

**Pre-Qualification Form 2 – Attachment A1– Section A  
Information for Determining Compliance of the Experience  
Provider with the Technical Pre-Qualification Requirement of  
Section 4.1.1**

*[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.]*

*[In the event that the Experience Provider wishes to present more than one project, then each project shall be submitted on a separate Pre-Qualification Form.]<sup>1</sup>*

**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 [_____]
		See Section 5.1.1 of the <i>Invitation</i> regarding EPC's <i>Anticipated Holdings</i> by the <i>Experience Provider(s)</i> .
2	<b>Execution</b>	<input type="checkbox"/> The <i>Experience Provider</i> 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 [_____]  <b>and</b> <input type="checkbox"/> The <i>Experience Provider</i> was responsible (severally or jointly with others) towards the facility's client for the <i>BTS Design</i> .  <input type="checkbox"/> [tick confirm]
3	<b>Referenced project</b> (where the <i>BTS Design</i> was executed by the <i>Experience Provider</i> )	Name - [_____] Location - [_____]
4	<b>Client</b> of the referenced project. <sup>2</sup>	Client's Name: [_____] Contact Person Name & Surname: [_____] Address: [_____] Telephone: [_____] Email: [_____]

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<sup>1</sup>Addendum no. 3: Item no. 24.

<sup>2</sup> In the event that the Experience Provider did not execute the referenced project via a direct contract with the Facility's client, then the details of both the Facility's client and the Experience Provider's direct client shall be provided.

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: o hydraulic loads; o kinetics calculations; o design loads; o 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	[_____] 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 [_____].
		Operation period	[_____] insert date on which the <i>BTS</i> has commenced its operation. <b>Consecutive Operation Period -</b> [_____] insert date <b>commencement</b> . [_____] insert date of <b>completion</b> . [_____] months] insert duration. [ <i>Consecutive Operation Period</i> – a duration of, at least, 24 consecutive months that have commenced after 1.1.2007 and up to <i>Pre-Qualification Submission Date</i> .] Please fill in the duration the <i>BTS'</i> s operation was disturbed during the <i>Consecutive Operation Period</i> [see Section 4.1.1.3 (notes); (a) ( <i>Consecutive Operation Period</i> ) sub-section (4) disturbance(s) in <i>BTS'</i> operation]: (i) In the event the duration of the disturbance(s) to the <i>BTS'</i> operation (whether temporary, permanent, partial or complete, scheduled or not) was up to 15% [_____%] [i.e. availability of at least 85%]. (see Section 4.1.1.3(a)(4)(i)); <b>or</b> (ii) In the event the duration of the disturbance(s) to the <i>BTS'</i> operation, occurred due to an instruction(s) given by the <b>facility's client</b> , was up to 40% [_____%] [i.e. availability of at least 60%]. (see Section 4.1.1.3(a)(4)(ii) and stipulations provided therein). Under the circumstances of this item (ii) the <i>Consecutive Operation Period</i> duration shall not exceed 36 months. <b>See Note 1.</b>
		During 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)	<b>1. Inlet feed water</b> a. Flow Rate: feed water flow of [_____] m <sup>3</sup> /hr]. <b>[at least 20 m<sup>3</sup>/hr];</b> <b>and</b> b. At least one of the following

		<p>criteria in accordance with the above Clause 6 (<i>BTS</i>' operation); Operation period: Item (i) [____]; <b>or</b> Item (ii) [____]. [✓tick confirm one of the above options]</p> <p>In the event the facility's client required a flow rate or removal ratio and those were <b>greater</b> than the required <i>Flow Rate</i> or <i>Removal Ratio</i> fill in those values on clause 3.</p> <p><b>Note 1:</b> See Section 4.1.1.3(a) of the <i>Invitation</i> with respect to <i>BTS</i>' operation period exceeding the <i>Consecutive Operational Period Requirement</i>.</p> <p><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 <i>Invitation</i>.</p>	<p>inlet feed water contaminants:</p> <p>(i) Perchlorate concentration of [____mg/l] <b>[at least 15 mg/l];</b> <b>or</b> (ii) Nitrate concentration of [____mg/l <b>as NO<sub>3</sub></b>] <b>[at least 45 mg/l as NO<sub>3</sub>].</b></p> <p><b>and</b></p> <p>c. Water source:</p> <p>(i) Groundwater; [____] <b>or</b> (ii) Surface water [____] [✓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 [____mg/l] and <i>Removal Ratio</i> of [____%] of the Perchlorate in the feed water. <b>[at least 70%];</b></p> <p><b>or</b></p> <p>(ii) Nitrate outlet concentration of [____mg/l <b>as NO<sub>3</sub></b>] and <i>Removal Ratio</i> of [____%] of the Nitrate in the feed water. <b>[at least 70%];</b></p> <p><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> <p>a. One vessel; b. One pump; c. Centralized Control System which includes measurement device(s), monitoring device(s) and control devise(s) (a device may serve for one or more of the 3 objectives – measurement, monitoring and control); <b>and</b> d. Pipes and valves. [____] [✓tick confirm]</p> <p><b>3. Facility's client requirements (if applicable)</b></p> <p>a. Flow rate of at least [____m<sup>3</sup>/hr]. b. Contaminant removal ratio: Contaminant: [Nitrate/Perchlorate]. Contaminant removal ratio of at least [____%] of the contaminant concentration in the feed water. See <b>Note 2</b>.</p>
7	Operation of the <i>BTS</i> based on the <i>BTS' Design</i>	The operation of the <i>BTS</i> was materially compatible with the <i>BTS' Design</i> . [____] [✓tick confirm]	Indicate whether design adaptations were implemented during the

		construction, commissioning or operation of the BTS: Yes [ <input type="checkbox"/> ], provide a brief description of the adaptations implemented; <b>or</b> No [ <input type="checkbox"/> ]. [ <input type="checkbox"/> ] [ <input checked="" type="checkbox"/> tick confirm]
<b>General information</b> For reference information only	Detailed design of the facility was executed by [_____]	
	Construction of the BTS executed by [_____]	
	O&M of the facility (including the BTS) executed by [_____]	

**Confirmation**

I, the undersigned, \_\_\_\_\_,  attorney-at-law  public notary [check applicable box], hereby confirm that on \_\_\_\_\_, Mr./Mrs. \_\_\_\_\_,  I.D.-  Passport number [check applicable box]<sup>3</sup> 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.

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

\_\_\_\_\_  
Attorney-at-Law / Public  
Notary

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 Section A* – 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.

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<sup>3</sup> Addendum no. 3; Item no. 21.