

Return Address _____

**NOTICE TO TITLE FOR REDUCTION IN MINIMUM RESIDENTIAL
WASTEWATER DESIGN FLOW**

Future property owners are hereby notified that the On-Site Sewage System (OSS) serving the subject residential property has a reduced OSS capacity (from 360 gpd) as explained below:

- The OSS design flow is based on an occupancy of two (2) persons per bedroom with only (2) bedrooms allowed within the residence.
- The limit in OSS capacity to 240 gpd may restrict future property development. Tacoma-Pierce County Health Department (Health Department) permitting and approvals are required for any proposed OSS capacity increase or change in use.
- Health Department approval of this reduction in wastewater flow was granted through a Variance/Waiver Request Application review process.
- Recording this document is one of the requirements in obtaining the Variance/Waiver approval.

Site Address _____
Parcel Number _____
Legal Description _____

Print Property Owner Name

Property Owner Signature

State of Washington
County of Pierce

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this _____ day of _____, 20 ____, _____

_____,
property owner, personally appeared before me to be the signers of the above instrument.

GIVEN under my hand and official seal the day and year last above written.

Notary Public in and for the State of Washington

My Commission Expires _____