

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

Effluent Requirements If Land Or Specialty Discharges:

BOD _____ Suspended Solids _____ Fecal Coliform _____

How Many People Will Be Connected To The System: _____

How many people at the camp _____ How many at the rig _____

How many hours working _____ How many shift per day _____

Type Of Water To Process:

Black Water (Toilet) Only _____ Black & Gray Water _____

Fixtures:

Toilets _____ Showers _____ Sinks _____ Kitchen Sinks _____ Washing Machines _____

Electrical Requirements (if applicable):

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

Power requirements: Volts _____ Phase _____ Hertz _____

Flow Into Unit: Gravity _____ Lift Station/ Transfer pump _____

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 _____

Other Comments/special requirements:

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