

*Please e-mail completed form to: DPWES-FFXSewerReview@fairfaxcounty.gov

Wastewater Planning and Monitoring Division
12000 Government Center Parkway, Suite 358
Fairfax, VA 22035-0058

Subject: Sewer Ejector Pump and/or Grinder Pump

Regarding: Street Address: _____

Tax Map Number: _____

Floor: _____ Suite: _____ (Commercial only)

I hereby request permission to use a (*check one or both*) ☐ sewer ejector pump ☐ grinder pump
in the (*check one that applies*) ☐ Townhouse ☐ Single Family Dwelling ☐ Commercial Building
☐ other: _____, located on the above referenced property.

I accept full responsibility for the maintenance and operation of the pump; and for any damages caused by the failure of the pump. I understand that Fairfax County does not recommend the use of ejector or grinder pumps and cannot be held responsible for damages caused by the use of the pump.

Upon sale of this property the future owner shall be made aware of the use of the ejector and/or grinder pump, and of their requirement to provide this office with written acknowledgement of their responsibility regarding the pump.

(Please use the space below to include any additional information necessary to grant approval of this request; for example, location of pump, fixtures to be pumped, if entire structure is to be pumped, etc.)

Owner's Signature: _____

Owner's Printed Name: _____

Date: _____

Telephone Number: _____