

# Pre-Qualification Form 2 – Attachment A1

## Information for Determining Compliance of the Member or the Experience Provider with the Technical Pre-Qualification Requirements

*[Terms which appear in capital letters and italics are terms that are Defined within the Pre-Qualification Invitation. Accordingly, the Participant must refer in all such events to the respective definition within the Pre-Qualification Invitation.]*

### Section (A)

#### Technical Pre-Qualification Requirement no. 1

#### Biological Treatment System Design

Invitation Section 4.1.1.

I, \_\_\_\_\_, the undersigned, am making this affidavit on behalf of \_\_\_\_\_ (name of Experience Provider):

1	<b>Experience Provider</b>	Name	<input style="width: 95%;" type="text"/>
		See Section 5.1.1 of the <i>Invitation</i> regarding EPC's Anticipated Holdings by the <i>Technical Experience Provider(s)</i> .	
2	<b>Execution</b>	<input type="checkbox"/> The Experience Provider executed the <i>BTS Design</i> itself (alone or jointly with others);  In the event the <i>BTS</i> design was executed jointly with another entity fill name of entity <input style="width: 60%;" type="text"/>  <b>and</b> <input type="checkbox"/> The Experience Provider was responsible (severally or jointly with others) towards the respective client for the <i>BTS Design</i> .  <input checked="" type="checkbox"/> [✓ tick confirm]	
3	<b>Referenced project</b> (where the <i>BTS Design</i> was executed by the <i>Experience Provider</i> )	Name - <input style="width: 60%;" type="text"/> Location - <input style="width: 60%;" type="text"/>	
4	<b>Client</b> of the referenced project.	Client's Name: <input style="width: 60%;" type="text"/> Contact Person Name & Surname: <input style="width: 60%;" type="text"/> Address: <input style="width: 60%;" type="text"/> Telephone: <input style="width: 60%;" type="text"/> Email: <input style="width: 60%;" type="text"/>	
5	<b>Execution of the Complete Process Design</b>  [✓ tick confirm items (i)-(iv) inclusive]	(i) <i>BTS'</i> process unit design of, at least, the following: <input type="checkbox"/> hydraulic loads; <input type="checkbox"/> kinetics calculations; <input type="checkbox"/> design loads; <input type="checkbox"/> contaminants removal rates.	<input type="checkbox"/>
		(ii) Preparation of the <i>BTS'</i> Process Flow Diagram (PFD);	<input type="checkbox"/>
		(iii) Preparation of the <i>BTS'</i> mass balance;	<input type="checkbox"/>

		(iv) Supervision of the <i>BTS</i> ' performance, at least, during its commissioning tests. <input type="checkbox"/>
6	<b><i>BTS</i>' operation</b>	Operation commencement date <input type="text"/> insert date in the following format [DD/MM/YYYY].
		Operation status (i) Indicate if the <i>BTS</i> is still operational Yes / No [mark applicable option]. (ii) In the event the <i>BTS</i> is not operational indicate the date on which operation has ceased <input type="text"/> .
		Operation period <input type="text"/> insert date on which the <i>BTS</i> has commenced its operation. <b>Consecutive Operation Period -</b> <input type="text"/> insert date <b>commencement</b> . <input type="text"/> insert date of <b>completion</b> . [Consecutive Operation Period – a duration of, at least, 24 consecutive months that have commenced after 1.1.2007 and up to Pre-Qualification Submission Date. Please fill in the <i>BTS</i> 's availability during the <i>Consecutive Operation Period</i> : <input type="text"/> % [at least 85%]; See <b>Note 1</b> .]
		During, at least, 85% of the <i>Consecutive Operation Period</i> , the <i>BTS</i> has met the Inlet feed water (clause 1) criteria and Removal of contaminants (clause 2) criteria.  In the event the respective client required a flow rate or removal ratio and those were <b>greater</b> than the required Flow Rate or Removal Ratio fill in those values on clause 3. <b>Note 1:</b> See Section 4.1.1.3(a) of the Invitation with respect to <i>BTS</i> ' operation period exceeding the Consecutive Operational Period Requirement.  <b>Note 2:</b> with respect to the applicable <i>Flow Rate</i> , Perchlorate and Nitrate inlet concentrations and <i>Removal Ratio</i> – please see Section 4.1.1.3(b) of the Invitation.
		<p><b>1. Inlet feed water</b></p> <p>a. <i>Flow Rate</i>: feed water flow of <input type="text"/> m<sup>3</sup>/hr. <b>[at least 20 m<sup>3</sup>/hr];</b> <b>and</b></p> <p>b. At least one of the following inlet feed water contaminants:</p> <p>(i) Perchlorate concentration of <input type="text"/> mg/l <b>[at least 15 mg/l];</b> <b>or</b></p> <p>(ii) Nitrate concentration of <input type="text"/> mg/l <b>[at least 50 mg/l].</b> <b>and</b></p> <p>c. Water source:</p> <p>(i) Groundwater; <input type="checkbox"/> <b>or</b></p> <p>(ii) Surface water <input type="checkbox"/> [✓ tick confirm] [wastewater excluded]</p> <p><b>2. Removal of contaminants</b></p> <p>a. At least one of the following outlet contaminants concentration and <i>Removal Ratio</i>: [shall be the same contaminant(s) as in clause 1 (Inlet feed water) above]</p> <p>(i) Perchlorate outlet concentration of <input type="text"/> mg/l] and <i>Removal Ratio</i> of <input type="text"/>%] of the Perchlorate in the feed water. <b>[at least 70%];</b> <b>or</b></p> <p>(ii) Nitrate outlet concentration of <input type="text"/> mg/l] and <i>Removal Ratio</i> of <input type="text"/>%] of the Nitrate in the feed water. <b>[at least 70%];</b> <b>and</b></p>

