOUCKNC 6840 UNITY CHURCH RD XFR FM 2016 100 5390869	7/20/2016	9/26/2016 9:13	2016	100	5403680	634025	698.19		6336178
NAME/ADDRESS TOTAL: NOT HELD >								698.19	HELD >	
LITTLEJOHN GRACE MCMULLEN 4122 16TH ST NW WASHINGTON DC 20011-7004	LOCKBOXD JOE SUMMERS RD LOCK BOX	9/12/2016	9:08	2016	100	5303181	631005	71.59		335560000
NAME/ADDRESS TOTAL: NOT HELD >								71.59	HELD >	
LO JACK CORPORATION 40 PEQUOT WAY CANTON MA 02010-2306	LOVEKH SECT C SCH J10 CLASS EQ ASM# 00 PD-LO JACK CORPORATION	9/13/2016	9/13/2016 11:25	2016	100	5373023	631399	5.35		6285248
NAME/ADDRESS TOTAL: NOT HELD >								5.35	HELD >	

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LONDON HELEN N 1245 CANNON FARM RD CHINA GROVE NC 28023-6537	HOPPERGT	9/07/2016	9/07/2016 15:47	2016	100	5303493	630360	354.30		339290000
NAME/ADDRESS TOTAL: NOT HELD >								354.30	HELD >	
LOWDER BETTY SUE 5185 FISH POND RD SALISBURY NC 28146-8079	PREOLELB	8/31/2016	9/06/2016 12:32	2016	100	5330717	629719	780.67		6075063
NAME/ADDRESS TOTAL: NOT HELD >								780.67	HELD >	
MADDEN BARBARA T 435 WAGON LN SALISBURY NC 28146	LOCKBOXD	8/31/2016	8:55	2016	100	5285933	629209	14.15		15563
NAME/ADDRESS TOTAL: NOT HELD >								14.15	HELD >	
MAHALEY LEVENE 2302 LONG FERRY RD SALISBURY NC 28146-8439	LOVEKH	9/02/2016	9/02/2016 15:49	2016	100	5393811	629547	590.52		6338597
NAME/ADDRESS TOTAL: NOT HELD >								590.52	HELD >	
MATTINGLY THOMAS MATTHEW MATTINGLY STEFANIE A 201 DAMSENBERRY WAY CHINA GROVE NC 28144-0000	BRANDONP	9/20/2016	9/20/2016 10:09	2016	100	5391706	632713	274.59	N	6336872
NAME/ADDRESS TOTAL: NOT HELD >								274.59	HELD >	
MCCORKLE MARY L MCCORKLE JERRY E 1185 COOPER RD SALISBURY NC 28147-9639	HOPPERGT	9/07/2016	9/07/2016 15:15	2016	100	5304692	630339	21.74		359430000
NAME/ADDRESS TOTAL: NOT HELD >								21.74	HELD >	

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MCINTYRE BENNY LEE MCINTYRE VIRGINIA S 545 BEAVER RD CHINA GROVE NC 28023-8532	& WF LOVEKH	9/19/2016	9/19/2016 16:26	2016	100	5305002	632567	440.83		364380000
NAME/ADDRESS TOTAL: NOT HELD >								440.83	HELD >	
MCINTYRE JR STEPHEN 220 LOG BARN RD SALISBURY NC 28146-8337	HOPPERGT	9/12/2016	9/12/2016 15:19	2016	100	5321904	631246	32.89		6013626
NAME/ADDRESS TOTAL: NOT HELD >								32.89	HELD >	
MECKES ROLAND PAUL JR MECKES MELANIE LYNN HYLTON 295 WINGMASTER DR MOORESVILLE NC 28115-0000	& WF LOCKBOXD	8/31/2016	8:55	2016	100	5322632	629221	7.76		6019331
NAME/ADDRESS TOTAL: NOT HELD >								7.76	HELD >	
MECKES ROLAND PAUL JR MECKES MELANIE LYNN HYLTON 295 WINGMASTER DR MOORESVILLE NC 28115-0000	& WF LOCKBOXD	9/13/2016	8:58	2016	100	5322634	631340	42.49		6019331
NAME/ADDRESS TOTAL: NOT HELD >								50.25	HELD >	
MENIUS RICHARD WILEY JR 360 LAKESIDE DR SALISBURY NC 28146-1224	PREOLELB	9/15/2016	9/15/2016 14:30	2016	100	5305360	631916	257.75		370585000
NAME/ADDRESS TOTAL: NOT HELD >								257.75	HELD >	
MILLER CARL R 345 KNIGHT FARM RD CHINA GROVE NC 28023-6583	LOCKBOXD	9/12/2016	9:08	2016	100	5331105	631008	14.04		6078258
NAME/ADDRESS TOTAL: NOT HELD >								14.04	HELD >	
MILLER CARL R 345 KNIGHT FARM RD CHINA GROVE NC 28023-6583	LOCKBOXD	9/12/2016	9:08	2016	100	5346189	631012	55.03		6171815
NAME/ADDRESS TOTAL: NOT HELD >								69.07	HELD >	

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MILLER DAVID A 109 SMITH ST CLEVELAND NC 27013-0000	LOCKBOXD 1993 JOHNSON LOCK BOX	9/19/2016	9:25	2016	100	5358800	632242	621.51		6236512
NAME/ADDRESS TOTAL: NOT HELD >								621.51	HELD >	
MILLER SHIRLEY SILVER 420 GAITHER DR SALISBURY NC 28146-1285	HOPPERGT 420 GAITHER DR PD SHIRLEY MILLER	9/22/2016	9/22/2016 11:59	2016	100	5338798	633506	31.48		6128560
NAME/ADDRESS TOTAL: NOT HELD >								31.48	HELD >	
MJ&V CARRIAGE ROOM LLP THE CARRIAGE ROOM % MARY KOTSALIS 270 NOODLE WAY SALISBURY NC 28146	LOCKBOXD CLASS SP ASM# 000 LOCK BOX	9/12/2016	9:08	2016	100	5395425	631014	1.00		6340930
NAME/ADDRESS TOTAL: NOT HELD >								1.00	HELD >	
MOODY ROGER WAYNE & WF MOODY LYNN P 935 IRISH CREEK DR LANDIS NC 28088-0000	LOCKBOXD 2014 DIAG PERMTAG AC59455 LOCK BOX	9/23/2016	10:35	2016	100	5388440	633703	34.61		6333101
NAME/ADDRESS TOTAL: NOT HELD >								34.61	HELD >	
MOORE EMILY HOGAN 380 PLEASANT COVE RD SALISBURY NC 28146-0000	LOCKBOXD 2000 YAMAHA JSK LOCK BOX	9/22/2016	8:06	2016	100	5285480	633378	19.45		15159
NAME/ADDRESS TOTAL: NOT HELD >								19.45	HELD >	
MORGAN PAMELA 267 RAVENWOOD LN LEXINGTON NC 27292-9165	LOCKBOXD 916 N MAIN ST LOCK BOX	9/23/2016	10:35	2016	100	5361015	633700	97.08		6243638
NAME/ADDRESS TOTAL: NOT HELD >								97.08	HELD >	

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MUZAK LLC ATTN: TAX DEPT 3318 LAKEMOUNT BLVD FORT MILL SC 29708	LOCKBOXD	9/20/2016		8:50	2016	100	5285240 632603	57.16		14954
	SECT C SCH B10 CLASS EQ ASM# 00									
	LOCK BOX									
NAME/ADDRESS TOTAL: NOT HELD >								57.16	HELD >	
NEWMAN WILLIAM A NEWMAN DEEDREAN 245 MELLOW RUN RD GOLD HILL NC 28071-9775	& WF LOCKBOXD	8/31/2016		11:32	2016	100	5307673 629636	12.56		407120000
	1968 PLYM GTX									
	LOCK BOX									
NAME/ADDRESS TOTAL: NOT HELD >								12.56	HELD >	
OLIPHANT FRANCES 920 JONES RD MT ULLA NC 28125	PREOLELB	9/09/2016	9/09/2016	12:18	2016	100	5330343 630789	75.86		6073293
	111 DEXTER AV									
	PD FRANCES J OLIPHANT									
NAME/ADDRESS TOTAL: NOT HELD >								75.86	HELD >	
OVERCASH SANDRA HIGGINS 105 N CLINTON ST CHINA GROVE NC 28023-2107	LOCKBOXD	8/31/2016		11:32	2016	100	5396697 629661	25.07		77212500
	2007 DIAG AB74124									
	LOCK BOX									
NAME/ADDRESS TOTAL: NOT HELD >								25.07	HELD >	
OWEN JOE S OWEN BARBARA J 670 GRAHAM RD MOUNT ULLA NC 28125-8760	& WF LOCKBOXD	9/13/2016		8:58	2016	100	5308223 631335	20.90		417565000
	GRAHAM RD									
	LOCK BOX									
NAME/ADDRESS TOTAL: NOT HELD >								20.90	HELD >	
OWENS MARK EDWARD & CAGE JANE O TRUSTEE 1705 HUNTINGTON WOODS CT WINSTON SALEM NC 27103-0000	LOCKBOXD	8/31/2016		8:55	2016	100	5382422 629258	7.60		6315178
	303 N DEPOT ST									
	LOCK BOX									
NAME/ADDRESS TOTAL: NOT HELD >								7.60	HELD >	

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PATEL AMIT K & WF PATEL AVANEE H 621 SR 24-27 BYPASS E ALBERMARLE NC 28001-0000	LOCKBOXD	8/31/2016	8:55	2016	100	5388345	629260	40.05		6332552
NAME/ADDRESS TOTAL: NOT HELD >								40.05	HELD >	
PEELER MARKUS BLAIR 380 VARNADORE RD SALISBURY NC 28146-0000	LOCKBOXD	8/31/2016	8:55	2016	100	5392858	629262	1.49		6337777
NAME/ADDRESS TOTAL: NOT HELD >								1.49	HELD >	
PENNINGER CHARLES MICHAEL & WF PENNINGER CAROLYN BRUTON 127 TANGLEWOOD DR KANNAPOLIS NC 28081-7948	ISENHOC	9/30/2016	9/30/2016 11:15	2016	100	5309046	635758	5.71		431515000
NAME/ADDRESS TOTAL: NOT HELD >								5.71	HELD >	
PHIFER COLEMAN TRENT 115 PARK AVE RALEIGH NC 27605-1832	OFFICALPMT	8/31/2016	9/01/2016 10:06	2016	100	5380299	628950	5.70		6308201
NAME/ADDRESS TOTAL: NOT HELD >								5.70	HELD >	
PIERCE BENJAMIN DAVID &WF PIERCE TAMARA SUE 111 N BELLWOOD RD SALISBURY NC 28146	KESLERKF	9/29/2016	9/29/2016 14:27	2016	100	5353409	635453	96.13		6208491
NAME/ADDRESS TOTAL: NOT HELD >								96.13	HELD >	
POLLARA ROBERT J 1121 EMERALD ST SALISBURY NC 28144-2603	PREOLELB	9/14/2016	9/14/2016 12:12	2016	100	5331888	631611	154.69		6084342
NAME/ADDRESS TOTAL: NOT HELD >								154.69	HELD >	

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PONDER FREDIA D 5613 BONDSOR LN RICHMOND VA 23225	PREOLELB 1004 W FISHER ST PD ZELDA PONDER	9/08/2016	9/08/2016 12:55	2016	100	5309621	630501	8.68		442090000
NAME/ADDRESS TOTAL: NOT HELD >								8.68	HELD >	
POWELL MILDRED CRAIG TRUSTEE 406 S WHITEHEAD AVE SPENCER NC 28159-1662	PREOLELB 406 S WHITEHEAD AV PD MILDRED C POWELL	9/12/2016	9/12/2016 13:27	2016	100	5321940	631134	3.94		6013965
NAME/ADDRESS TOTAL: NOT HELD >								3.94	HELD >	
PRINCE YOLANDA 9585 SHERRILLS FORD RD MOUNT ULLA NC 28125-8601	LOCKBOXD 9585 SHERRILLS FORD RD LOCK BOX	8/31/2016	11:32	2016	100	5317904	629642	6.64		566305000
NAME/ADDRESS TOTAL: NOT HELD >								6.64	HELD >	
RADFORD LINDA B 315 DUNHAM AVE SALISBURY NC 28146-5819	LOVEKH 315 DUNHAM AVE PD-LINDA RADFORD	9/27/2016	9/27/2016 13:35	2016	100	5310188	634650	5.26		451720000
NAME/ADDRESS TOTAL: NOT HELD >								5.26	HELD >	
RANDALL WILLIAM G 129 COVE CREEK LOOP MOORESVILLE NC 28117-8910	HOPPERGT JACKSON RD PD WILLIAM RANDALL	9/07/2016	9/07/2016 15:19	2016	100	5310297	630343	67.54		453730000
NAME/ADDRESS TOTAL: NOT HELD >								67.54	HELD >	
RAYMER BELINDA G 975 SLOAN RD MT ULLA NC 28125-0000	HOPPERGT 975 SLOAN RD PD BELINDA RAYMER	9/26/2016	9/26/2016 15:01	2016	100	5389703	634322	2.39		6335019
NAME/ADDRESS TOTAL: NOT HELD >								2.39	HELD >	

