



ENVIRONMENTAL SERVICES, INC.

Request for Quotation

Company: _____ Date: _____

Name and position: _____

Tel: _____ Fax: _____ E-mail: _____

Location: Country _____ Region _____ State _____ Lease _____

Minimum operating temperature _____ °F Maximum operating temperature _____ °F

Installation Type: Marine (vessel) ___ Offshore (fixed platform) ___ Land based ___
If Marine, Verify Type Vessel, I.e... Workboat, Barge, Jack-Up, Ferry _____

Is the vessel a new build project and requires IMO approval: Yes ___ No___

Type Of Water To Process: Black Water (Toilet) Only ___ Black & Gray Water ___

How Many People Will Be Connected To The System: _____

Electrical Requirements (if applicable):

Enclosure/motor starter ratings: NEMA 4X ___ Explosion Proof ___

Power requirements: Volts ___ Phase ___ Hertz ___

Fixtures:

Toilets ___ Showers ___ Sinks ___ Kitchen Sinks ___ Washing Machines ___

Effluent Requirements If Land Or Specialty Discharges:

BOD ___ Suspended Solids ___ Fecal Coliform ___

Flow Into Unit: Gravity ___ Lift Station/ Transfer pump ___ Vacuum ___

Flow Out Of Unit: Gravity ___ Discharge Pump ___

Discharge Pump Operating Requirements (if applicable):

Vertical Lift (ft) Capacity: _____

Discharge Pump Options:

Simplex ___ Duplex ___

Air Blower Options: Simplex air ___ Duplex air ___ Utility air ___

Space Available To Install The System:

Length _____ Height _____ Width _____

Other Comments/special requirements:

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