		<p>b. Confirm the decomposition of Perchlorate/Nitrate was done by micro-organisms in an engineered system, which included, at least <b>all</b> following:</p> <ol style="list-style-type: none"> <li>One vessel;</li> <li>One pump;</li> <li>Measurement, monitoring and Control devise(s); <b>and</b></li> <li>Pipes and valves.</li> </ol> <p><input type="checkbox"/> [✓tick confirm]</p> <p><b>3. Respective client requirements (if applicable)</b></p> <ol style="list-style-type: none"> <li>Flow rate of at least <input type="text"/> m<sup>3</sup>/hr].</li> <li>Contaminant removal ratio: Contaminant: [Nitrate/Perchlorate]. Contaminant removal ratio of at least <input type="text"/>% of the contaminant concentration in the feed water.</li> </ol> <p>See <b>Note 2.</b></p>
7	Operation of the <i>BTS</i> based on the <i>BTS</i> ' Design	<p>The operation of the <i>BTS</i> was materially compatible with the <i>BTS</i>' Design. <input type="checkbox"/> [✓tick confirm]</p> <p>Indicate whether design adaptations were implemented during the construction, commissioning or operation of the <i>BTS</i>: Yes <input type="checkbox"/>, provide a brief description of the adaptations implemented; <b>or</b> No <input type="checkbox"/>. <input type="checkbox"/> [✓tick confirm]</p>
<b>General information</b> For reference information only		<p>Detailed design of the facility was executed by <input type="text"/></p> <p>Construction of the <i>BTS</i> executed by <input type="text"/></p> <p>O&amp;M of the facility (including the <i>BTS</i>) executed by <input type="text"/></p>

**Confirmation**

I, the undersigned, \_\_\_\_\_,  attorney-at-law  public notary [*check applicable box*], hereby confirm that on \_\_\_\_\_, Mr./Mrs. \_\_\_\_\_, I.D. No. \_\_\_\_\_ appeared before me, and after being cautioned that he/she is required to state the truth, and that if he/she fails to do so he/she shall be liable to the punishments prescribed by law, signed this statement in my presence.

In addition, I, \_\_\_\_\_,  attorney-at-law  public notary [*check applicable box*], hereby do attest and confirm that \_\_\_\_\_ is authorized to sign on behalf of \_\_\_\_\_, and to commit it for purposes of the above stated Pre-Qualification Form, for all purposes and intents.

\_\_\_\_\_  
Attorney-at-Law

**Section (B)**  
**Technical Pre-Qualification Requirement no. 2**  
**Design, Construction and Operation of a water or wastewater facility**  
 Invitation Section 4.1.2.

I, \_\_\_\_\_, the undersigned, am making this affidavit on behalf of \_\_\_\_\_ (*name of Experience Provider*):

1	<b>Experience Provider</b>	Name	[_____]
		(a)	See Section 5.1.1 of the <i>Invitation</i> regarding EPC's Anticipated Holdings by the <i>Technical Experience Provider(s)</i> .
		(b)	See Section 5.2.2 of the <i>Invitation</i> regarding O&N's Anticipated Holdings by the respective <i>Technical Experience Provider(s)</i> .
		Professional Related Entity [Complete as applicable]	Name: [_____] Contact Person Name & Surname: [_____] Address: [_____] Telephone: [_____] Email: [_____]
		<input type="checkbox"/> [✓tick confirm]	Description of relation to the Experience Provider [✓tick applicable affiliation (*): (a) A single Entity which holds, directly or indirectly, 100% of the respective Experience Provider's Means of Control; <input type="checkbox"/> (b) A single Entity, 100% of whose Means of Control and 100% of whose Experience Provider's Means of Control are held, directly or indirectly, by the same single Entity; <input type="checkbox"/> (* to be supplemented by an Attorney's confirmation.

