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WHATCOM COUNTY COUNCIL

Board of Health

August 3, 2004

Council Chair Dan McShane called the meeting to order at 10:30 a.m. in the Council Chambers, 311 Grand Avenue, Bellingham, Washington.

Present:

Barbara Brenner
Laurie Caskey-Schreiber
Sam Crawford
Seth Fleetwood
Sharon Roy

Absent:

L. Ward Nelson

1. PUBLIC SESSION

David Davidson, Public Health Advisory Board Chair, reported for the Public Health Advisory Board. The board has met once since the Board of Health last met. The board discussed informational items that include a risk factor survey and the mental health issue related to Medicaid funding changes. Gary Williams will work on that issue. The board sent a member to attend those task force meetings. At the next board meeting, they will discuss department budget issues.

Greg Barlean, Hopewell Neighborhood Association, submitted info (*on file*) and stated the association is trying to help the Health Department to make sure this is a legitimate health issue. The association is at the disposal of the Council, Board of Health, and Health Department on this matter. The association has tapped into several different information sources from California and Holland. This is a health issue. The association can support this. Read the first paragraph of the information submitted regarding sulfide gases. Sulfide gases, particularly hydrogen sulfide are health hazards, even in low concentrations. Indoor facilities reduce hydrogen sulfide by about 90 percent. They're working in the right direction.

2. PUBLIC HEALTH - PERTUSSIS STORY

Regina Delahunt, Health Department Director, stated the Board of Health would receive a presentation each meeting from staff about what's going on in the community.

Joni Hensley, Public Health Nurse, stated pertussis is whooping cough. They thought it was in the past because of the vaccine, which is 80 to 85 percent effective. However, some families have chosen not to immunize their children. Pertussis is coming up the I-5 corridor. She anticipates having a few more cases this year. There has been an outbreak in Whatcom County since April. At Swedish Hospital in Seattle, 300 to 400 people are being treated for pertussis. It's a miserable disease.

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1
2 The disease is a bacteria transmitted in respiratory droplets. Once someone
3 starts coughing, that person can be infectious for three weeks. It is inhaled in the
4 nose, and incubates for 7 to 20 days before symptoms start. One can't transmit
5 the disease until symptoms start. The symptoms start with summer cold
6 symptoms. Over seven days, sometimes people vomit or can't catch their breath.
7 The whoop sound tends to be in young children. It is treated with antibiotics.
8 There is a new theory to not throw antibiotic treatment at every disease. Dr. Stern
9 has been educating doctors that they need to treat pertussis with antibiotics.

10
11 If someone get pertussis, that person should be isolated until five days of
12 antibiotics have been taken. That means no work, school, or childcare. High-risk
13 folks are tiny infants and women who are seven or more months pregnant. In
14 babies, pertussis can result in death, blindness, or convulsions.

15
16 The Health Department tries to be very aggressive. A measure of the
17 department's success is that there has not been an infant in Whatcom County
18 hospitalized with this disease because there has been a lot of work behind the
19 scenes. They are not experiencing health care providers who have transmitted
20 disease in the hospital setting. If nurses are exposed, they get the nurses out of
21 the hospital.

22
23 Whatcom County has had about 150 cases. In one case of an outbreak, a
24 middle school student had pertussis. The student's family members needed
25 treatment. The Health Department didn't find out about the illness until the child
26 was coughing for three weeks. By then, there was a circle of folks they had to give
27 medication to. In this case, four family members were symptomatic and were
28 asked to stay home. There was also a baby in a circle of friends. The Health
29 Department aggressively treated the friends, by working closely with the family's
30 medical providers.

31
32 Brenner ask if someone is given antibiotics even if there are no symptoms.
33 Hensley stated they do. The antibiotics treat the illness during the incubation
34 stage.

35
36 They also found that the classroom setting was a place where they had to
37 look. They found that two of the classmates were positive cultures. The school
38 sent letters to all parents. They treated all the cases. The Health Department
39 worked aggressively with the school nurses in contacting parents.

40
41 Brenner asked if someone who has had DTP shot doesn't have to go through
42 treatment. Hensley stated the vaccine is only 80 to 85 percent effective. If one is
43 identified as a contact, that person needs to receive antibiotics even if up to date on
44 the vaccination.

