

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

Lift /Grinder System type:

Marine (vessel) _____ Offshore (fixed platform) _____ Land based _____

If marine, type of vessel (workboat, barge, jackup, ...) _____

Type of water to process:

Black water only _____ Black & gray water _____

How many people will be connected to the system: _____

Flow into Unit:

Gravity _____ Lift station/transfer pump _____

Flow out of unit:

Gravity _____ Pump _____

Discharge pump operating requirements (if applicable):

_____ Vertical Lift (ft) Simplex _____ Duplex _____

Pump controls (if applicable): floats (standard) _____ pressure transducer (optional) _____

Chlorination system (if required) :

Tablet feeder _____ Liquid drip _____ Pump injection _____

Electrical Requirements (if applicable):

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

Power requirements: Volts _____ Phase _____ Hertz _____

Space Available To Install The System:

Length _____ Height _____ Width _____

Other Comments/special requirements:

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