

**CITY OF DIXON
BRINE DISCHARGING WATER SOFTENER REMOVAL
PROGRAM REQUEST FOR MEDICAL EXEMPTION**



Applicant: _____
Print Full Name

Address of Site: _____, Dixon CA 95620
Must be the personal residence of the applicant

Sewer Account #: _____ Phone Number: _____

Physician's Verification:

For the reasons described in the attached, my patient, _____, has a medical need for soft water.

Physician Name: _____ Signature: _____

Phone Number: _____

****ATTACH Medical findings on Physician's letterhead ****

Applicant's Certification:

I, _____, have reviewed the water softener alternatives provided on the City's website (www.cityofdixon.us), and have not found an alternative that meets my medical needs, and or that I can afford. A water softener exchange service is not viable for the following reason: _____

I understand that this exemption applies only so long as I reside at the address noted above and it is non-transferable. At such a time when my residency changes, the brine discharging softener must be removed in accordance with the City of Dixon's requirements.

Signature: _____ Date: _____

Mailing address (if different from above): _____

For Official Use Below:

Wastewater Division Review:

Comments: _____

*Exemption Approved _____ Exemption Denied _____

Signature: _____ Date _____
Chief Plant Operator – Wastewater Division

Signature: _____ Date _____
City Engineer / Director of Utilities

14.01.1180 Medical exemption.

The Director shall have the authority to allow medical exemptions and may permit the installation or continued use of individual residential brine discharging water softening or conditioning appliances; provided, that all of the following conditions are met:

- A. An application for medical exemption has been made on forms prescribed by the Director and the exemption shall not be effective until approved by the Director;
- B. The medical need for soft water is verified in writing by the applicant's physician; and
- C. The applicant's finances, in the opinion of the Director, preclude the use of an alternative water softening or conditioning appliance that does not discharge brine into the POTW.

The Director shall have the authority to rescind medical exemptions if the City is in violation of State waste discharge requirements for salinity levels, and in the opinion of the Director it is essential that the medical exemption be terminated, or upon the termination of any of the required criteria for such exemption. Such termination shall become effective after sixty (60) days' written notice from the City to the applicant. [Ord. 12-004.]