45
46 The student prepared to go on a science trip to California in an airplane. As
47 the student was symptomatic, there were meetings with kids in the science group,

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1 who were preparing to leave the night before the Health Department discovered the
2 case. There was a time crunch to get in touch with parents of students who had
3 the potential of having the disease. The Health Department had a meeting that
4 evening with the school and 70 percent of the parents who had students going on
5 the trip. Staff explained the risk of their child coming down with the disease on the
6 trip and transmitting to other students and people in California.

7
8 One option was to cancel the trip. Another option was to give antibiotics to
9 any students identified as close contacts to index case, and exclude from the trip
10 any child who was actually sick. They decided to not cancel the trip. Parents
11 worked hard to contact their physicians that evening. There were 110 people on
12 the science trip. Imagine how much work this was for one student, and increase
13 that work by the 110 people who were on the trip, and even more people the
14 students came in contact with on the trip. They implemented respiratory hygiene.
15 She sent masks and gel solution for antiseptic on the trip. Kids who were sick were
16 put in the same rooms together and excluded from some activities. Medication was
17 procured in California when one child became ill.

18
19 It took a lot of effort by parents, the school district, doctors, and the Health
20 Department to keep this from becoming a major outbreak. This is only one case.
21 They have had many cases.

22
23 McShane asked the age the first vaccine is given. Hensley stated the first
24 vaccine is given at two months of age.

25
26 Delahunt stated immunity wanes after a few years.

27
28 Hensley stated it does. The vaccine wears off by middle school age.

29
30 Delahunt stated a booster shot for middle school age kids is not approved yet
31 in the United States.

32
33 Hensley stated there is no protection yet for adults.

34
35 Brenner asked if a person can get it more than once. Hensley stated there is
36 a theory of lifetime immunity, but it hasn't worked out.

37
38 Brenner asked if a nursing mother passes on her immunity.

39
40 Hensley stated the likelihood of a mother with immunity is low. That's why
41 they're aggressive about treating pregnant women.

42
43 Roy asked if one of the reasons that some parents choose not to immunize
44 their children is because of all the publicity about the perceived connection between
45 autism and childhood immunization. Hensley stated that was about the MMR
46 vaccination. The studies she read have not demonstrated a relationship.

47

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1 Delahunt stated the immunization program tries to educate parents and get
2 that message out. It can be difficult to calm people's fears. That is one of many
3 reasons why people choose not to immunize their children. She submitted
4 information (*on file*) on statistics from this outbreak, including staff time and dollars
5 spent.

6
7 McShane asked if the outbreak is still going on. Delahunt stated it is.
8 They're seeing a lot of cases in daycares now.

9
10 Janet Davis, Community Health Manager, stated another example is the
11 childcare places. Those children share diseases with lots of other children. That's
12 where most of the staff's work is going on. They have been successful. No children
13 have been admitted to the hospital with pertussis.

14
15 Hensley stated staff has done a lot of physician education. There continues
16 to be misperception about a vaccine and antibiotic treatment. It's been challenging
17 with a part-time health officer to connect with some of the physicians in the
18 community.

19
20 Davis stated they are working with schools and childcare centers in addition
21 to physicians.

22
23 Crawford asked if they had to notify the health department of the county in
24 California. Hensley stated they monitored these children closely. Had they
25 documented pertussis from the students on the plane, they would have notified the
26 county in California.

27
28 Roy asked if they can expect this to continue now that it's in the community.
29 Davis stated they've suspected they've had pertussis around for a long time, but
30 physicians were not recognizing it. Now, they are doing a good job and physicians
31 are responding. They're going to have an elevated baseline that will go on for a
32 while. The outbreak is probably winding down. They will continue to have more
33 cases because they are more aware of it.

34
35 Caskey-Schreiber asked how long this has been coming around, and how
36 long it will last. She asked if the medical personnel at Western Washington
37 University (WWU) have been notified. Davis stated the Health Department staff are
38 planning to give another letter to the schools as the school year begins. This
39 outbreak began during the last week of April. They haven't seen a connection with
40 Western Washington University yet. Dr. Gibson at the WWU health clinic receives
41 all the Health Department faxes.

42
43 Delahunt stated there are many phone calls to physicians and others for each
44 case identified. It's very labor intensive. The number of staff hours spent is
45 incredible.

46
47 Crawford asked if they track the disease in a database. Davis stated they do.

1
2 **3. MENTAL HEALTH POLICY CHANGES**
3

4 Delahunt introduced Gary Williams, who will speak on the recent policy
5 changes to the Medicaid system. Andy Byrne is no longer working for the County.
6 Mr. Byrne is now executive director for Whatcom Counseling and Psychiatric Clinic.
7 Mr. Williams will take on the responsibility of the human services supervisor. That
8 group will be under Assistant Director Terry Hinz. A lot of the what Human Services
9 Division does is related to contracts and distributing dollars in the community.
10 Putting Mr. Hinz and Mr. Williams together will be a benefit to the Health
11 Department organization.
12

13 Gary Williams, Mental Health Coordinator, stated public mental health has
14 been a government issue for 20 years. Decisions at the State and federal
15 government were made on how the mental health system would be funded and
16 operated. In that process, different political entities made decisions. Recently,
17 issues that haven't been addressed have come forward.
18

19 The federal government announced to the State of Washington that its
20 federal waiver for the funding of mental health would be reviewed. Because of
21 fiscal constraints at the federal level, there was a different interpretation of how
22 Medicaid funds would be used. The State of Washington had based its public health
23 system the past 13 years on federal Medicaid dollars. The State matched federal
24 dollars to provide more funding, and ceased to fund State-only costs. The federal
25 government agreed to that in the past, but not this spring. As of April 1, the State
26 can't use federal dollars for anything except enrolled Medicaid consumers.
27

28 That has a huge public health impact. Many folks are left without medical
29 funding. This system has been how they have engaged people in care and taken
30 care of the folks with the highest need. In this region, there is an effort to cease to
31 think of mental health as just mental health, but as behavior health, including
32 substance abuse and cognitive issues. The federal regulations said that won't
33 happen any more. The federal government said they will do things from the
34 diagnostic manual for mental health and won't serve people unless enrolled in
35 Medicaid. The State has not lost dollars, which is good news. The bad news is that
36 hundreds of people have been cut off from services. He's met with other counties,
37 mayors, law enforcement, and criminal justice providers. Now, many of these
38 people don't have options other than an emergency contact. There is no real
39 alternative. There is no public agency to go to for these services.
40

41 Caskey-Schreiber asked if they can get these people on Medicaid. Williams
42 stated they have to qualify by having a condition that meets the criteria for
43 enrollment, which has been tightened. A person has to have a fiscal need and can't
44 pay for services. Many folks won't meet those criteria, yet have conditions that
45 really make them disabled.
46

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1 Caskey-Schreiber asked if they should do some work to get people enrolled.
2 Williams stated the loss in this region of five counties is \$12 million for serving non-
3 Medicaid people. There is no way the County or local agencies can fund that level
4 of a loss. They have been working with law enforcement, hospitals and other non-
5 profit agencies to identify where the highest need is to provide some County funds
6 and do some contracts to redistribute funding to address this need. They may cut
7 programs they currently fund. The City is willing to consider providing some type
8 of support. They need to know where the highest need will be and make a request
9 for additional funding.

10
11 The State legislature is not in a position to deal with this deficit immediately.
12 There is no dialog with the federal government. It has been left to the counties to
13 take care of these folks.

14
15 Roy stated this is a case where the number of beds allowed in a hospital has
16 been set for years, and they suddenly decided to enforce it. She asked if that is
17 also true for the non-Medicaid eligible people. She asked if it was a rule they
18 overlooked. She asked if this is a matter of rules changing for Medicaid, or
19 enforcing rules that were already there.

20
21 *(Clerk's Note: End of tape one, side A.)*
22

23 Williams stated there are limits to facilities with Medicaid consumers to
24 sixteen people. That has been on the books for years, and was not enforced. In
25 the latter case of serving non-Medicaid consumers with these funds, the federal
26 government said that as long as the State met the Medicaid consumer needs, and if
27 there are resources remaining, the State may serve non-Medicaid consumers with
28 those excess dollars. That changed and said they can't do that anymore. The
29 impact is on the consumers in the community and is very sudden. People are being
30 told they have to move quickly. That puts stress on staff and the agencies. It
31 leaves a facility without the fiscal support for their programs.