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REBREY JERRY M REBREY EUNICE E 521 MAHALEY AVE SALISBURY NC 28144-2631	& WF LOCKBOXD	8/31/2016		8:55	2016	100	5284373 629207	2.26		13971
NAME/ADDRESS TOTAL: NOT HELD >								2.26	HELD >	
REDDEN WANDA S PO BOX 126 MOORESVILLE NC 28115-0126	LOCKBOXD QUARRY RD LOCK BOX	9/07/2016		8:37	2016	100	5364398 630031	2.00		6256206
NAME/ADDRESS TOTAL: NOT HELD >								2.00	HELD >	
REDDICK WILLIE MARSHALL 1409 W BANK ST SALISBURY NC 28144-3911	HOPPERGT	8/31/2016	9/01/2016	12:54	2016	100	5348789 629061	4.30		6184482
NAME/ADDRESS TOTAL: NOT HELD >								4.30	HELD >	
REGISTER FREDERICK EDWIN REGISTER PATRICIA 1113 REGISTER RD CHINA GROVE NC 28023-6409	& WF LOCKBOXD	9/21/2016		8:31	2016	100	5310600 633125	43.76		458101000
NAME/ADDRESS TOTAL: NOT HELD >								43.76	HELD >	
RIGSBY DALE ANDREW & WF RIGSBY LISA M 506 SHUE RD CHINA GROVE NC 28023-0000	LOCKBOXD	9/07/2016		8:37	2016	100	5377612 630039	2.75		6300126
NAME/ADDRESS TOTAL: NOT HELD >								2.75	HELD >	
ROBINSON CAROL M 195 CLOUD TOP LN MOORESVILLE NC 28115-6965	PREOLELB	9/08/2016	9/08/2016	14:08	2016	100	5330998 630575	816.06		6077169
NAME/ADDRESS TOTAL: NOT HELD >								816.06	HELD >	

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ROGERS PHILLIP SAMUEL ROGERS ANGELA T 6785 UNITY CHURCH RD KANNAPOLIS NC 28081-8547	& WF LOCKBOXD	8/31/2016	11:32	2016	100	5311541	629637	2.43		47252900001
NAME/ADDRESS TOTAL: NOT HELD >								2.43	HELD >	
RUSSELL DORIS 2175 MARY ST CHINA GROVE NC 28023-6608	LOVEKH	9/09/2016	9/09/2016 14:40	2016	100	5312197	630900	9.76		480270000
NAME/ADDRESS TOTAL: NOT HELD >								9.76	HELD >	
RUTTER MARK D RUTTER PANSY E 1718 PAGE RD POWHATAN VA 23139-7611	& WF LOCKBOXD	9/12/2016	9:08	2016	100	5341249	631012	215.36		6143973
RUTTER MARK D RUTTER PANSY E 1718 PAGE RD POWHATAN VA 23139-7611	& WF LOCKBOXD	9/12/2016	9:08	2016	100	5341250	631012	273.00		6143973
NAME/ADDRESS TOTAL: NOT HELD >								488.36	HELD >	
SHARONVIEW CREDIT UNION 1081 RED VENTURES DRIVE FORT MILL SC 29707	PREOLELB	9/09/2016	9/09/2016 12:45	2016	100	5334281	630820	209.27		6098559
NAME/ADDRESS TOTAL: NOT HELD >								209.27	HELD >	
SHIRLEY TODD ALLEN SHIRLEY ASHLI A 7415 BRINGLE FERRY RD SALISBURY NC 28146-7155	HOPPERGT	9/30/2016	9/30/2016 13:17	2016	100	5400559	635988	1.00		6208418A
NAME/ADDRESS TOTAL: NOT HELD >								1.00	HELD >	

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SLUDER ROSIE MARIE 509 SAINT PAUL CHURCH RD SALISBURY NC 28146-8839	HOPPERGT 1976 FORD F150 PD ROSIE SLUDER	9/12/2016	9/12/2016 13:11	2016	100	5376977	631110	1.68		6298371
NAME/ADDRESS TOTAL: NOT HELD >								1.68	HELD >	
SMITH TINA 3290 PHANIEL CHURCH RD ROCKWELL NC 28138	PREOLELB 1984 TRACKER MARINE PD TINA SMITH	9/26/2016	9/26/2016 14:28	2016	100	5367734	634259	61.88		6267041
NAME/ADDRESS TOTAL: NOT HELD >								61.88	HELD >	
SNIDER PRUDENCE PAYNE 250 SNIDER ST SALISBURY NC 28144-0539	LOVEKH 1971 CHEV-C10 SVALUE PD-PRUDENCE SNIDER	8/31/2016	9/02/2016 16:00	2016	100	5324715	629556	120.50		6033577
NAME/ADDRESS TOTAL: NOT HELD >								120.50	HELD >	
STATE EMPLOYEES CREDIT UNION 3101 WAKE FOREST RD RALEIGH NC 27609-7845	HOUCKNC 1095 RIDGEVIEW CT XFR FM 2016 100 5386651	7/27/2016	9/09/2016 15:10	2016	100	5399097	630929	318.02		6328187
NAME/ADDRESS TOTAL: NOT HELD >								318.02	HELD >	
STEVENS ROBERT ALLEN STEVENS CINDI R 740 HIDDEN COVE DR SALISBURY NC 28146-9058	& WF LOCKBOXD 1996 YAMAHA LOCK BOX	9/27/2016	9:12	2016	100	5315920	634429	41.82		533778000
NAME/ADDRESS TOTAL: NOT HELD >								41.82	HELD >	
STILL HENRY WAYNE 440 YORK RD SALISBURY NC 28147-7009	LOVEKH 1997 PONT GRND PRIK PD-HENRY WAYNE STILL	9/06/2016	9/06/2016 13:35	2016	100	5315952	629793	40.47		534860000
NAME/ADDRESS TOTAL: NOT HELD >								40.47	HELD >	

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TATE SUSAN CSONTOS 240 GREENWAY DR SALISBURY NC 28144-9455	LOCKBOXD	8/31/2016		8:55	2016	100	5336423 629230	8.61		6111782
NAME/ADDRESS TOTAL: NOT HELD >								8.61	HELD >	
TIDWELL MARTIN CHRISTOPHER 4392 RAINBOW DR KANNAPOLIS NC 28081	HOPPERGT	8/31/2016	9/01/2016	13:12	2016	100	5365095 629104	6.04		6258486
NAME/ADDRESS TOTAL: NOT HELD >								6.04	HELD >	
TINO TILE & MARBLE CO INC PO BOX 1551 SALISBURY NC 28145-1551	LOCKBOXD	8/31/2016		11:32	2016	100	5317314 629642	5.11		557185000
NAME/ADDRESS TOTAL: NOT HELD >								5.11	HELD >	
TITLE SOURCE INC 662 WOODWARD AVE DETROIT MI 48226	PREOLELB	9/30/2016	9/30/2016	10:26	2016	100	5390542 635655	10.53		6335848
NAME/ADDRESS TOTAL: NOT HELD >								10.53	HELD >	
TREXLER JOHNNIE MAX PO BOX 562 GRANITE QUARRY NC 28072-0562	LOCKBOXD	8/31/2016		11:32	2016	100	5317600 629642	8.38		561757400
NAME/ADDRESS TOTAL: NOT HELD >								8.38	HELD >	
TREXLER JOHNNY MAX TREXLER SANDRA PO BOX 562 GRANITE QUARRY NC 28072-0562	&WF LOCKBOXD	8/31/2016		11:32	2016	100	5339519 629648	1.51		6134849
NAME/ADDRESS TOTAL: NOT HELD >								1.51	HELD >	

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TREXLER WALTER &WF TREXLER AUDREY M 5717 HAMMERMILL DR HARRISBURG NC 28075-0000	LOCKBOXD	8/31/2016	11:32	2016	100	5394496	629658	1.58		6339159
NAME/ADDRESS TOTAL: NOT HELD >								1.58	HELD >	
TUCKER CATHY S 335 SYLVAN RD CHINA GROVE NC 28023-6794	HOPPERGT	9/12/2016	9/12/2016 15:38	2016	100	5327787	631273	3.40		6057391
NAME/ADDRESS TOTAL: NOT HELD >								3.40	HELD >	
VILLALTA ERICK E GUZMAN 108 ABBEY CIRCLE SALISBURY NC 28147-0000	HOPPERGT	9/28/2016	9/28/2016 12:31	2016	100	5376587	634970	199.52		6296922
NAME/ADDRESS TOTAL: NOT HELD >								199.52	HELD >	
WALKER DWIGHT L 969 E 13TH ST KANNAPOLIS NC 28083-2824	DANIELBE	9/06/2016	9/06/2016 10:05	2016	100	5284935	629617	181.75		1456
NAME/ADDRESS TOTAL: NOT HELD >								181.75	HELD >	
WALKER JEFFERSON MICHAEL PO BOX 1362 SALISBURY NC 28145-1362	LOVEKH	9/09/2016	9/09/2016 13:28	2016	100	5318518	630854	2.53		576397475
WALKER JEFFERSON MICHAEL PO BOX 1362 SALISBURY NC 28145-1362	BRANDONP	9/26/2016	9/26/2016 10:37	2016	100	5318518	634062	2.53-		576397475
WALKER JEFFERSON MICHAEL PO BOX 1362 SALISBURY NC 28145-1362	BRANDONP	9/09/2016	9/26/2016 10:40	2016	100	5318518	634067	2.53		576397475
NAME/ADDRESS TOTAL: NOT HELD >								2.53	HELD >	

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WATKINS GARY JAMES &WF WATKINS DEBORAH B 210 FERRIS AVE ROCKWELL NC 28138-9062	LOCKBOXD 1982 TRAI LOCK BOX	9/16/2016	PERMTAG AB33544	8:56	2016	100	5318946 631997	54.88		583370000
NAME/ADDRESS TOTAL: NOT HELD >								54.88	HELD >	
WEAVER ARLENE BYERLY WEAVER ERNEST M 320 WEAVER RD CHINA GROVE NC 28023-8716	HOPPERGT 320 WEAVER RD PD ARLENE WEAVER	9/07/2016	9/07/2016	13:53	2016	100	5325775 630285	1.78		6042033
NAME/ADDRESS TOTAL: NOT HELD >								1.78	HELD >	
WEBB HEDWIG BITTIG 2212 NELLIE ST KANNAPOLIS NC 28083-8182	HOPPERGT 2212 NELLIE ST PD HEDWIG BITTIG	9/20/2016	9/20/2016	12:32	2016	100	5388403 632753	4.67		6332840
NAME/ADDRESS TOTAL: NOT HELD >								4.67	HELD >	
WHITMAN CAROL SMITH 1300 LARCHMONT PL APT 407 SALISBURY NC 28144-2243	LOVEKH 1300 LARCHMONT RD, 407 PD-CAROL S WHITMAN	9/28/2016	9/28/2016	11:36	2016	100	5356790 634919	3.96		6227418
NAME/ADDRESS TOTAL: NOT HELD >								3.96	HELD >	
WIGGINS ERNEST A II 110 MELODY CT CHINA GROVE NC 28023-8315	LOCKBOXD RAMSUER DR LOCK BOX	8/31/2016		8:55	2016	100	5330141 629230	2.23		6071826
NAME/ADDRESS TOTAL: NOT HELD >								2.23	HELD >	
WILLIAMS KENNETH J WILLIAMS CYNTHIA M 310 ATWELL RD MOUNT ULLA NC 28125-9739	& WF LOCKBOXD 310 ATWELL RD LOCK BOX	9/20/2016		8:50	2016	100	5322511 632623	4.34		601820000
NAME/ADDRESS TOTAL: NOT HELD >								4.34	HELD >	

