Vac Systems Survey Form

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SURVEY FORM

Please fill in as much information as you can and email the completed form to mullaneyllc@gmail.com. Thank you.

REQUIREMENTS: USCG 33CFR159 _____ MARPOL _____ OTHER(Specify)_____

VESSEL TYPE AND SERVICE:

Vessel type? - towboat, ferry, passenger, quarters, platform, rig, etc.

WHATSEWAGE ISTOBETREATED?

Toilets? _____Vacuum toilets? _____Showers? _____Laundry?

Galley sinks?_____ Ground food waste? _____Passenger bar service?_____

PEOPLE ABOARD:

How many people both work and live aboard? _____How many overnight persons?_____

FOR FERRYS AND EXCURSION BOATS ONLY:

1. How many boardings per day? Average _____ Maximum_____
2. How many hours each passenger aboard per boarding?
3. How many wc's _____ urinals _____ available to passengers?
4. For passenger ships: How many passengers? _____crew?_____

ELECTRICAL SERVICE: Circle please

Line voltage available? 110___220___460___1ph ___3ph ___60Hz __50Hz_____

EXPOSURE TO THE ELEMENTS:

Installed below decks? _____Salt spray and sunlight ?_____Hazardous area?

SPACE AVAILABLE FOR UNIT:

1. Length? _____ Width? _____ Height? _____

   If built into ship's tanks, tank details?

2. _____

ACCESS FOR INSTALLATION:

If for existing vessel or platform, what are limiting access openings for installation of tanks and components Width? _____ Height? _____

OTHER COMMENTS?

_____

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Vacuum Collection System

CURRENT WASTE MANAGEMENT SYSTEM:

1. Does the vessel currently have a waste vacuum collection system? (Yes/No)
   - Ifyes,please providedetailsontheexistingsystem(manufacturer,model,capacity, issues encountered, etc.):

2. Current waste storage capacity: _____ gallons/liters
3. Estimated daily waste production: _____ gallons/liters

SYSTEM REQUIREMENTS

1. Expected peak usage (e.g., max no. of passengers and crew using the system at once):

2. Type of waste to be collected: (Blackwater/Graywater/Both):

3. Required holding tank capacity (if known): _____ gallons/liters

4. Preferred vacuum system type: (Centralized/Decentralized):

OPERATIONAL CONSIDERATIONS:

5. Power supply available (voltage and frequency):

6. Space available for installation (please provide dimensions if possible):

7. Preferred location for vacuum system installation:

8. Any known space constraints or installation challenges:

ADDITIONAL INFORMATION

1. Any specific preferences for system operation or maintenance requirements?

2. Would you like assistance with installation and commissioning? (Yes/No)

3. Do you have a preferred timeline for system installation?

4. Any other comments or concerns: