



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 _____

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

How Many People Will Be Connected To The System: _____

How Many Passengers: _____

How Many Crew Members: _____

Crossings Per Day. _____

Estimated Time Of Each Crossing. _____ (One Way)

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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