

**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); <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> In the event the <i>BTS design</i> was executed jointly with another entity <input type="checkbox"/> fill _____ name _____ of _____ entity <input type="checkbox"/> [ _____ ] <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"/> <input type="checkbox"/>	
		[ <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 -	[ _____ ]
		Location -	[ _____ ]

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

4	<b>Client</b> of the referenced project. <sup>2</sup>	Client's Name: [ _____ ] Contact Person Name & Surname: [ _____ ] Address: [ _____ ] Telephone: [ _____ ] Email: [ _____ ]								
5	<b>Execution of the Complete Process Design</b>  <input checked="" type="checkbox"/> tick confirm items (i)-(iv) inclusive	<table border="1"> <tr> <td data-bbox="576 450 1332 611">(i) <i>BTS'</i> process unit design of, at least, the following:            ○ hydraulic loads;            ○ kinetics calculations;            ○ design loads;            ○ contaminants removal rates.</td> <td data-bbox="1332 450 1412 611"> <input type="checkbox"/>  <input type="checkbox"/> </td> </tr> <tr> <td data-bbox="576 611 1332 685">(ii) Preparation of the <i>BTS'</i> Process Flow Diagram (PFD);</td> <td data-bbox="1332 611 1412 685"> <input type="checkbox"/>  <input type="checkbox"/> </td> </tr> <tr> <td data-bbox="576 685 1332 759">(iii) Preparation of the <i>BTS'</i> mass balance;</td> <td data-bbox="1332 685 1412 759"> <input type="checkbox"/>  <input type="checkbox"/> </td> </tr> <tr> <td data-bbox="576 759 1332 824">(iv) Supervision of the <i>BTS'</i> performance, at least, during its commissioning tests.</td> <td data-bbox="1332 759 1412 824"> <input type="checkbox"/>  <input type="checkbox"/> </td> </tr> </table>	(i) <i>BTS'</i> process unit design of, at least, the following: ○ hydraulic loads; ○ kinetics calculations; ○ design loads; ○ contaminants removal rates.	<input type="checkbox"/> <input type="checkbox"/>	(ii) Preparation of the <i>BTS'</i> Process Flow Diagram (PFD);	<input type="checkbox"/> <input type="checkbox"/>	(iii) Preparation of the <i>BTS'</i> mass balance;	<input type="checkbox"/> <input type="checkbox"/>	(iv) Supervision of the <i>BTS'</i> performance, at least, during its commissioning tests.	<input type="checkbox"/> <input type="checkbox"/>
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6	<b><i>BTS'</i> operation</b>	<table border="1"> <tr> <td data-bbox="576 831 890 920">Operation commencement date</td> <td data-bbox="890 831 1412 920">[ _____ ] insert date in the following format [DD/MM/YYYY].</td> </tr> <tr> <td data-bbox="576 920 890 1126">Operation status</td> <td data-bbox="890 920 1412 1126">           (i) Indicate if the <i>BTS</i> is still operational  <input type="checkbox"/> Yes / <input type="checkbox"/> No [mark applicable option].            (ii) In the event the <i>BTS</i> is not operational indicate the date on which operation has ceased            [ _____ ].         </td> </tr> <tr> <td data-bbox="576 1126 890 1850">Operation period</td> <td data-bbox="890 1126 1412 1850">           [ _____ ] insert date on which the <i>BTS</i> has commenced its operation.  <b>Consecutive Operation Period -</b>            [ _____ ] insert date commencement.            [ _____ ] insert date of completion.            [ _____ months] insert duration.            [Consecutive Operation Period – 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's</i> 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]:            (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         </td> </tr> </table>	Operation commencement date	[ _____ ] insert date in the following format [DD/MM/YYYY].	Operation status	(i) Indicate if the <i>BTS</i> is still operational <input type="checkbox"/> Yes / <input type="checkbox"/> 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 commencement. [ _____ ] insert date of completion. [ _____ months] insert duration. [Consecutive Operation Period – 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's</i> 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]: (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		
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<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.

		<p>15% [_____] [i.e. availability of at least 85%]. (see Section 4.1.1.3(a)(4)(i));</p> <p><b>or</b></p> <p>(ii) In the event the duration of the disturbance(s) to the BTS' 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.</p> <p>See <b>Note 1</b>.</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) criteria in accordance with the above Clause 6 (<i>BTS'</i> operation); Operation period:</p> <p>Item (i) [ <input type="checkbox"/> ];</p> <p><b>or</b></p> <p>Item (ii) [ <input type="checkbox"/> ].</p> <p>[<input checked="" type="checkbox"/> <input type="checkbox"/> 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><b>1. Inlet feed water</b></p> <p>a. Flow <i>Rate</i>: feed water flow of [_____] <b>m<sup>3</sup>/hr</b>. <b>[at least 20 m<sup>3</sup>/hr];</b></p> <p><b>and</b></p> <p>b. At least one of the following inlet feed water contaminants:</p> <p>(i) Perchlorate concentration of [_____] <b>mg/l</b>. <b>[at least 15 mg/l];</b></p> <p><b>or</b></p> <p>(ii) Nitrate concentration of [_____] <b>mg/l 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; <input type="checkbox"/> <input type="checkbox"/></p> <p><b>or</b></p> <p>(ii) Surface water <input type="checkbox"/> <input type="checkbox"/></p> <p>[<input checked="" type="checkbox"/> <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 [_____] <b>mg/l</b> and <i>Removal Ratio</i> of [_____] <b>%</b> of the Perchlorate in the feed water. <b>[at least 70%];</b></p> <p><b>or</b></p> <p>(ii) Nitrate outlet concentration of [_____] <b>mg/l as NO<sub>3</sub></b> and <i>Removal Ratio</i> of [_____] <b>%</b> 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;</p> <p>b. One pump;</p>

			<p>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></p> <p>d. Pipes and valves.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 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].</p> <p>b. Contaminant removal ratio: Contaminant (as selected in subclause 2a above): [ <input type="checkbox"/> Nitrate/<input type="checkbox"/> Perchlorate]. Contaminant removal ratio of at least [_____ %] of the contaminant concentration in the feed water.</p> <p>See <b>Note 2.</b></p>
7	Operation of the <i>BTS</i> based on the <i>BTS' Design</i>	<p>The operation of the <i>BTS</i> was materially compatible with the <i>BTS' Design</i>. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> tick confirm]</p> <p>Indicate whether design adaptations were implemented during the construction, commissioning or operation of the <i>BTS</i>: <input type="checkbox"/> Yes <input type="checkbox"/>, provide a brief description of the adaptations implemented [_____]; <b>or</b> <input type="checkbox"/> No <input type="checkbox"/>. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> tick confirm]</p>	
<b>General information</b> 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]<sup>3</sup> No. \_\_\_\_\_ appeared before me, and after being cautioned that he/she is

\_\_\_\_\_

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

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.

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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.