2 Experience demonstrated					
Option no.	Number of Facilities in which the Experience was obtained	Field(s) of Experience	Number of Experience Providers	Confirmation [✓ tick confirm only one of the following]	Relevant Part of the table below to be filled
1	1	Design, Construction and Operation	One Experience Provider	<input type="checkbox"/> meaning the experience required under this <i>Pre-Qualification Requirement</i> is demonstrated in its entirety by the <i>Experience Provider</i> identified above	Parts (A) - (D) inclusive
2	2 as follows:	-	-		
	(i) First Facility	Design and Construction	One Experience Provider	<input type="checkbox"/> meaning the experience required under option 2(ii) of this table, shall be separately demonstrated by [ ] name of 2 <sup>nd</sup> <i>Experience Provider</i>	Parts (A) - (B) and Part (D)
	(ii) Second Facility	Operation	Second Experience Provider	<input type="checkbox"/> meaning the experience required under option 2(i) of this table, shall be separately demonstrated by [ ] name of 2 <sup>nd</sup> <i>Experience Provider</i>	Parts (C) - (D)
3	2 as follows:				
	(i) First Facility	Design	One Experience Provider	<input type="checkbox"/> meaning the experience required under option 3(ii) of this table, shall be separately demonstrated by [ ] name of 2 <sup>nd</sup> <i>Experience Provider</i>	Part (A) and Part (D)
	(ii) Second Facility	Construction and Operation	Second Experience Provider	<input type="checkbox"/> meaning the experience required under option 3(i) of this table, shall be separately demonstrated by [ ] name of 2 <sup>nd</sup> <i>Experience Provider</i>	Parts (B)-(D) inclusive

3	<b>Referenced project</b>	Name- [ _____ ] Location- [ _____ ]
4	<b>Client</b> of the referenced project.	Client's Name: [ _____ ] Contact Person Name & Surname: [ _____ ] Address: [ _____ ] Telephone: [ _____ ] Email: [ _____ ]

**Part (A) – Design (as applicable)**

5	<b>Execution of the complete Facility's design</b>  [✓tick confirm items (i)(a)-(i)(d) and item (ii) and provide the information required in item (iii) (as applicable)]	(i) execution of the Facility's:	(a) Process design; and	<input type="checkbox"/>
			(b) Civil works design; and	<input type="checkbox"/>
			(c) Electrical and control design; and	<input type="checkbox"/>
			(d) Mechanical and piping design.	<input type="checkbox"/>
		(ii) The Facility was constructed and operated, completely or materially, based upon the Design.	<input type="checkbox"/>	
	(iii) Indicate whether design adaptations were implemented during the construction, commissioning or operation of the Facility: Yes <input type="checkbox"/> , provide a brief description of the adaptations implemented; <b>or</b> No <input type="checkbox"/> .			

**Part (B) – Construction (as applicable)**

6	<b>Execution of the complete construction and commissioning</b>  [✓tick confirm items (i)-(iv(a)) inclusive]	(i) Civil engineering works; and	<input type="checkbox"/>	
		(ii) Electrical Mechanical works; and	<input type="checkbox"/>	
		(iii) Process and control works; and	<input type="checkbox"/>	
		(iv) PTO	(c) Obtainment of the Facility's permission to operate (PTO).	<input type="checkbox"/>
			(d) Tick in the event the PTO was issued while allowing the completion of deficiencies.	<input type="checkbox"/>

