

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



Applicant: _____
Print Name

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

City of Dixon Sewer Account #: _____

Physician's verification:

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

Name: _____ Signature: _____
Print

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.ci.dixon.ca.us) and have not found an alternative that meets my medical needs and 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 live at this address and is not transferable. At such time when I no longer live at this address, 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 City Use Date received: _____

Exemption Approved:* _____ Exemption Denied: _____

City Engineer / Public Works Director:
Joseph M. Leach _____
Signature Date

*Exemption may be rescinded according to the terms on the reverse of this form and Dixon City Code 17.14.9 (or as maybe amended).

17.14.9 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, precludes 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.