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WILLIAMS RICHARD JR 765 FORK BIXBY RD ADVANCE NC 27006-0000	LOCKBOXD 435 CRUMP CIR LOCK BOX	8/31/2016		8:55	2016	100	5378845 629258	1.01		6303725
NAME/ADDRESS TOTAL: NOT HELD >								1.01	HELD >	
WILSON FREDERICK O WILSON JOYCE A 1160 WALTON PL SALISBURY NC 28146-8645	& WF DANIELBE 1160 WALTON PL PD-JOYCE WILSON	8/31/2016	9/06/2016	10:15	2016	100	5345668 629620	2.03		6168532
NAME/ADDRESS TOTAL: NOT HELD >								2.03	HELD >	
WILSON ROBERT COY III WILSON LISA G 355 DAVIES CIR CLEVELAND NC 27013-9005	&WF LOCKBOXD 2015 PJ PERMTAG AE11729 LOCK BOX	9/13/2016		8:58	2016	100	5326804 631341	10.51		6049927
NAME/ADDRESS TOTAL: NOT HELD >								10.51	HELD >	
WILSON VIRGINIA PHARR WILSON BABBETTE D 927 LOCKE ST SALISBURY NC 28144-5237	& LOVEKH 927 LOCKE ST PD-BABBETTE D WILSON	8/31/2016	9/02/2016	11:22	2016	100	5335397 629328	7.42		6105183
NAME/ADDRESS TOTAL: NOT HELD >								7.42	HELD >	
WOMER WILLIAM 280 JOY CIR SALISBURY NC 28146-8239	PREOLELB 280 JOY CIR PD WILLIAM WOMER	9/09/2016	9/09/2016	12:24	2016	100	5350600 630792	7.32		6194021
NAME/ADDRESS TOTAL: NOT HELD >								7.32	HELD >	
WOMER WILLIAM K 280 JOY CIR SALISBURY NC 28146-8239	PREOLELB 1987 FLAMINGO 00014 00070 PD WILLIAM K WOMER	9/09/2016	9/09/2016	12:25	2016	100	5354105 630805	63.64		6212279
NAME/ADDRESS TOTAL: NOT HELD >								63.64	HELD >	

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WOODS MALACHI X 230 KNOLL VIEW DR SALISBURY NC 28147-8646	OFFICALPMT	9/02/2016	9/02/2016 8:14	2013	200	5013333	629188	215.82		6228998
NAME/ADDRESS TOTAL: NOT HELD >								215.82	HELD >	
WRIGHT KAY M 8645 WOODLEAF RD WOODLEAF NC 27054-0103	LOCKBOXD	8/31/2016	11:32	2016	100	5339935	629648	3.29		613695000
NAME/ADDRESS TOTAL: NOT HELD >								3.29	HELD >	
522 PROPERTIES LLC 904 S ZION ST LANDIS NC 28088-2032	LOVEKH	9/12/2016	9/12/2016 10:23	2016	100	5379940	631034	2.19		6306875
NAME/ADDRESS TOTAL: NOT HELD >								2.19	HELD >	
REPORT TOTAL:						NOT HELD >		29,063.35	HELD >	
COUNT TOTAL:						NOT HELD >		201	HELD >	

Sonya Parnell
Tax Collections Manager



North Carolina Vehicle Tax System

NCVTS Pending Refund report

Report Date 9/9/2016 10:04:42 AM

Payee Name	Primary Owner	Secondary Owner	Address 1	Address 2	Address 3	Refund Type	Status	Create Date	Authorization Date	Tax Jurisdiction	Levy Type	Change	Interest Change	Total Change
ARNOLD, ROBERT THEODORE	ARNOLD, ROBERT THEODORE		446 ROLLING ACRES DR		MOUNT ULLA, NC 28125	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$39.77)	\$0.00	(\$39.77)
										139	Tax	(\$4.20)	\$0.00	(\$4.20)
													Refund	\$43.97
BAKER, CHARLES KLEGG JR	BAKER, CHARLES KLEGG JR		320 BOB WHITE RUN		SALISBURY, NC 28147	Proration	AUTHORIZED	08/30/2016	9/8/2016 9:34:43 AM	100	Tax	(\$7.82)	\$0.00	(\$7.82)
										126	Tax	(\$1.03)	\$0.00	(\$1.03)
													Refund	\$8.85
BELL, GLADYS KILGORE	BELL, GLADYS KILGORE		485 GETER RD		WOODLEAF, NC 27054	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$25.08)	\$0.00	(\$25.08)
										130	Tax	(\$2.27)	\$0.00	(\$2.27)
													Refund	\$27.35
BOLER, GLORIA ROMAINÉ	BOLER, GLORIA ROMAINÉ		209 HALL ES ST		SALISBURY, NC 28144	Adjustment < \$100	AUTHORIZED	08/19/2016	9/8/2016 9:29:56 AM	100	Tax	\$0.00	\$0.00	\$0.00
										101	Tax	(\$128.02)	\$0.00	(\$128.02)
										101	Vehicle Fee	(\$10.00)	\$0.00	(\$10.00)
										104	Tax	\$120.02	\$0.00	\$120.02
													Refund	\$18.00
BOLING, DARLENE INGOLD	BOLING, DARLENE INGOLD	BOLING, DAVID EARL	220 PALOMINO DR		SALISBURY, NC 28146	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$22.75)	\$0.00	(\$22.75)
										116	Tax	(\$1.23)	\$0.00	(\$1.23)
													Refund	\$23.98
BRASWELL, DONNA ELAINE	BRASWELL, DONNA ELAINE		309 WINGATE LN		ROCKWELL, NC 28138	Proration	AUTHORIZED	08/05/2016	9/8/2016 9:33:46 AM	100	Tax	(\$17.42)	\$0.00	(\$17.42)
										125	Tax	(\$2.22)	\$0.00	(\$2.22)
													Refund	\$19.64
CARR, EILEEN MARIE	CARR, EILEEN MARIE		6135 FAITH RD		SALISBURY, NC 28146	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$7.15)	\$0.00	(\$7.15)
										113	Tax	(\$0.97)	\$0.00	(\$0.97)
													Refund	\$8.12
COLLINS, RICHARD ALAN	COLLINS, RICHARD ALAN		PO BOX 516		FAITH, NC 28041	Proration	AUTHORIZED	08/12/2016	9/8/2016 9:34:03 AM	100	Tax	(\$5.47)	\$0.00	(\$5.47)
										108	Tax	(\$3.38)	\$0.00	(\$3.38)
													Refund	\$8.85
COLWELL, STEVEN JAMES	COLWELL, STEVEN JAMES		121 STERLING CT		SALISBURY, NC 28144	Proration	AUTHORIZED	08/31/2016	9/8/2016 9:34:43 AM	100	Tax	(\$83.44)	\$0.00	(\$83.44)
										101	Tax	(\$83.12)	\$0.00	(\$83.12)
										101	Vehicle Fee	\$0.00	\$0.00	\$0.00
													Refund	\$166.56
COLWELL, STEVEN JAMES	COLWELL, STEVEN JAMES		121 STERLING CT		SALISBURY, NC 28144	Proration	AUTHORIZED	08/31/2016	9/8/2016 9:34:43 AM	100	Tax	(\$51.48)	\$0.00	(\$51.48)
										101	Tax	(\$51.28)	\$0.00	(\$51.28)
										101	Vehicle Fee	\$0.00	\$0.00	\$0.00
													Refund	\$102.76
CRADDUCK, JAMES BRIAN	CRADDUCK, JAMES BRIAN	CRADDUCK, HANNAH LYNN	155 SUN VALLEY DR		SALISBURY, NC 28146	Proration	AUTHORIZED	08/09/2016	9/8/2016 9:33:46 AM	100	Tax	(\$56.89)	(\$2.85)	(\$59.74)
										125	Tax	(\$7.26)	(\$0.36)	(\$7.62)
													Refund	\$67.36
CRAINSHAW, CHAD MICHAEL	CRAINSHAW, CHAD MICHAEL		525 PARKS RD		SALISBURY, NC 28146	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$4.06)	\$0.00	(\$4.06)
										125	Tax	(\$0.39)	\$0.00	(\$0.39)
													Refund	\$4.45
DENKER, EBERHARD WILLI	DENKER, EBERHARD WILLI		1450 MAJOLICA RD		SALISBURY, NC 28147	Proration	AUTHORIZED	08/12/2016	9/8/2016 9:34:03 AM	100	Tax	(\$11.84)	\$0.00	(\$11.84)
										101	Tax	(\$11.80)	\$0.00	(\$11.80)
										101	Vehicle Fee	\$0.00	\$0.00	\$0.00
													Refund	\$23.64

Sonya Parnell
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DODSON, HERBERT SAMUEL	DODSON, HERBERT SAMUEL	DODSON, AMANDA GAIL	4355 MOOSE RD	CHINA GROVE, NC 28023	Proration	AUTHORIZED	08/09/2016	9/8/2016 9:34:03 AM	100	Tax	(\$47.53)	\$0.00	(\$47.53)
									125	Tax	(\$6.07)	\$0.00	(\$6.07)
												Refund	\$53.60
FREEZE, LAURA BOGLE	BOGLE, RICKY DAVID	BOGLE, LAURA KATHLEEN	725 N CRAIGE ST	SALISBURY, NC 28144	Proration	AUTHORIZED	08/31/2016	9/8/2016 9:34:43 AM	100	Tax	(\$96.47)	\$0.00	(\$96.47)
									126	Tax	(\$9.64)	\$0.00	(\$9.64)
												Refund	\$106.11
GOODNIGHT, NANCY HOWARD	GOODNIGHT, NANCY HOWARD		2350 OVERVIEW RD	SALISBURY, NC 28147	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$23.53)	\$0.00	(\$23.53)
									126	Tax	(\$3.11)	\$0.00	(\$3.11)
												Refund	\$26.64
GREER, JEREMY TODD	GREER, JEREMY TODD		9170 CASTOR RD	SALISBURY, NC 28146	Adjustment < \$100	AUTHORIZED	08/29/2016	9/8/2016 9:29:56 AM	100	Tax	(\$3.70)	\$0.00	(\$3.70)
									125	Tax	(\$0.35)	\$0.00	(\$0.35)
												Refund	\$4.05
GRUBB, WHITNEY MICHELLE	GRUBB, WHITNEY MICHELLE		121 PROCTOR DR	SALISBURY, NC 28147	Proration	AUTHORIZED	08/31/2016	9/8/2016 9:34:43 AM	100	Tax	(\$54.66)	(\$2.73)	(\$57.39)
									119	Tax	(\$5.90)	(\$0.29)	(\$6.19)
												Refund	\$63.58
GUERRERO NAVA, PATRICIA STEPHANIE	GUERRERO NAVA, PATRICIA STEPHANIE		148 BREWER LN	CHINA GROVE, NC 28023	Adjustment < \$100	AUTHORIZED	08/30/2016	9/8/2016 9:29:56 AM	100	Tax	\$0.00	\$0.00	\$0.00
									101	Tax	(\$68.90)	\$0.00	(\$68.90)
									101	Vehicle Fee	(\$10.00)	\$0.00	(\$10.00)
									106	Tax	\$60.55	\$0.00	\$60.55
												Refund	\$18.35
HALF A POND FARM	HALF A POND FARM	DANNER, ANNA MAY	1075 FOSTER RD	CLEVELAND, NC 27013	Proration	AUTHORIZED	08/12/2016	9/8/2016 9:34:03 AM	100	Tax	(\$1.66)	\$0.00	(\$1.66)
									130	Tax	(\$0.15)	\$0.00	(\$0.15)
												Refund	\$1.81
HALL, LEWIS HOWARD JR	HALL, LEWIS HOWARD JR		410 CHINABERRY DR	CHINA GROVE, NC 28023	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$3.05)	\$0.00	(\$3.05)
									106	Tax	(\$2.67)	\$0.00	(\$2.67)
												Refund	\$5.72
HARTMAN, JOHN DAVID	HARTMAN, JOHN DAVID		2250 GOLD KNOB RD	SALISBURY, NC 28146	Proration	AUTHORIZED	08/31/2016	9/8/2016 9:34:43 AM	100	Tax	(\$102.41)	\$0.00	(\$102.41)
									127	Tax	(\$8.35)	\$0.00	(\$8.35)
												Refund	\$110.76
HILL, BILLY JOE	HILL, BILLY JOE	HILL, CYNTHIA HEAVNER	2815 DUNNS MOUNTAIN RD	SALISBURY, NC 28146	Proration	AUTHORIZED	08/05/2016	9/8/2016 9:33:46 AM	100	Tax	(\$8.94)	\$0.00	(\$8.94)
									116	Tax	(\$0.48)	\$0.00	(\$0.48)
												Refund	\$9.42
HILL, BILLY JOE	HILL, BILLY JOE	HILL, CYNTHIA HEAVNER	2815 DUNNS MOUNTAIN RD	SALISBURY, NC 28146	Proration	AUTHORIZED	08/05/2016	9/8/2016 9:33:46 AM	100	Tax	(\$10.55)	(\$0.52)	(\$11.07)
									116	Tax	(\$0.57)	(\$0.03)	(\$0.60)
												Refund	\$11.67
HUTCHINSON, GREG ALLEN	HUTCHINSON, GREG ALLEN		107 DIXON DR	SALISBURY, NC 28146	Proration	AUTHORIZED	08/26/2016	9/8/2016 9:34:43 AM	100	Tax	(\$73.31)	\$0.00	(\$73.31)
									113	Tax	(\$9.96)	\$0.00	(\$9.96)
												Refund	\$83.27
JOHNSON, LAURA MILLER	JOHNSON, LAURA MILLER		605 ROGER DR	SALISBURY, NC 28147	Adjustment < \$100	AUTHORIZED	08/10/2016	9/8/2016 9:29:56 AM	100	Tax	(\$19.47)	\$0.00	(\$19.47)
									126	Tax	(\$2.65)	\$0.00	(\$2.65)
												Refund	\$22.12
JOHNSON, TODD ANDREW	JOHNSON, TODD ANDREW		1630 N MAIN ST	CHINA GROVE, NC 28023	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$37.94)	(\$1.90)	(\$39.84)
									125	Tax	(\$4.84)	(\$0.24)	(\$5.08)
												Refund	\$44.92
KORFF,	KORFF,		245 FINE ST	GOLD HILL, NC	Proration	AUTHORIZED	08/01/2016	9/8/2016 9:33:46 AM	100	Tax	(\$25.77)	\$0.00	(\$25.77)



