

## 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 \_\_\_\_\_

**If a Commercial or Industrial Site:**

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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