**Part (C) – Operation (as applicable)**

7	<b>Operation commencement</b>	[ _____ ] insert date in the following format [DD/MM/YYYY]
		O&M executed by [ _____ ]
	<b>Operation status</b>	(i) Indicate if the Facility is still operational Yes / No [mark applicable option]. (ii) In the event the Facility is not operational indicate the date on which operation has ceased [ _____ ].
	<b>Consecutive Operation Period</b> of 24 months during which, the Facility has met the availability (clause 1) criteria <b>and</b> inlet stream (clause 2) criteria <b>and</b> removal of contaminants (clause 3) criteria.  In the event the respective client required a flow rate or removal ratio and those were <b>greater</b> than the required Flow Rate or Removal Ratio fill in those values on clause 4.	<p><b>1. Availability</b> 24 months <i>Consecutive Operation Period</i> commencement date [ _____ ]. [shall commence after 01/01/2007 and up to Pre-Qualification Submission Date. See definition of <i>Consecutive Operation Period</i>] Please fill in the Facility's availability during the <i>Consecutive Operation Period</i>: (i) Months 1-12 of operation availability [ _____ ]%. [at least 85%]; (ii) Months 13-24 of operation availability [ _____ ]%. [at least 85%].</p> <p><b>2. Inlet stream</b> Average <i>Flow Rate</i> during the <i>Consecutive Operation Period</i>: (i) Months 1-12 [ _____ ] m<sup>3</sup>/hr. [at least 200 m<sup>3</sup>/hr for all contaminants detailed below, save for TSS or Turbidity which shall be at least 2,000 m<sup>3</sup>/hr]; (ii) Months 13-24 [ _____ ] m<sup>3</sup>/hr. [at least 200 m<sup>3</sup>/hr for all contaminants detailed below, save for TSS or Turbidity which shall be at least 2,000 m<sup>3</sup>/hr].</p>

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**Consecutive Operation Period** (continued)**3. Removal of contaminants**

Please fill in:

- (i) Sub- clause (3.1) **and** sub- clause (3.2)  
**or**  
 (ii) Sub- clause (3.1) **and** sub- clause (3.3)

**3.1. Engineered system**Confirm the decomposition of contaminants was done in an engineered system, which included, at least **all** following:

- a. One vessel; **and**  
 b. One pump; **and**  
 c. Measurement, monitoring and Control devise(s); **and**  
 d. Pipes and valves.  
 [✓tick confirm]

**3.2. Water treatment**Insert, in at least **one** item in the following table, the applicable data.

Item	Contaminant	Consecutive Operation Period	Average inlet concentration (mg/l)	Average outlet concentration (mg/l)	Removal Ratio (%)	Criteria
1	Nitrate	Months 1-12				at least 70%
		Months 13-24				
2	VOCs	Months 1-12				at least 90%
		Months 13-24				
3	Detergents	Months 1-12				at least 90%
		Months 13-24				
4	Chloride	Months 1-12				at least 95%
		Months 13-24				
5	TDS	Months 1-12				at least 70%
		Months 13-24				
6	TSS	Months 1-12				at least 90%
		Months 13-24				
7	Turbidity	Months 1-12				at least 90%
		Months 13-24				

**3.3. Wastewater treatment**Insert, in at least **one** item in the following table, the applicable data.

Item	Contaminant	Consecutive Operation Period	Average inlet concentration (mg/l)	Average outlet concentration (mg/l)	Removal Ratio (%)	Criteria
1	COD	Months 1-12				at least 70%
		Months 13-24				

2	BOD	Months 1-12				at least 70%
		Months 13-24				
<b>4. Respective client requirements (if applicable)</b>						
a. Flow rate of at least [___] m <sup>3</sup> /hr.						
b. Contaminant removal ratio:						
Contaminant: [_____]. Please fill in the relevant contaminant of the contaminants listed in clause 3.2 or clause 3.3 above.						
Contaminant removal ratio of at least [_____] % of the contaminant concentration in the feed water.						

**Confirmation**

I, the undersigned, \_\_\_\_\_,  attorney-at-law  public notary [check applicable box], hereby confirm that on \_\_\_\_\_, Mr./Mrs. \_\_\_\_\_, I.D. No. \_\_\_\_\_ appeared before me, and after being cautioned that he/she is required to state the truth, and that if he/she fails to do so he/she shall be liable to the punishments prescribed by law, signed this statement in my presence.

In addition, I, \_\_\_\_\_,  attorney-at-law  public notary [check applicable box], hereby do attest and confirm that \_\_\_\_\_ is authorized to sign on behalf of \_\_\_\_\_, and to commit it for purposes of the above stated Pre-Qualification Form, for all purposes and intents.

\_\_\_\_\_  
Attorney-at-Law / public notary



**Part (D) - General**

<b>General information</b> For reference information only	Detailed design of the facility was executed by [ _____ ] Construction commencement date [ _____ ] Construction duration [ _____ months] O&M of the facility executed by [ _____ ]
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**Note:** in the event the Participant is of the opinion it cannot submit any of the details required under this Pre-Qualification Form 2 – Attachment A1 – it shall apply, per the provisions of Section 2.9 of the Invitation. In its application the Participant shall identify the details it believes it is prevented from submitting (or submitting in the form determined) and provide explanations for such prevention(s). The Tender Committee shall consider the RFC and shall issue its determination to the applying Participant or all Participants in the event the Tender Committee determines its response is relevant to all.