North Carolina Vehicle Tax System

NCVTS Pending Refund report

Report Date 9/9/2016 10:04:42 AM

Owner Name	Address	City	County	Proration	Authorization	Effective Date	Expiration Date	Vehicle ID	Fee Type	Amount	Refund	Balance
ROBERT WILLIAM JR			28071					128	Tax	(\$3.11)	\$0.00	(\$3.11)
									Refund		\$28.88	
KREPS, ASHLEY SARAH	1320 MILLBRIDGE RD	CHINA GROVE, NC 28023		Proration	AUTHORIZED	08/12/2016	9/8/2016 9:34:03 AM	100	Tax	(\$79.13)	\$0.00	(\$79.13)
								124	Tax	(\$9.26)	\$0.00	(\$9.26)
									Refund		\$88.39	
KUYKENDALL, AMANDA JEAN	428 W MONROE ST	SALISBURY, NC 28144		Proration	AUTHORIZED	08/26/2016	9/8/2016 9:34:43 AM	100	Tax	(\$37.23)	(\$1.86)	(\$39.09)
								101	Tax	(\$37.09)	(\$1.85)	(\$38.94)
								101	Vehicle Fee	\$0.00	(\$0.50)	(\$0.50)
									Refund		\$78.53	
LALCHANDANI, GEETU KISHOR	520 RIVIERA DR	SALISBURY, NC 28144		Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$125.43)	(\$6.51)	(\$131.94)
								101	Tax	(\$124.96)	(\$6.01)	(\$130.97)
								101	Vehicle Fee	\$0.00	\$0.00	\$0.00
									Refund		\$262.91	
LYERLY, JAMES DONALD	1307 ARDEN DR	SALISBURY, NC 28144		Proration	AUTHORIZED	08/01/2016	9/8/2016 9:33:46 AM	100	Tax	(\$2.08)	\$0.00	(\$2.08)
								101	Tax	(\$2.07)	\$0.00	(\$2.07)
								101	Vehicle Fee	\$0.00	\$0.00	\$0.00
									Refund		\$4.15	
MARBAN, NERY RAMIREZ	1335 MONTGOMERY AVE	SALISBURY, NC 28146		Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$6.91)	\$0.00	(\$6.91)
								101	Tax	(\$6.88)	\$0.00	(\$6.88)
								101	Vehicle Fee	\$0.00	\$0.00	\$0.00
									Refund		\$13.79	
MCQUEEN, TIMMY EDWARD	1012 TIMER RUN DR	SALISBURY, NC 28146		Proration	AUTHORIZED	08/25/2016	9/8/2016 9:34:43 AM	100	Tax	(\$53.25)	\$0.00	(\$53.25)
								110	Tax	(\$33.76)	\$0.00	(\$33.76)
									Refund		\$87.01	
MENDOLERA, ANTHONY JAMES	180 MCBRIDE DR	ROCKWELL, NC 28138		Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$7.75)	\$0.00	(\$7.75)
								113	Tax	(\$1.05)	\$0.00	(\$1.05)
									Refund		\$8.80	
MERHOFF, TINA SCOTT	11 OAK RD	SALISBURY, NC 28144		Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$172.69)	\$0.00	(\$172.69)
								101	Tax	(\$172.04)	\$0.00	(\$172.04)
								101	Vehicle Fee	\$0.00	\$0.00	\$0.00
									Refund		\$344.73	
MEYERHOEFFER, MICHAEL WARD	219 LANTZ AVE	SALISBURY, NC 28144		Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$10.38)	\$0.00	(\$10.38)
								101	Tax	(\$10.34)	\$0.00	(\$10.34)
								101	Vehicle Fee	\$0.00	\$0.00	\$0.00
									Refund		\$20.72	
MEYERHOEFFER, SALLIE KATE	219 LANTZ AVE	SALISBURY, NC 28144		Adjustment < \$100	AUTHORIZED	08/12/2016	9/8/2016 9:29:56 AM	100	Tax	(\$23.19)	\$0.00	(\$23.19)
								101	Tax	(\$23.52)	\$0.00	(\$23.52)
								101	Vehicle Fee	\$0.00	\$0.00	\$0.00
									Refund		\$46.71	
MICHAEL, KAREN LEIGH	755 CRAWFORD RD	SALISBURY, NC 28146		Proration	AUTHORIZED	08/26/2016	9/8/2016 9:34:43 AM	100	Tax	(\$50.93)	\$0.00	(\$50.93)
								115	Tax	(\$6.15)	\$0.00	(\$6.15)
									Refund		\$57.08	
MILLS, CHRISTOPHER BROUND	201 RICHMOND RD	SALISBURY, NC 28144		Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$53.00)	\$0.00	(\$53.00)
								101	Tax	(\$52.80)	\$0.00	(\$52.80)
								101	Vehicle Fee	(\$10.00)	\$0.00	(\$10.00)



North Carolina Vehicle Tax System

NCVTS Pending Refund report

Report Date 9/9/2016 10:04:42 AM

Owner Name	Address	City/State	Proration	Authorization	Start Date	End Date	Vehicle ID	Fee Type	Amount	Refund	Balance
MISENHEIMER, KURT DANIEL	1132 BIRD DOG TRL	ROCKWELL, NC 28138	Proration	AUTHORIZED	08/18/2016	9/8/2016 9:34:43 AM	100	Tax	(\$25.45)	\$0.00	(\$25.45)
							113	Tax	(\$3.46)	\$0.00	(\$3.46)
										Refund	\$28.91
NICHOLS, DENNIS JAMES	2825 W INNES ST	SALISBURY, NC 28144	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$58.28)	\$0.00	(\$58.28)
							119	Tax	(\$6.30)	\$0.00	(\$6.30)
										Refund	\$64.58
OGLE, JAMES WALTER	275 PARTRIDGE RUN	SALISBURY, NC 28147	Proration	AUTHORIZED	08/09/2016	9/8/2016 9:33:46 AM	100	Tax	(\$23.76)	\$0.00	(\$23.76)
							126	Tax	(\$3.14)	\$0.00	(\$3.14)
										Refund	\$26.90
PATTERSON, KATHLEEN WEAVER	238 FALLINGWOOD D CIR	GASTONIA, NC 28056	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$2.33)	\$0.00	(\$2.33)
							126	Tax	(\$0.23)	\$0.00	(\$0.23)
										Refund	\$2.56
PAYNE, TIMOTHY CARL	3020 SHUPING MILL RD	ROCKWELL, NC 28138	Proration	AUTHORIZED	08/26/2016	9/8/2016 9:34:43 AM	100	Tax	(\$11.76)	\$0.00	(\$11.76)
							125	Tax	(\$1.50)	\$0.00	(\$1.50)
										Refund	\$13.26
PEARSALL, ROBERT GEORGE	231 PROCTOR DR	SALISBURY, NC 28147	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$9.60)	\$0.00	(\$9.60)
							119	Tax	(\$1.04)	\$0.00	(\$1.04)
										Refund	\$10.64
SASSER, BETTY ALEXANDER	309 INVERNESS LN	SALISBURY, NC 28146	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$15.00)	\$0.00	(\$15.00)
							101	Tax	(\$14.95)	\$0.00	(\$14.95)
							101	Vehicle Fee	\$0.00	\$0.00	\$0.00
										Refund	\$29.95
SHOEMAKER, BARBARA MCDANIEL	2367 DAUGHERTY RD	CHINA GROVE, NC 28023	Proration	AUTHORIZED	08/30/2016	9/8/2016 9:34:43 AM	100	Tax	(\$15.22)	\$0.00	(\$15.22)
							125	Tax	(\$1.94)	\$0.00	(\$1.94)
										Refund	\$17.16
SIDES, MICHELLE CARRINGER	2203 CHARLES TOWNE CT	KANNAPOLIS, NC 28083	Proration	AUTHORIZED	08/08/2016	9/8/2016 9:33:46 AM	100	Tax	(\$3.54)	\$0.00	(\$3.54)
							121	Tax	(\$3.27)	\$0.00	(\$3.27)
							121	Vehicle Fee	\$0.00	\$0.00	\$0.00
										Refund	\$6.81
TIDWELL, EARL TRENT	1660 SAINT PETERS CHURCH	GOLD HILL, NC 28071	Adjustment < \$100	AUTHORIZED	08/30/2016	9/8/2016 9:29:56 AM	100	Tax	\$0.00	\$0.00	\$0.00
							101	Tax	(\$19.42)	\$0.00	(\$19.42)
							101	Vehicle Fee	(\$10.00)	\$0.00	(\$10.00)
							127	Tax	\$1.55	\$0.00	\$1.55
										Refund	\$27.87
VUNCANNON, BRADLEY SCOTT	101 BROOKSHIRE DR	SALISBURY, NC 28146	Proration	AUTHORIZED	08/03/2016	9/8/2016 9:33:46 AM	100	Tax	(\$7.95)	(\$0.40)	(\$8.35)
							113	Tax	(\$1.08)	(\$0.05)	(\$1.13)
										Refund	\$9.48
WALKER, DAWN SHINN	7775 OLD BEATTY FORD RD	ROCKWELL, NC 28138	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$131.41)	\$0.00	(\$131.41)
							125	Tax	(\$16.76)	\$0.00	(\$16.76)
										Refund	\$148.17
WATSON, SHANE CHARLES	3810 ENOCHVILLE RD	KANNAPOLIS, NC 28081	Adjustment < \$100	AUTHORIZED	08/30/2016	9/8/2016 9:29:56 AM	100	Tax	(\$38.49)	\$0.00	(\$38.49)
							111	Tax	(\$4.07)	\$0.00	(\$4.07)
										Refund	\$42.56
WETMORE,	150 FARM DR	WOODLEAF,	Proration	AUTHORIZED	08/11/2016	9/8/2016 9:34:03 AM	100	Tax	(\$86.93)	\$0.00	(\$86.93)



