

## Request for Quotation Vacuum Collection System

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* \_\_\_\_\_

**Is the vessel a new build project and requires IMO approval:** Yes \_\_\_ No \_\_\_

**Type Of Water To Process:** Black Water (Toilet) Only \_\_\_ Black & Gray Water \_\_\_

**How Many People Will Be Connected To The System:** \_\_\_\_\_

### Vacuum Piping Info:

Vessel Length: \_\_\_\_\_

Distance from furthest toilet to Vacuum Collection Tank \_\_\_\_\_

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

### **Discharge Pump Operating Requirements (if applicable):**

Vertical Lift (ft) Capacity: \_\_\_\_\_

### **Discharge Pump Options:**

Simplex \_\_\_ Duplex \_\_\_

### **Space Available To Install The System:**

Length \_\_\_\_\_ Height \_\_\_\_\_ Width \_\_\_\_\_

Other Comments/special requirements:

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