

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.]¹

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	<i>Experience Provider</i>	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	<i>Execution</i>	<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 [_____]
		<u>and</u>
		<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 checked="" type="checkbox"/> [tick confirm]
3	Referenced project (where the <i>BTS Design</i> was executed by the <i>Experience Provider</i>)	Name - [_____] Location - [_____]
4	Client of the referenced project. ²	Client's Name: [_____] Contact Person Name & Surname: [_____] Address: [_____] Telephone: [_____] Email: [_____]

¹Addendum no. 3; Item no. 24.

² 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	<p>Execution of the Complete Process Design</p> <p>[✓tick confirm items (i)-(iv) inclusive]</p>	<p>(i) <i>BTS'</i> process unit design of, at least, the following:</p> <ul style="list-style-type: none"> ○ hydraulic loads; ○ kinetics calculations; ○ design loads; ○ contaminants removal rates. <p>(ii) Preparation of the <i>BTS'</i> Process Flow Diagram (PFD);</p> <p>(iii) Preparation of the <i>BTS'</i> mass balance;</p> <p>(iv) Supervision of the <i>BTS'</i> performance, at least, during its commissioning tests.</p>	<p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p>
6	<p><i>BTS'</i> operation</p>	<p>Operation commencement date</p> <p>Operation status</p> <p>Operation period</p> <p>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)</p>	<p>[] insert date in the following format [DD/MM/YYYY].</p> <p>(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 [].</p> <p>[] insert date on which the <i>BTS</i> has commenced its operation. Consecutive Operation Period - [] insert date commencement. [] insert date of completion. [] 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) (Consecutive Operation Period) sub-section (4) disturbance(s) in <i>BTS'</i> operation]:</p> <p>(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));</p> <p>or</p> <p>(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 facility's client, 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.</p> <p>See Note 1.</p> <p>1. Inlet feed water</p> <p>a. Flow Rate: feed water flow of [] m³/hr. [at least 20 m³/hr]; and</p> <p>b. At least one of the following</p>

		<p>criteria in accordance with the above Clause 6 (<i>BTS</i> operation); Operation period: Item (i) [____]; or 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 greater than the required <i>Flow Rate</i> or <i>Removal Ratio</i> fill in those values on clause 3.</p> <p>Note 1: 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>Note 2: 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] [at least 15 mg/l]; or (ii) Nitrate concentration of [____ mg/l as NO₃] [at least 45 mg/l as NO₃]. and c. Water source: (i) Groundwater; [____] or (ii) Surface water [____] [✓tick confirm] [wastewater excluded]</p>
			<p>2. Removal of contaminants</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. [at least 70%]; or (ii) Nitrate outlet concentration of [____ mg/l as NO₃] and <i>Removal Ratio</i> of [____ %] of the Nitrate in the feed water. [at least 70%]; and</p> <p>b. Confirm the decomposition of Perchlorate/Nitrate was done by micro-organisms in an engineered system, which included, at least all following:</p> <ol style="list-style-type: none"> One vessel; One pump; Centralized Control System which includes measurement device(s), monitoring device(s) and control device(s) (a device may serve for one or more of the 3 objectives – measurement, monitoring and control); and Pipes and valves. [____] [✓tick confirm]
			<p>3. Facility's client requirements (if applicable)</p> <ol style="list-style-type: none"> Flow rate of at least [____ m³/hr]. Contaminant removal ratio: Contaminant: [Nitrate/Perchlorate]. Contaminant removal ratio of at least [____ %] of the contaminant concentration in the feed water. See Note 2.
<p>7</p>	<p>Operation of the <i>BTS</i> based on the <i>BTS' Design</i></p>	<p>The operation of the <i>BTS</i> was materially compatible with the <i>BTS' Design</i>. [____] [✓tick confirm]</p> <p>Indicate whether design adaptations were implemented during the</p>	

	construction, commissioning or operation of the BTS: Yes [<input type="checkbox"/>], provide a brief description of the adaptations implemented; or No [<input type="checkbox"/>]. [<input type="checkbox"/>] [<input checked="" type="checkbox"/> tick confirm]
General information For reference information only	Detailed design of the facility was executed by [_____]
	Construction of the <i>BTS</i> executed by [_____]
	O&M of the facility (including the <i>BTS</i>) 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*]³ 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 _____ [*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.

³ Addendum no. 3; Item no. 21.