North Carolina Vehicle Tax System

NCVTS Pending Refund report

Report Date 9/9/2016 10:04:42 AM

Owner Name	Address	County	Vehicle ID	Adjustment	Authorization	Effective Date	Expiration Date	Amount	Category	Refund	Balance
JAMES ROBERT		NC 27054	129					(\$6.56)	Tax	\$0.00	(\$6.56)
										Refund	\$93.49
WILSON, MARY ADA	209 MIDDLE OAKS DR	CHESAPEAKE, VA 23322	100	Proration	AUTHORIZED	08/30/2016	9/8/2016 9:34:43 AM	(\$10.16)	Tax	\$0.00	(\$10.16)
			101					(\$10.12)	Tax	\$0.00	(\$10.12)
			101					\$0.00	Vehicle Fee	\$0.00	\$0.00
										Refund	\$20.28
WINDLE, TIMOTHY EDWARD	275 EPPERSON RD	SALISBURY, NC 28147	100	Adjustment < \$100	AUTHORIZED	08/22/2016	9/8/2016 9:29:56 AM	(\$50.36)	Tax	\$0.00	(\$50.36)
			119					(\$5.44)	Tax	\$0.00	(\$5.44)
										Refund	\$55.80
WRIGHT, RONNIE JACOB	5970 WRIGHT RD	KANNAPOLIS, NC 28081	100	Adjustment < \$100	AUTHORIZED	08/30/2016	9/8/2016 9:29:56 AM	\$0.00	Tax	\$0.00	\$0.00
			121					(\$86.88)	Tax	\$0.00	(\$86.88)
			121					(\$15.00)	Vehicle Fee	\$0.00	(\$15.00)
			111					\$9.72	Tax	\$0.00	\$9.72
										Refund	\$92.16
YMCA OF ROWAN COUNTY NC INC	PO BOX 1575	SALISBURY, NC 28145	100	Adjustment < \$100	AUTHORIZED	08/08/2016	9/8/2016 9:29:56 AM	(\$43.06)	Tax	\$0.00	(\$43.06)
			101					(\$42.90)	Tax	\$0.00	(\$42.90)
			101					(\$10.00)	Vehicle Fee	\$0.00	(\$10.00)
										Refund	\$95.96
YMCA OF ROWAN COUNTY NC INC	PO BOX 1575	SALISBURY, NC 28145	100	Adjustment < \$100	AUTHORIZED	08/22/2016	9/8/2016 9:29:56 AM	(\$12.79)	Tax	\$0.00	(\$12.79)
			101					(\$12.74)	Tax	\$0.00	(\$12.74)
			101					(\$10.00)	Vehicle Fee	\$0.00	(\$10.00)
										Refund	\$35.53
YMCA OF ROWAN COUNTY NC INC	PO BOX 1575	SALISBURY, NC 28145	100	Adjustment < \$100	AUTHORIZED	08/22/2016	9/8/2016 9:29:56 AM	(\$3.31)	Tax	\$0.00	(\$3.31)
			101					(\$3.30)	Tax	\$0.00	(\$3.30)
			101					(\$10.00)	Vehicle Fee	\$0.00	(\$10.00)
										Refund	\$16.61
YMCA OF ROWAN COUNTY NC INC	PO BOX 1575	SALISBURY, NC 28145	100	Adjustment >= \$100	AUTHORIZED	08/08/2016	9/8/2016 9:29:56 AM	(\$82.81)	Tax	\$0.00	(\$82.81)
			101					(\$82.50)	Tax	\$0.00	(\$82.50)
			101					(\$10.00)	Vehicle Fee	\$0.00	(\$10.00)
										Refund	\$175.31
										Refund Total	\$3257.04

Sonya Parnell
Tax Collections Manager

**ROWAN COUNTY
A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144
TELEPHONE: 704-216-8180 * FAX: 704-216-8195**

MEMO TO COMMISSIONERS:

FROM: Nina Oliver, Public Health Director
DATE: October 4th 2016
SUBJECT: Program Debt Write-Off

In June 1998, Rowan County Board of Commissioners adopted the Rowan County Health Department Fee Policies. The policy states as follows, “Outstanding accounts having no payment activity in the last 12 months shall be placed in an inactive status. Any activity in the account shall reinstate the debt for further collection efforts.” There has been no activity in some program accounts since June 2015. Therefore, we request that the Rowan County Board of Commissioners approve write-offs for these programs.

ATTACHMENTS:

Description	Upload Date	Type
Program Debt Write-Off Memo	10/4/2016	Cover Memo

To: Rowan County Board of Commissioners
From: Nina Oliver, Public Health Director
Wendy Bunton, Office Supervisor
Date: October 4, 2016
Re: Debt Write Off for FY 2014-2015

Situation:

The Rowan County Health Department has completed debt write off preparation for 2014-2015 fiscal year.

Background:

In June 1998, Rowan County Board of Commissioners adopted the Rowan County Health Department Fee Policies. The policy states as follows, "Outstanding accounts having no payment activity in the last 12 months shall be placed in an inactive status. Any activity in the account shall reinstate the debt for further collection efforts."

Assessment:

We request that the debt write off policy be applied to the following services rendered.

- Primary Care Program: \$15,594.14
- Family Planning Program: \$27,436.12
- Maternal Health Program: \$25,628.55

Recommendation:

Despite repeated statements and numerous attempts to collect these debts, and debts being placed through debt set-off, there has been no activity in the above referenced accounts since June 2015. Therefore, we respectfully request that the Rowan County Board of Commissioners approve these write offs totaling \$68,658.81 for 323 accounts.

**ROWAN COUNTY
A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144
TELEPHONE: 704-216-8180 * FAX: 704-216-8195**

MEMO TO COMMISSIONERS:

FROM: Thad Howell, Airport Director
DATE: 10/5/2016
SUBJECT: Private Hangar Lease Assignment

Chairman Edds and Board of Commissioners,

In 2003, Troy Day purchased T-hangar #2 at the Rowan County Airport. Mr. Day has sold the hangar to Alan Overcash. County Attorney Jay Dees drafted the attached ground lease assignment, which requires Board of Commissioner approval. This lease assignment, along with the original 2003 ground lease agreement, are attached for your review. Please consider approving the hangar lease assignment for T-hangar #2.

ATTACHMENTS:

Description	Upload Date	Type
Original 2003 Hangar #2 Ground Lease Agreement	10/5/2016	Backup Material
Hangar #2 Lease Assignment	10/5/2016	Backup Material

NORTH CAROLINA

ROWAN County Manager

**AGREEMENT FOR ESTATE
OF YEARS AND GROUND LEASE**

THIS AGREEMENT, made this 3rd day of July, 2003, between **Rowan County**, North Carolina, a body politic, party of the first part, hereinafter called the Lessor, and **Troy L. Day**, hereinafter called the Lessee, all of Rowan County, North Carolina;

WITNESSETH:

That the said party of the first part, in consideration of the agreements and covenants hereinafter mentioned to be fulfilled by the said party of the second part, does hereby convey unto the said party of the second part, his heirs, and assigns, as personal property that "T-Hangar" designated as **Hangar No. 2** as shown upon a plat thereof entitled "Rowan County Nested Tee Hangars, T-1, prepared by James F. Morton, P.E., dated April 15, 1997, as filed in the office of the Rowan County Manager, 130 West Innes Street, Salisbury, North Carolina, to have and to hold same with all privileges and appurtenances thereunto belonging to the said Lessee, his heirs and assigns, subject to the following terms and conditions.

1. **INTERIOR HANGAR:** It is herewith agreed that the Lessee shall have the exclusive and assignable right to the interior enclosed space of the above-described hangar, which is herewith conveyed for a period that is determined to be the useful, economic life of the hangar building from and after the date hereof.

The term "useful, economic life" shall be defined as follows;

The hangar designated in the Agreement is, in all respects, personal property and based on construction is estimated to have a useful, economic life of forty (40) years. The actual life shall be determined as being the length of time in which the group of ten (10) hangars maintains compliance with North Carolina State Building Code for safe enclosure of aircrafts.

The building representing the ten (10) "T-hangars" shall be declared out of compliance and uninhabitable when at least four (4) individual hangars are separately determined to be uninhabitable. At such time, the entire building shall be determined to have no further useful, economic life and value.

2. **GROUND LEASE:**

(a) The land located directly beneath the interior closed hangar space above designated, is herewith leased to the Lessee at an initial rental of Ten and no/100 Dollars (\$10.00) per month. The Lessor, Rowan County, reserves the right to adjust the monthly rental in five (5) year increments, beginning on January 1, 1999, with the specific understanding that any increase shall not exceed fifteen percent (15%) of the amount paid being paid on the preceding fifth year anniversary date. The term of the initial lease and all extensions thereof shall also coincide with the useful, economic life of the hangar building as set forth in Article I above.

(b) The first installment of rental shall be due on the 1st day of the calendar month following the execution of this Agreement with all future rental payments being due on the first day of each consecutive calendar month thereafter. Any installment or installments of unpaid rent shall be deemed to constitute a lien upon the hangar previously described and collection of the same may be enforced in law or equity. Any subsequent purchaser of the hangar, which is the subject of this Agreement, shall be deemed to fully assume all responsibility for unpaid ground lease rents and accept full responsibility for payment of the same.

3. **FUTURE RELOCATION:** The Lessor retains the right to relocate the T-Hangar building to another location within the Rowan County Airport, however, such relocation shall be done so as to continue to provide access to a ramp and taxiway and/or other amenities relating to runway access.

4. **UTILITIES:** The Lessee shall be responsible for all utility services used in connection with that respective hangar to include electricity, which shall be separately metered.

5. **INSURANCE:** The Lessor shall provide a policy of insurance for fire and extended coverage on the T-Hangar building. Lessor shall not, in any respect, be liable for any damage to Lessee's aircraft, fixtures, equipment or other contents of the

individual T-Hangar, regardless of the cause thereof and accordingly, the Lessee, shall at its own expense, at all times, maintain, enforce a policy of insurance naming the Lessor, Rowan County, as an additional insured against liability for injury to or the death of any person or loss of property damage occurring on or about the demised premises, which insurance shall be in an amount of not less than One Million and no/100 Dollars (\$1,000,000.00), combined, single limit for bodily injury and property damage.

6. **MAINTENANCE AND REPAIRS:**

(a) **By: Lessor**, Rowan County, North Carolina; Rowan County shall from time to time provide such maintenance as shall be necessary to keep in a good state of repair, the structural portion of the T-Hangar building, including roof and walls except to the extent that such damage thereto has resulted from a negligent or willful act by the Lessee, in which event, Rowan County assumes no responsibility to provide such maintenance. The undersigned agrees to pay 1/10th of the costs of any such structural maintenance performed by the Lessor.

(b) **By: Lessee**: The interior portion of the hangar space which is subject to this Agreement shall be at all times maintained by the Lessee including the floor space, sliding door and such routine maintenance as may be necessary to keep the hangar facility in a safe, sanitary condition free from debris, trash and related materials. No hazardous or ignitable materials may be stored at any time within the hangar facility, including fuel, with the exception of that fuel which is located within the fuel tank of the aircraft. In the event that damage results from either a negligent or willful act of the Lessor, the Lessee shall promptly and without delay repair such damage at his expense.

7. **SIGNAGE AND EXTERIOR APPEARANCE:** The Lessee shall be permitted to place his sign upon the exterior portion of the hangar premises; however, the size, manner and installation shall be subject to Lessor's approval. All signage shall be in compliance with any local zoning and/or signage ordinance; however, in no event shall the size of the sign exceed ten (10) square feet.

8. **USE OF LEASED PREMISES:**

(a) The hangar, which is the subject of this Agreement,

shall be used in the manner compatible with other Lessees of adjoining hangars, including excessive noises in non-airport related activities which could disturb an adjacent Lessee's use of his hangar.

(b) Hangars are to be used primarily for aircraft storage including the use for an aircraft related activity, such as repair on an aircraft owned or leased by the undersigned party to this Agreement.

(c) Any Lessee who wishes to conduct or operate any business related activity on the grounds of the Rowan County Airport must first receive prior written permission from Rowan County before engaging in such airport related business. It should be noted that the fixed base operator is currently franchised by Rowan County to engage in the sale of aircraft, parts and supplies, repairs to other aircraft, fueling as well as the chartering or renting of aircraft.

9. **TAXES:** The hangar which is the subject to this Agreement is in all respects deemed to be personal property and subject to Rowan County property tax based upon a levy assessed by the office of the Rowan County Tax Assessor. The Lessee shall pay all taxes upon the hangar, as assessed, together with taxes upon all personal property located within the confines of the hangar itself.

10. **ALTERATIONS:** No alteration, addition or improvement to the hangar which is the subject of the Agreement, shall be made without the express written consent of the Lessor. Additionally, no hangar exterior shall be repainted or colors changed without the express written consent of Rowan County.

11. **RIGHT OF INSPECTION:** Rowan County shall have the unqualified right to make routine inspections of the hangar, interior and/or exterior, in order to insure compliance with this Agreement or to perform maintenance and such repairs as may be required.

12. **SALE AND ASSIGNMENT:** The Lessee shall have the unqualified right to sell and/or assign the estate for years as set forth in this Agreement to any third party with the further stipulation that Rowan County be notified in writing of such sale and/or assignment in order to insure future compliance and enforcement with respect to the obligations contained in this Agreement.

13. **EXCULPATORY PROVISIONS:** The Lessor shall not be responsible or liable to the Lessee for any injury or damage resulting from acts or omissions of persons occupying the leased property, or hangars adjoining the leased property, or any part of the building of which the leased property is a part.

14. **INDEMNITY:** The Lessee shall indemnify the Lessor against all liabilities, expenses, including reasonable attorneys' fees, and losses incurred by the Lessor as a result of (a) failure by the Lessee to perform any covenant required to be performed by the Lessee hereunder; (b) any accident, injury, or damage which shall happen in or about the leased property resulting from the condition, interior maintenance, or operation of the leased property; (c) failure to comply with any requirements or any governmental authority; and, (d) any mechanic's lien, or security agreement, or any materials used in the construction or alteration of any building or improvement thereon.

