### Request for Quotation

**Company:**

**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)  Workboat  Barge  Jack-Up  Other

**Requires IMO approval:** Yes  No

**Requires USCG 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):**
- **Electrical Rating:** NEMA 4X  Explosion Proof
- **Power requirements:** Volts  Phase  Hertz

**Fixtures:**
- Toilets  Vacuum 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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**Return A Copy Of This Document To:**

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