32
33 McShane asked if there is a rationale for the change. Williams stated the
34 State realized, as federal dollars became available, that it would move patients out
35 of state hospitals and into facilities in the community that are just as big as the
36 hospitals so the federal government would pay half the cost. Around the country,
37 there were shifts from state hospitals to community programs, which made the
38 patients eligible for Medicaid services and support, half paid by the federal
39 government. The reaction from the federal government was that the states used
40 the money not as intended, so it put limit of 16 beds to each facility. Statewide
41 and in this region, hundreds of beds are being closed. The impact is that those
42 beds are used as a step down from hospitals to get people into the community.
43 Now, they don't have that capacity. They don't have the skill yet to work with
44 people in smaller populations. This is very challenging.

45
46 Caskey-Schreiber asked if the Lake Whatcom Residential Treatment Center
47 could call itself a condo association. It will be more costly to service different

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1 locations than to have them all centralized. Williams stated they literally require a
2 distance between the 16-bed centers. If there is a 17th person, then the
3 punishment is that the center loses funding for all 16 units.
4

5 Roy stated this has happened because large institutions are bad for people
6 with developmental disabilities and mental health issues. To control that, the
7 federal government said to put people in smaller units. The states got around that
8 and still put people in bigger facilities. Most mental health providers know people
9 do better in smaller units instead of institutions. The reason for this is to get away
10 from institutions. Williams stated that is true. Smaller centers are a more normal
11 life. The issue is how quickly one transitions.
12

13 Roy stated that's correct, but this is not necessarily bad for patients.
14

15 Williams stated the highlight is that non-Medicaid consumers currently only
16 have emergency services available. Stakeholders are trying to figure out the local
17 resources available. They need to wait as long as it takes for the State to
18 reallocate State-only dollars. The amount of money in the system today is same as
19 in 1989. That amount hasn't increased at all. The State will have to increase
20 funding for residential resources and the non-Medicaid population. This community
21 is fortunate to have the Rainbow Center and peer counselors, who can do the
22 engagement work. The federal government forbade using funds even to get people
23 into the system. They can use County dollars to get people into the system so they
24 become Medicaid-enrolled consumers.
25

26 McShane stated he received a letter (*on file*) from the Office of the Governor
27 about this issue. The letter talked about the Washington Medical Integration
28 Partnership. The financial impact to the North Sound Mental Health Administration
29 would be seven percent of its current funding. Williams stated the State decided to
30 initiate an integration project in Snohomish County with mental health and
31 substance abuse, to contract with a private provider. The State will use dollars
32 from this mental health region. It doesn't operate under the same standards. If
33 those people have a need for hospitalization, they are referred back to the region.
34 The region has said it doesn't disagree with integration, but how it's put together is
35 worrisome. If they take dollars out of the region, dollars will be taken from
36 Whatcom County and from consumers.
37

38 McShane stated the letter announces that the program will no longer feature
39 opiate substitution treatment in the chemical dependency benefit, which will further
40 soften the impact to local providers. He suspects that they will see more people
41 they'll have to deal with. He asked why the legislature has not dealt with this.
42 Williams stated Senator Brandland is on the Mental Health Advisory Board. His
43 comment, which is not necessarily his belief, was that the State is facing a \$1
44 billion deficit. There are initiatives to increase salaries for different classes of
45 workers in the state. The concern is that backfilling this huge hole in mental health
46 right now won't happen. In a year or two, the State will get this prioritized.
47 Consumers will be at risk during that time.

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1
2 Delahunt stated they can let legislators know this is a big issue that will
3 affect a significant number of consumers who will lose benefits.
4

5 McShane asked the actual amount of seven percent of the North Sound
6 Mental Health Administration's budget. Williams stated it is seven percent of a \$50
7 million budget. They are carving out 6,000 folks from the program, out of 100,000
8 Medicaid eligible people.
9

10 Roy asked if the Snohomish County program is a pilot program. She
11 assumed it will eventually expand to all counties. Williams stated that is the long-
12 term intent. This is not a model that appears to be successful for behavior health.
13

14 Roy asked if they asked for input from North Sound Regional Support
15 Network. Williams stated they did not. There has been less than an honest and
16 candid dialog with the State.
17

18 Caskey-Schreiber asked how significant it will be to Whatcom County that it
19 doesn't have to provide methadone treatment anymore.
20