15. **DEFAULT:** Any installment of ground lease rent remaining overdue and Unpaid for One Hundred Fifty (150) days, as well as any failure to comply with the terms and conditions of this Agreement, shall constitute a default. Lessor shall give written Notice of Default, and Lessee shall thereafter have thirty (30) days to cure such default. A failure to cure shall render the ground lease null and void and Lessor shall have the right to re-enter and assume possession of the hangar which is the subject of this Agreement. Lessor shall thereupon refund to Lessee either the fair market value of the estate for years as determined by appraisal or the depreciated value as determined by ten (10) year straight line depreciation, whichever shall be less. Lessee shall pay any and all costs related to default, retaking, and removal of hangar contents, including reasonable attorney fees.

16. **AUTOMOBILE PARKING:** Automobile/vehicles must be kept either inside the hangar or in designated areas at all times, except during loading and unloading passengers, luggage or freight. Vehicles may not block public ramps, taxiways and other hangars, which would impede the traffic of aircraft attempting to use the ramps and taxiways for movement.

17. **MISCELLANEOUS:** It is distinctly understood and agreed that the Lessee may install such fixtures and appliances as may be necessary for the proper use of his hangar facility, which at the expiration of the term may be removed provided that the

same are all movable fixtures, but any permanent improvements attached to the building by the Lessee shall immediately become the property of the Lessor and cannot be removed.

If the building herein leased shall be destroyed or rendered unfit for use by fire or other casualty during said term, this lease shall thereupon terminate or in the alternative, ground lease rents shall be suspended during that period when the hangar is under reconstruction.

In testimony whereof, said parties have executed this contract in duplicate originals, one of which is retained by each of the parties.

LESSOR

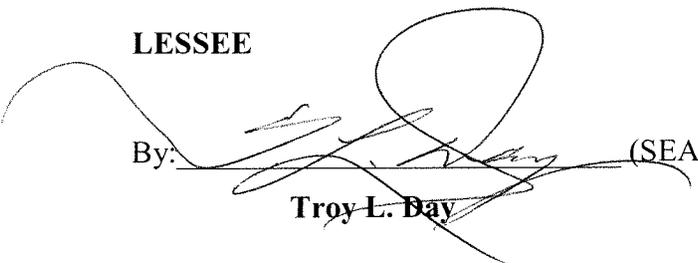
ROWAN COUNTY

By:  (SEAL)

Rowan County Manager


Witness

LESSEE

By:  (SEAL)

Troy L. Day

NORTH CAROLINA
ROWAN COUNTY

ASSIGNMENT OF HANGAR LEASE

This Agreement made the 4th day of October, 2016, by and among Troy Day (hereinafter referred to as the "Tenant"), Rowan County, a body politic (hereinafter referred to as the "Landlord"), and Alan Overcash (hereinafter referred to as the "Assignee").

WITNESSETH:

WHEREAS, Tenant has certain rights, duties and obligations under that certain Lease Agreement (hereinafter referred to as the "Lease") dated the 4 day of October, 2016, in which, Rowan County is Landlord for premises located in Rowan County, North Carolina, commonly known as Hangar #2 located at the Rowan County Airport, which premises are more particularly described in the Lease which is hereby incorporated by reference as if herein set forth in full.

WHEREAS, Tenant desires to assign, and Assignee desires to acquire Tenant's interest in and to, the Lease; and

WHEREAS, the Lease provides, among other things, that the Lease may not be assigned without the Landlord's prior written consent.

NOW, THEREFORE, in consideration of the monies paid by Assignee to Tenant for Hangar #2, the receipt of which is hereby acknowledged, and of other good and valuable consideration, the parties hereto hereby covenant and agree as follows:

1. Tenant hereby assigns, transfers and conveys to Assignee, as of the date hereof, all of Tenant's right, title and interest in and to the Lease, together with any and all rights to Personal Property contained therein or thereon.

2. Assignee assumes the Lease as of the same date and agrees to perform and observe all of the covenants and conditions therein contained on Tenant's part to be performed and observed, which shall accrue from and after that date.

3. Landlord consents to the aforesaid assignment of the Lease by Tenant to the Assignee, upon the express condition that no further assignment of the Lease shall hereafter be made without prior consent of the Landlord.

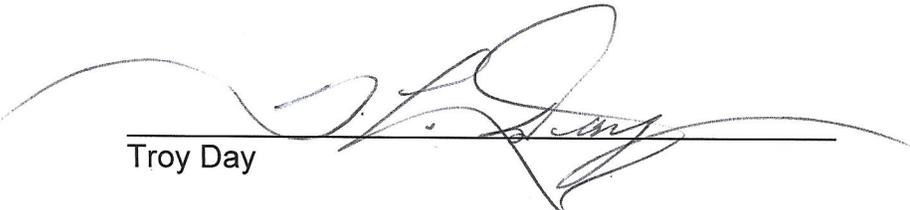
4. Tenant shall remain liable for the performance and observance of the covenants and conditions contained in the Lease on its part to be performed and observed prior to formal approval of Landlord. As between Tenant and Assignee, Assignee's liability under the Lease shall be primary, and Assignee shall hold Tenant harmless from all further liability thereunder. In the event of a default by Assignee which is not timely cured as required by the Lease, Tenant shall have the right to cure said default and re-enter and resume possession of the premise.

5. Any and all notices hereunder shall be sent to the respective parties at that address as inscribed on these presents at the signature section, or as otherwise hereinafter directed by one to the other in writing.

6. This agreement shall be binding upon and inure to the benefit of the parties hereto and their respective executors, legal representatives, successors and assigns, as the case may be, and may not be changed, modified, discharged or terminated orally or in any other manner than by an agreement in writing signed by the parties hereto.

IN WITNESS WHEREOF, the parties have duly executed this agreement as of the day and year first above written.

TENANT:



Troy Day

Mailing Address: 1620 Eastwood Drive
Kannapolis, N. C. 28083

ASSIGNEE:



Alan Overcash

Mailing Address: PO Box 125
Kannapolis NC 28082

LANDLORD: ROWAN COUNTY
BY:

Its: Chairman/Manager

Mailing Address: 130 West Innes Street
Salisbury, NC 28144

**ROWAN COUNTY
A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144
TELEPHONE: 704-216-8180 * FAX: 704-216-8195**

MEMO TO COMMISSIONERS:

FROM: Carolyn Barger, Clerk to the Board
DATE: 10/10/2016
SUBJECT: Thanksgiving Office Hours

ATTACHMENTS:

Description	Upload Date	Type
Thanksgiving Office Hours	10/11/2016	Cover Memo



Rowan County Board of Commissioners
130 West Innes Street, Salisbury, NC 28144
(704) 216-8180

To: Rowan County Board Commissioners *C. Barger*
From: Carolyn Barger, Clerk to the Board/Assistant to the County Manager
Date: October 10, 2016
Subject: Thanksgiving Office Hours

Rowan County Government has historically closed at 1:00 p.m. on the day before Thanksgiving due to road closings for the Holiday Caravan Parade, which travels through both downtown Spencer and Salisbury.

The Board is asked to consider allowing County offices to close at 1:00 p.m. on November 23, 2016. The early closing represents a five (5) hour workday and employees must work the full five (5) hours (no lunches) to receive credit for the full day. All Department Directors will be responsible for ensuring their office remains staffed and fully operational until 1:00 p.m.

**ROWAN COUNTY
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**130 West Innes Street - Salisbury, NC 28144
TELEPHONE: 704-216-8180 * FAX: 704-216-8195**

MEMO TO COMMISSIONERS:

FROM: County Manager Aaron Church
DATE: October 11, 2016
SUBJECT: Agreement with Novant Health Rowan Medical Center

ATTACHMENTS:

Description	Upload Date	Type
Agreement	10/11/2016	Cover Memo

**PROFESSIONAL SERVICES AGREEMENT BETWEEN
ROWAN COUNTY, NORTH CAROLINA**

AND

NOVANT HEALTH ROWAN MEDICAL CENTER

This **AGREEMENT** (“Agreement”) is made as of October 1, 2016 by and between the undersigned representatives of **ROWAN COUNTY, NORTH CAROLINA** (“Rowan County”) and **ROWAN REGIONAL MEDICAL CENTER, INC. d/b/a Novant Health Rowan Medical Center** (“NHRMC”), a non-profit corporation organized and existing under the laws of the State of North Carolina.

RECITALS:

WHEREAS, NHRMC is a North Carolina not-for-profit hospital that provides a disproportionate share of healthcare services to the Medicare population in addition to supporting many programs that benefit the indigent, uninsured, or underinsured population in the State of North Carolina;

WHEREAS, NHRMC desires to participate in the drug discount program established under Section 340B of the Public Health Services Act (the “340B Program”);

WHEREAS, in order to participate in the 340B Program, NHRMC must enter into an agreement with a unit of the local government pursuant to which NHRMC commits to provide health care services to low income individuals who are not entitled to Medicare or Medicaid benefits at no reimbursement or considerably less than full reimbursement from these patients;

WHEREAS, NHRMC desires to formalize its commitment to Rowan County;
and

WHEREAS, Rowan County agrees to accept such commitments on behalf of the citizens of Rowan County, North Carolina;

NOW THEREFORE, in consideration of the mutual agreements and covenants contained therein and for other good and valuable consideration, the receipt and sufficiency of which hereby are acknowledged, it is mutually agreed and covenanted, under seal, by and between the parties to this Agreement, as follows:

1. Commitment of NHRMC to Provide Indigent Care: NHRMC will continue its commitment to the provision of health care to indigent, uninsured, and underinsured

residents of Rowan County. NHRMC's provision of care to indigent, uninsured, and underinsured is included in the Community Benefit Report filed annually with the North Carolina Hospital Association and is reported annually in NHRMC's Form 990, consistent with applicable guidelines. In carrying out its commitment to provide for this vulnerable population, NHRMC has implemented a Charity Care Policy, which it will follow.

2. Acceptance and Acknowledgment of Rowan County.

- a) Rowan County accepts the commitment of NHRMC set forth above;
- b) Rowan County hereby acknowledges that the healthcare services provided by NHRMC hereunder are in the public interest and are being provided to individuals who are not entitled to benefits under either Medicare or Medicaid; and
- c) Rowan County acknowledges that NHRMC is providing these services at no reimbursement or considerably less than full reimbursement from the patients.

3. Representations of NHRMC:

- a) NHRMC constitutes a corporation duly organized and validly existing in good standing under the laws of the State of North Carolina with the corporate power and authority to enter into and perform its obligations under this Agreement; and
- b) NHRMC is a tax-exempt corporation under Section 501(c)(3) of the Internal Revenue Code of the United States, as amended, and under applicable laws of the State of North Carolina.

4. Term and Termination. The term of this agreement shall commence on the date first written above and shall continue until terminated by either party upon not less than sixty (60) days prior written notice to the other.

5. Notices. All notices required or permitted to be given under this Agreement shall be deemed given when delivered by hand or sent by registered or certified mail, return receipt requested, addressed as follows:

If sent to Rowan County:

If sent to NHRMC:

Novant Health Rowan Medical Center
612 Mocksville Ave.
Salisbury, NC 28144

With copy to:

Novant Health, Inc.
Office of Legal Affairs
200 Hawthorne Lane
Charlotte, NC 28204

6. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of North Carolina.

IN WITNESS WHEREOF, NHRMC and Rowan County have executed this Agreement as of the day and year first written above by their duly authorized representatives.

ROWAN REGIONAL MEDICAL CENTER, INC. d/b/a Novant Health Rowan Medical Center	ROWAN COUNTY, NORTH CAROLINA
By: _____	By: _____
Title: _____	Title: _____

**ROWAN COUNTY
A COUNTY COMMITTED TO EXCELLENCE**



**130 West Innes Street - Salisbury, NC 28144
TELEPHONE: 704-216-8180 * FAX: 704-216-8195**

MEMO TO COMMISSIONERS:

FROM: Kellie Cartwright, Grant Writer
DATE: 10/12/16
SUBJECT: Apply for State Farm Grant for SRO Training

The Rowan County Sheriff's Office would like to apply for a State Farm Good Neighbor Citizenship Education Grant again this year, so that 6 RSCO SROs can attend the National Association of School Resource Officers annual conference in July 2017. This would be the department's first time attending this conference, and the registration would include membership in the organization.

ATTACHMENTS:

Description	Upload Date	Type
Grant Opportunity Summary	10/12/2016	Executive Summary
Press Release-2016 State Farm Award	10/12/2016	Backup Material



GRANT OPPORTUNITY SUMMARY

Apply? YES NO

Grant Title: State Farm Good Neighbor Citizenship® Education Grant

Website: <https://www.statefarm.com/about-us/community/education-programs/grants-scholarships/company-grants>

Funding Source

Original: State Farm Corporate

Secondary: _____

Award Range: \$5,000+

Eligibility: Education; Gov't; Nonprofit

Release Date: 9/1/16

Closing Date : 10/31/16

Award Announcements: March 2017

Grant Summary: This funding would provide an opportunity for 6 Rowan-Salisbury School System/RCSO School Resource Officers to attend the 2017 National Association of School Resource Officers (NASRO) conference in Washington, DC July 23rd-28th. These grants fund education, safety and community development programs. Last year, State Farm provided funding to help send five officers to the National School Safety Conference in Florida.



August 19, 2016

FOR IMMEDIATE RELEASE

Media Contact: Aaron Church
Rowan County Manager
Phone Number: (704) 216-8180
E-Mail: aaron.church@rowancountync.gov

School Resource Officers Receive National Training and Certification

SALISBURY, N.C.—The Rowan County Sheriff’s Office was awarded a \$3,000 State Farm Good Neighbor Citizenship® grant in April to help send Rowan-Salisbury School Resource Officers to the 2016 National School Safety Conference this summer.

Five officers representing the Rowan County Sheriff’s Office, Salisbury Police Department and Spencer Police Department attended the training that took place July 25th-29th. These officers represented Erwin, Knox and North Rowan Middle School, as well as Henderson and East Rowan High Schools.

All School Resource Officers that attended the training received Advanced SRO certification. They participated in workshops that taught them how to identify warning signs of abuse mass violence, they learned about responding to crises and creating partnerships with school staff to keep students safe, and they also learned about emerging school safety issues. Training was facilitated by some of the foremost school safety experts in the country.

In a time when the pressure for law enforcement training is greater than the available resources, one of the officers said “This level of training would not have been available without the help of State Farm funding.”

School Resource Officers are responsible for their communities as well as the staff and students in their school. Dr. Lynn Moody, Rowan-Salisbury Schools Superintendent, sums up the importance of this grant like this: “Our Safety Resource Officers are fully trained in law enforcement matters. However, their roles change when they enter our schools. They become safety experts, community liaisons, and sometimes teachers. Safety is priority in our schools and we want our officers to have the best training!”

Since 1922, State Farm® has provided insurance and financial services throughout the United States. State Farm® grant programs support the communities where its employees live and work through programs like the Good Neighbor Citizenship® company grants and the State Farm Companies Foundation.

Rowan Salisbury Schools has School Resource Officers in place at every middle and high school in the district. School Resource officers come from the Rowan County Sheriff’s Office and the police departments from China Grove, Landis, Salisbury and Spencer.





Pictured from left to right:

John Reep (North Rowan Middle); Shanita Millsaps (Knox Middle); Ryan Walker (West Rowan High); Mark Byrd (State Farm); Chief Mike James (Town of Spencer); Sheriff Kevin Auten (Rowan County); Greg Edds (State Farm/Rowan County); Sharon Gardner (Rowan-Salisbury Schools); Tommie Cato (East Rowan High); Lunda Eller (Erwin Middle)

**ROWAN COUNTY
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**130 West Innes Street - Salisbury, NC 28144
TELEPHONE: 704-216-8180 * FAX: 704-216-8195**

MEMO TO COMMISSIONERS:

FROM: Ed Muire, Planning Director
DATE: October 7, 2016
SUBJECT: Public Hearing for ZTA 02-16

BACKGROUND

Staff proposed text amendments to the Rowan County Zoning Ordinance include adding a definition for the term "cabin" in Section 21-4 Definitions; incorporating General and Special Trade Contractors as conditional use permit considerations within the 85-ED-1 and 85-ED-2 districts in Section 21-34; and grouping cabins within the same conditional use process and requirements for campgrounds in Sections 21-60(7), 21-113 and 21-166.

The accompanying text amendments are depicted with *bold italics* for new text and deletions appear as strikethrough text; Staff Commentary in the sidebar provides rationale for the change / update.

RECOMMENDATION

The Planning Board offers this Statement of Consistency in support of ZTA 02-16:
ZTA-02-16 is consistent with the intent of the Zoning Ordinance to facilitate the development of land subject to the conditional use process.

ATTACHMENTS:

Description	Upload Date	Type
ZTA 02-16 Text Amendments	10/7/2016	Ordinance

AMENDMENTS TO CHAPTER 21: ZONING ORDINANCE

Section 21-4. Definitions.

Cabin means a habitable structure used for overnight or temporary lodging of a recreational or rental purpose regardless of whether said structure is subject to the NC Building Code. For purposes of this definition, the term does not include a dwelling unit, but is intended to include cottages, huts, treehouses, yurts and other similar structures.

Sec. 21-34. - Economic development districts established for I-85.

- (a)The following district are hereby established to preserve, encourage and enhance the economic development opportunities in areas adjacent and near I-85 in accordance to plans adopted by the county board of commissioners. It is recognized that I-85 is uniquely important the future of the county because of the great potential for development of all types that exist along this corridor. Development within these districts shall be of types which maximize the economic benefits to the county while minimizing the potential impacts.
- (b)The district are designed to accommodate, as appropriate, uses such as manufacturing, distribution, retail, service industries, corporate parks. Certain individual uses may be allowed as uses by right in some districts, while other more intensive uses may require a higher level of review and approval by the county. The districts encourage and allow more creative design of land development than may be provided on other general zoning districts. This flexibility is provided for planned unit developments.
- (c)The district are labeled as 85-ED 1 through 4. "85" represents the relationship to I-85. "ED" represents the economic development designation for the sites.
 - (1)85-ED-1. The purpose of the 85-ED-1 district is to encourage the location of "high capital investment/high wage/low employment/clean" industries. Certain industries shall be allowed as permitted uses standards provided to protect adjacent neighborhoods. Other heavy industries may be allowed as conditional uses. If part of a larger master plan limited accessory and ancillary retail and service uses may be allowed.
 - a. In the 85-ED-1 district the following uses are permitted by right with a minimum lot size of five (5) acres:
 - Manufacturing group:*
 - Printing and publishing (SIC 27).
 - Rubber and miscellaneous plastics products (SIC 30).

The generic term of "cabin" is to be utilized for structures rented or occupied on a short-term basis. The term would generally apply to structures that are not considered to be a dwelling but may be subject to some aspects of the NC Building Code.

Staff proposes to incorporate uses within the Construction Group SIC in 85-ED-1 and 85-ED-2 as conditional uses. Refer to text on pages 2 and 3.

Fabricated metal products (SIC 34), except:
 Ammunition, except for small arms (SIC 3483).
 Ordnance and accessories (SIC 3489).
 Industrial machinery and equipment (SIC 35).
 Electrical and electronic equipment (SIC 36), except:
 Power distribution and specialty transformers (SIC 3612).
 Transportation equipment (SIC 37).
 Instruments and related products (SIC 38).
 Miscellaneous manufacturing industries (SIC 39).

Transportation, communication, and utilities group:

Ground-mounted solar energy systems 6,000 sq. ft. or less (SIC 491 pt).

b. The following are allowed with the issuance of a conditional use permit:

Construction group:

General Building Contractors (SIC 15)

Special Trade Contractors (SIC 17)

Manufacturing group:

Lumber and wood products (SIC 24).
 Furniture and fixtures (SIC 25).
 Plastic materials, synthetic resins, etc. (SIC 282).
 Drugs (SIC 283).
 Paper and allied products (SIC 26).
 Stone, clay, glass, and concrete products (SIC 32).
 Primary metal industries (SIC 33).

Services group:

Racing, including track operation (SIC 7948).

Transportation, communication, and utilities group:

Communications and telecommunication towers (SIC 48 pt).

(2) *85-ED-2*. In areas where existing conditions such as surrounding development, access etc. may make the area less marketable for uses listed exclusively in the 85-ED-1 district then the 85-ED-2 district may be appropriate. The primary additions to this district are distribution and wholesaling operations.

a. Certain industries shall be allowed as permitted uses with standards provided to protect adjacent neighborhoods. Other heavy industries and distribution and wholesale operations may be allowed as

Staff proposes to include 2 SIC groups w/in the 85-ED-1 district as conditional use permit options. These uses include residential and commercial building contractors in SIC 15 and plumbing, heating and AC contractors, brick masons, electricians, etc. w/in SIC 17.

conditional uses. If part of a larger master plan limited accessory and ancillary retail and service uses may be allowed.

Manufacturing group:

- Printing and publishing (SIC 27).
- Rubber and miscellaneous plastics products (SIC 30).
- Fabricated metal products (SIC 34), except:
 - Ammunition, except for small arms (SIC 3483).
 - Ordnance and accessories (SIC 3489).
- Industrial machinery and equipment (SIC 35).
- Electrical and electronic equipment (SIC 36), except:
 - Power distribution and specialty transformers (SIC 3612).
- Transportation equipment (SIC 37).
- Instruments and related products (SIC 38).
- Miscellaneous manufacturing industries (SIC 39).

Service industries group:

- Engineering and management services (SIC 87).

Transportation, communication, and utilities group:

- Ground-mounted solar energy systems 6,000 sq. ft. or less (SIC 491 pt).

b. The following are allowed with the issuance of a conditional use permit:

Construction group:

- General Building Contractors (SIC 15)***
- Special Trade Contractors (SIC 17)***

Manufacturing group:

- Lumber and wood products (SIC 24).
- Furniture and fixtures (SIC 25).
- Plastic materials, synthetic resins, etc. (SIC 282).
- Drugs (SIC 283).
- Paper and allied products (SIC 26).
- Stone, clay, glass, and concrete products (SIC 32).
- Primary metal industries (SIC 33).

Transportation, communication, and utilities group:

- Communications and telecommunication towers (SIC 48 pt).
- Local and interurban passenger transit (SIC 41).
- Motor freight transportation and warehousing (SIC 42).
- Transportation services (SIC 47).

Staff proposes to include 2 SIC groups w/in the 85-ED-2 district as conditional use permit options. These uses include residential and commercial building contractors in SIC 15 and plumbing, heating and AC contractors, brick masons, electricians, etc. w/in SIC 17.

Wholesale trade group:

Wholesale trade—durable goods (SIC 50).

Wholesale trade—nondurable goods (SIC 51).

Services group:

Racing, including track operation (SIC 7948).

Section 21-60. Conditional use requirements for specific uses.

(7) b. **Cabins (SIC 7011), Campgrounds** and recreational vehicle parks (SIC 7033).

1. *Minimum lot size.* The minimum lot size is two (2) acres.
2. *Setbacks.*
 - Front50 feet
 - Side street30 feet
 - Side20 feet
 - Rear20 feet
3. *Density.* The minimum size of spaces shall be determined by the county health department.
4. *Interior drives.* Interior drives shall be a minimum of eighteen (18) feet compacted gravel six (6) inches thick.
5. *Parking.* No parking will be allowed on public streets. Off-street parking and loading space shall be provided in sufficient quantity to accommodate all parking and loading on-site. At a minimum, one (1) parking space per ~~trailer~~ space **or unit** shall be provided.
6. *Screening and buffering.* ~~Campgrounds~~ **Land uses in this category** shall be considered a group 2 use and shall be screened accordingly.

Given the setting and occupancy characteristics are similar to that of campgrounds and RV parks, Staff proposes to include the SIC code for tourist cabins and cottages into the existing CUP text.

Modified term in the parking criteria to be applicable to all uses in this category and not just recreational vehicles, i.e. trailer.

Similarly, all uses in this CUP category would be considered for screening and buffering as applicable.

STAFF COMMENTARY

Section 21-113. Table of uses.

P - Permitted by Right P(A) - Permitted as Accessory Use SR - Permitted with Special Requirements C - Conditional Use	Zoning Districts																						
	Residential					Nonresidential																	
LAND USE		R	A	R	R	S	M	H	P	M	F	R	C	B	I	N	I	N	S	T	I	N	
Services																							
70	Hotels, rooming houses, camps and other lodging places, <i>all except</i>																						
7011	<i>Cabins</i>																						
7033	Campgrounds and RV parks																						

Updated the Table of Uses to include Cabins as a Conditional Use in the RA and NB districts and Permitted in the CBI district, similar to Campgrounds and RV parks.

Section 21-166. Table of parking requirements.

Services		
7011 and 7033	<i>Cabins</i> , Campgrounds and RV Parks	1 space/campsite + 1 space / ELS + 1 space / 200 SF of meeting area

Included Cabins with parking standards for campgrounds and RV parks.