21 Delahunt stated she hasn't seen the letter, so she doesn't know.
22

23 Crawford stated they don't know how it will affect the people in Whatcom
24 County, because people in Whatcom County go to Seattle to get their methadone.
25 They don't know how many people that is.
26

27 Delahunt stated Mr. Williams will coordinate with the community to figure out
28 the best options. At some point, she'll come to the Council with some proposals.
29

30 McShane asked Ms. Delahunt to keep the Council posted. They need to
31 recognize their own ability and willingness to do things differently here. His view is
32 that this community should take care of the people here. There may be some who
33 disagree. When doing a two-year budget, he would be concerned about freezing
34 that up. He understands also that the Council just receives additional services
35 requests that are approved. The Council had expressed an interest in receiving
36 those that are not approved. He is concerned about receiving a non-approved list
37 that is filtered. The Health Department is part of the administration. He wants to
38 make sure there is good communication. That may put the Health Department
39 staff in an uncomfortable position of going around the boss, so to speak. However,
40 the Council can't make good decisions unless there is direct communication. He
41 hoped the councilmembers are willing to ask specific questions, and that staff is
42 comfortable answering them, regarding the support the County may need to
43 provide to make up for the decisions that are beyond their control. Delahunt stated
44 she does run their additional services requests by the Public Health Advisory Board.
45 They also talk about them when reviewing the work plan, which will happen during
46 the next Board of Health meeting.
47

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1 Caskey-Schreiber stated she is a member of the Public Health Advisory
2 Board.

3
4 McShane asked that those who understand these issues be willing to push
5 the Council fiscally.

6
7 **4. DRAFT MUSHROOM SUBSTRATE PRODUCTION (MSP) FACILITY RULES**
8

9 Delahunt stated a recent Appeals Court decision determined that manure is
10 not a solid waste. As a result, the Health Department lost its ability to regulate
11 mushroom substrate composting under the solid waste rules. At the previous
12 Board of Health meeting, they talked about filing an appeal of that ruling to State
13 Supreme Court. Attorneys felt the criteria weren't met for the Supreme Court
14 would hear the case. Their next idea is to put together mushroom substrate
15 composting rules based on the fact that composting the materials can cause an
16 impact to public health. The basis for the regulations are the broad powers and
17 duties of the Health Officer under the State Revised Code of Washington (RCW).
18 They have put together rules that are for permitting of the facilities, operational
19 requirements, and design requirements for the facility. Health Department staff
20 worked with the Planning Department staff closely. The Planning Department will
21 put forward draft rules for the zoning ordinance to talk about locational standards.
22 The Health Department would regulate operation and performance standards for
23 the facility. This will come forward for introduction at the next County Council
24 meeting.

25
26 Jeff Hegedus, Environmental Health Supervisor, stated staff proposes an
27 ordinance to regulate these facilities exactly as they are currently regulating other
28 facilities. That oversight consists of issuing permits, design approval, operation
29 plan approval, monitoring, and enforcing. In this ordinance, they propose to do
30 their normal business, then work with the Planning Department on the zoning code
31 for locational requirements. There is no reliance on local or State solid waste
32 requirements. The Planning Department will not have to routinely oversee
33 operational considerations. The ordinance allows each department to focus on what
34 they do best. He submitted the ordinance (*on file*).

35
36 The amendment to Whatcom County Code (WCC) 24.08 will end up being a
37 new chapter, WCC 24.12, which establishes performance standards and operating
38 standards and refers to locating standards. The core of the ordinance is similar to
39 Ordinance 2002-068, which is renewed every six months. One difference is that
40 permits are explicitly required. Assembling, blending, composting, and leachate
41 storage are required to be endorsed. The most stringent requirements are to
42 protect public health. The only difference is that they elected not to require
43 financial assurance. In Canada, those security deposits are used more to pay civil
44 penalties that may be imposed rather than to assure there are funds to properly
45 close a facility. When they are under permit and a penalty is imposed, the County
46 would elect to revoke the permit and close the operation rather than rely on a
47 security deposit to collect a civil penalty. The financial requirements for closure are

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1 much less than a solid waste facility, for example. They are requiring stringent
2 design standards with continuous oversight of operations. Subsection .050 refers
3 to location standards developed by the Planning Department.
4