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**130 West Innes Street - Salisbury, NC 28144
TELEPHONE: 704-216-8180 * FAX: 704-216-8195**

MEMO TO COMMISSIONERS:

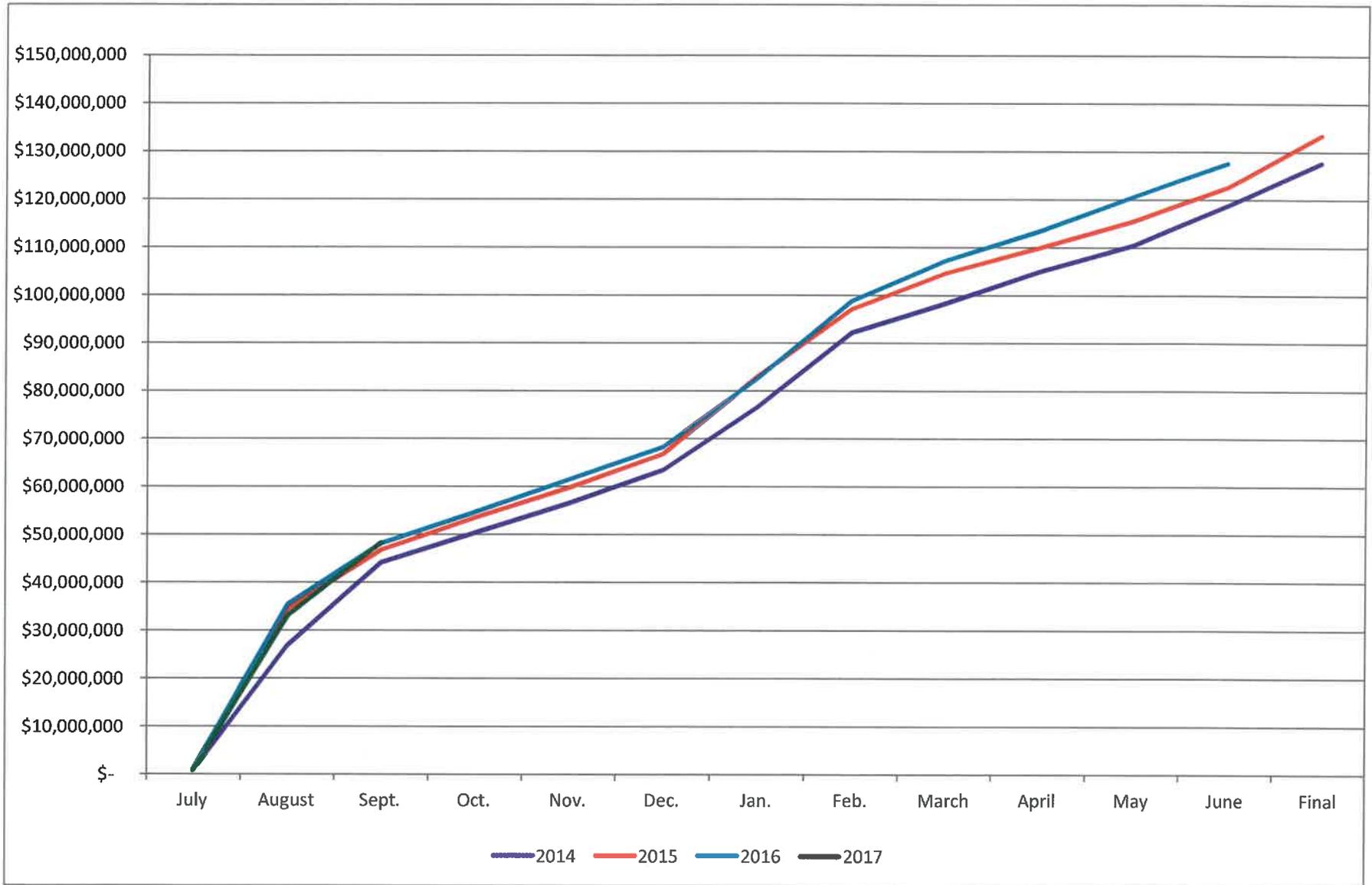
FROM: Finance Department
DATE: October 7, 2016
SUBJECT: Financial Report

Please see attached graphs.

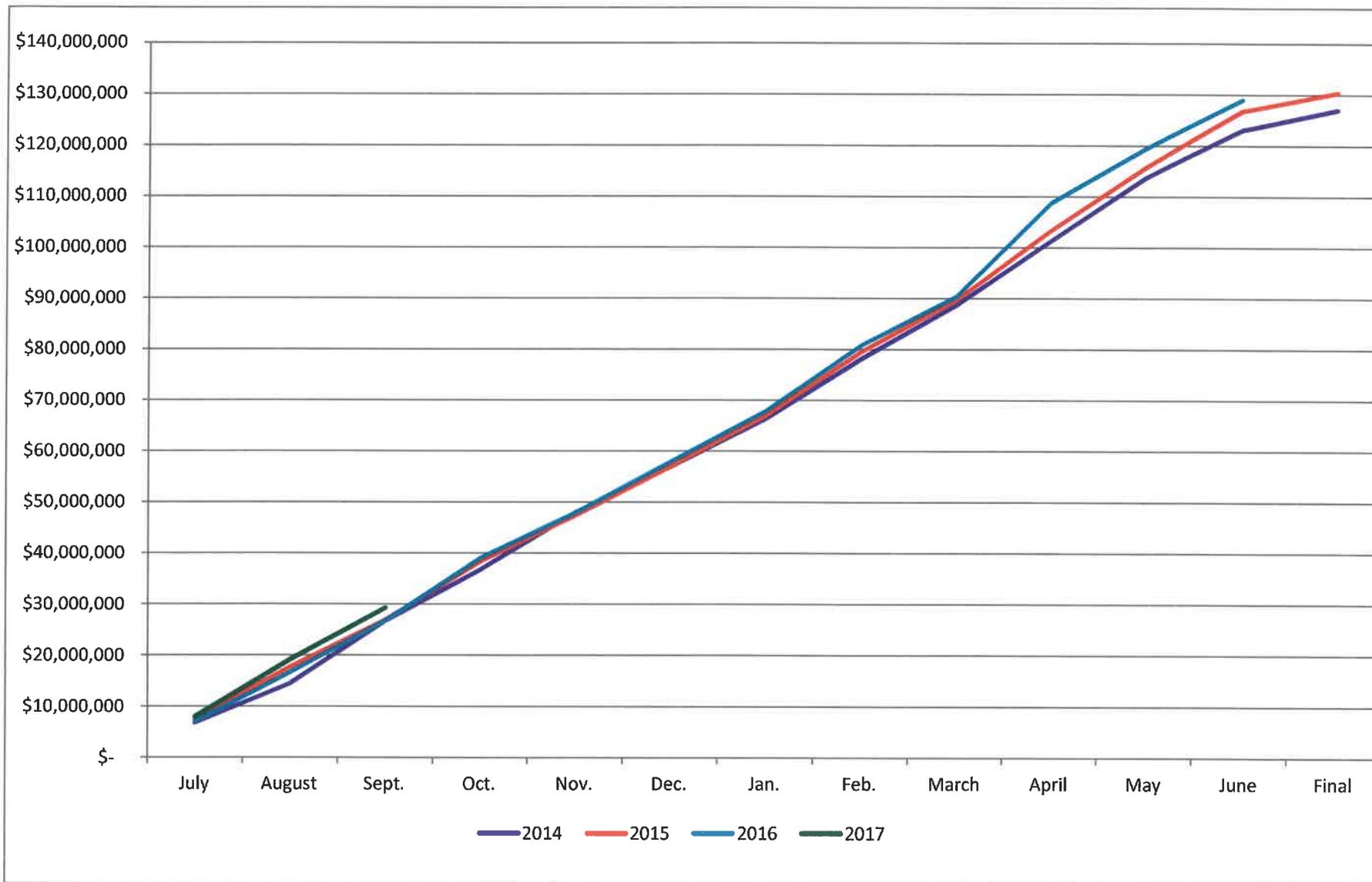
ATTACHMENTS:

Description	Upload Date	Type
Graphs	10/7/2016	Backup Material

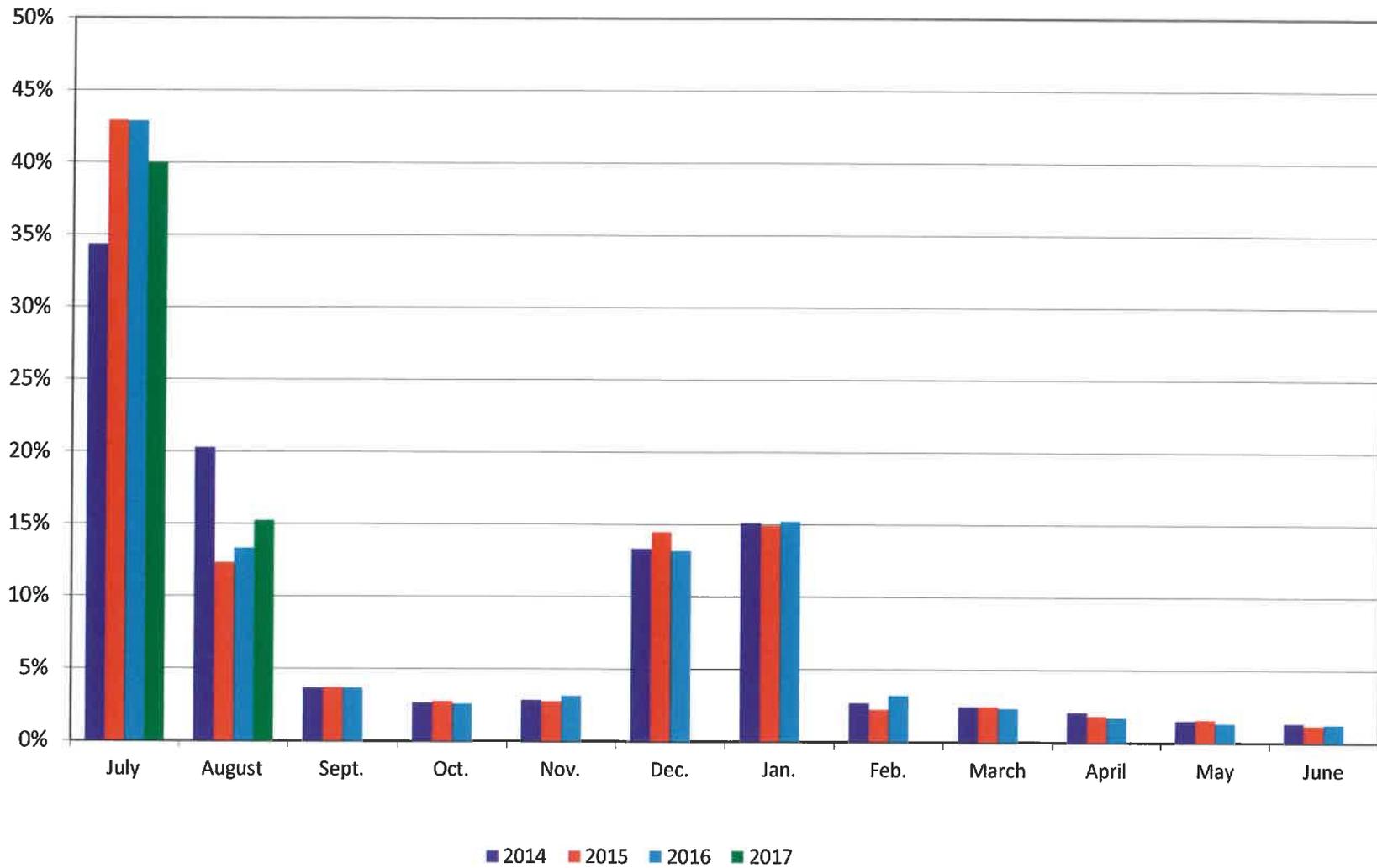
ROWAN COUNTY
GENERAL FUND
ANNUAL CUMULATIVE REVENUE COMPARISONS
FISCAL YEARS 2014 - 2017



ROWAN COUNTY
GENERAL FUND
ANNUAL CUMULATIVE EXPENDITURE COMPARISONS
FISCAL YEARS 2014 - 2017



ROWAN COUNTY
GENERAL FUND
MONTHLY CURRENT YEAR PROPERTY TAX COLLECTIONS AS A PERCENTAGE OF BUDGET
Fiscal Years 2014 - 2017



ROWAN COUNTY
GENERAL FUND
MONTHLY SALES TAX COMPARISONS
FISCAL YEARS 2013 - 2016