5 Crawford stated he has two concerns about these types of facilities and one
6 concern about legislating them. The concerns are groundwater contamination and
7 odors. For those two issues, take steps to ensure they are fully mitigated. Don't
8 simply try to mitigate for those concerns. Do mitigate those concerns. Another
9 concern is to not create any new rules that would regulate an existing industry that
10 hasn't produced impacts to its neighbors.
11

12 He is also concerned about calling this ordinance rules for a mushroom
13 substrate production facility. Someone could call their operation something else,
14 but be doing almost the same thing. The reference should be to a type of
15 production of material that causes those odors and groundwater contamination.
16 Don't make the reference to mushroom substrate composting only. It limits them
17 severely. Hegedus stated this ordinance was scaled back to be tightly focused on
18 mushroom substrate production. Other composting activities are covered by other
19 regulations. If something falls through the crack, staff will look at it. For this
20 ordinance to work as a health ordinance, they had to be specific.
21

22 Crawford asked if those other regulations are as restrictive as these rules.
23 Hegedus stated they are probably not.
24

25 Crawford asked if it would be unwise to expand beyond mushroom compost
26 substrate production. Hegedus stated it would. Stay focused on mushroom
27 substrate, and allow other composting or vermiculture activities to be regulated by
28 existing laws. They originally started out by including all agricultural composting
29 activities in this ordinance. However, they realized they were being duplicative of
30 other local and state laws.
31

32 Crawford stated this activity was stopped across the border and has moved
33 here. Make certain that activity does not slip under the wire of this simply because
34 a person chooses to call it something else, even to the point they deny they are
35 doing this activity. Pass a law that will stick to this industry in general. Hegedus
36 stated the definition of finished substrate could allow someone to fall through the
37 crack. They have improved the definition to include any stage of the process that
38 assembles, blends, or composts.
39

40 Crawford stated they need to be tuned into a broader picture. Don't affect
41 an existing operator who is doing a good job.
42

43 Delahunt stated Councilmember Crawford made a good point. She will check
44 to make sure there are no loopholes in the ordinance.
45

46 Kyle Dodd, Environmental Health Specialist II, stated staff tightened up the
47 definition of mushroom substrate production.

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1
2 Caskey-Schreiber stated they should keep the definition of mushroom
3 substrate broad. That will address Councilmember Crawford's concerns. She liked
4 the new definition.

5
6 Fleetwood asked if there would be existing facilities that have never been a
7 problem that will be affected by this rule. Hegedus stated there are two facilities
8 existing. They will be required to get a permit and meet performance standards,
9 but not design standards. If those facilities expand, they would have to meet the
10 design requirements. Another small producer is under the threshold level and is
11 exempt from having to meet these standards. All they have to do is meet the
12 performance standards.

13
14 Crawford asked if the County receives nuisance complaints about them.
15 Hegedus stated it does not, to his knowledge.

16
17 McShane stated one theory is that wallboard used for bedding material in
18 barns are dumped into the lagoon, and generate a sulfuric compound that is acidic
19 and eats the side of the metal barn. He asked if wallboard has been an odor-
20 producer. Hegedus stated the whole process is an odor-producer. A requirement
21 of this ordinance is that the design must withstand the corrosive nature of the
22 process. They don't want rusting corrugating metal to allow odors to escape.

23
24 McShane stated he wondered if someone would get rid of waste wallboard in
25 manure lagoons. Hegedus stated it won't become a problem because leachate
26 management is required to take place indoors.

27
28 Brenner asked if an existing facility will be subject to design standards if it
29 expands. Hegedus stated it would.

30
31 They hope to introduce this ordinance on Tuesday, August 10 and have a
32 public hearing on September 14. Ordinance 2002-068 expires in October. The
33 work from the Planning Department needs to be done in conjunction with this. So
34 there is not a gap in locational standards, they may have to extend ordinance
35 2002-068 for another six months in October so the Planning Department and
36 Planning Commission can get the zoning requirements approved.

37
38 Caskey-Schreiber thanked the Health Department staff for finding a way to
39 make this work, in spite of what's going on in the court system.

40
41 **ADJOURN**

42
43 The meeting adjourned at 12:02 p.m.

44
45
46 _____
47 Jill Nixon, Minutes Transcription

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The Council approved these minutes on September 14, 2004.

ATTEST:

WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON

10 _____
Dana Brown-Davis, Council Clerk

Dan McShane, Council Chair