

**Project and Personnel Experience  
Requirements for Qualification**

**Part VI**

**Water Treatment Facilities**

Candidate Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

This form must be completed and submitted along with Parts I, II, III, and IV of the Prequalification Package in addition to the company resume and resumes of any staff identified in this questionnaire if you wish to be considered for prequalification for the following project category:

## Water Treatment Facilities

**NOTE: Individual Projects may be named in multiple questions as long as the project or experience is applicable to the question asked.**

- 1) **Have you – as a company or among your principal staff – constructed any combination of at least two mechanical or process related projects at potable or raw water treatment facilities during the past five years meeting the minimum qualifications requirements described for Water Treatment Facilities in Part III?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**If “no”, your firm is not qualified to bid on this project category. Proceed no further with questionnaire.**

**If “yes”, provide project specific experience below:**

### **Project #1**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Treatment Processes Constructed or Modified: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

\_\_\_\_\_

\_\_\_\_\_

Engineer: \_\_\_\_\_

Engineer Contact (name, e-mail and current phone number):

\_\_\_\_\_

\_\_\_\_\_

Construction Manager: \_\_\_\_\_

Construction Manager Contact (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Contract Value (including change orders): \_\_\_\_\_

Scope of Work Performed (size/capacity/material): \_\_\_\_\_

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List aspects of the project that were self-performed (earthwork, mechanical installation, building construction, etc.):

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\_\_\_\_\_  
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List aspects of the project that were subcontracted (provide name of subcontractor):

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Month/Year Completed: \_\_\_\_\_

Time Extensions Granted (number of days): \_\_\_\_\_

**Project #2**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Treatment Processes Constructed or Modified: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

\_\_\_\_\_

\_\_\_\_\_

Engineer: \_\_\_\_\_

Engineer Contact (name, e-mail and current phone number):

\_\_\_\_\_

\_\_\_\_\_

Construction Manager: \_\_\_\_\_

Construction Manager Contact (name, e-mail and current phone number):

\_\_\_\_\_

\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

\_\_\_\_\_

\_\_\_\_\_

Contract Value (including change orders): \_\_\_\_\_

Scope of Work Performed (size/capacity/material): \_\_\_\_\_

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List aspects of the project that were self-performed (earthwork, mechanical installation, building construction, etc.):

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List aspects of the project that were subcontracted (provide name of subcontractor):

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Month/Year Completed: \_\_\_\_\_

Time Extensions Granted (number of days): \_\_\_\_\_

**Project #3**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Treatment Processes Constructed or Modified: \_\_\_\_\_

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Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

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Engineer: \_\_\_\_\_

Engineer Contact (name, e-mail and current phone number):

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Construction Manager: \_\_\_\_\_

Construction Manager Contact (name, e-mail and current phone number):

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\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Contract Value (including change orders): \_\_\_\_\_

Scope of Work Performed (size/capacity/material): \_\_\_\_\_

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List aspects of the project that were self-performed (earthwork, mechanical installation, building construction, etc.):

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List aspects of the project that were subcontracted (provide name of subcontractor):

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Month/Year Completed: \_\_\_\_\_

Time Extensions Granted (number of days): \_\_\_\_\_

**Project #4**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Treatment Processes Constructed or Modified: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

\_\_\_\_\_

\_\_\_\_\_

Engineer: \_\_\_\_\_

Engineer Contact (name, e-mail and current phone number):

\_\_\_\_\_

\_\_\_\_\_

Construction Manager: \_\_\_\_\_

Construction Manager Contact (name, e-mail and current phone number):

\_\_\_\_\_

\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

\_\_\_\_\_

\_\_\_\_\_

Contract Value (including change orders): \_\_\_\_\_

Scope of Work Performed (size/capacity/material): \_\_\_\_\_

\_\_\_\_\_

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List aspects of the project that were self-performed (earthwork, mechanical installation, building construction, etc.):

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List aspects of the project that were subcontracted (provide name of subcontractor):

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Month/Year Completed: \_\_\_\_\_

Time Extensions Granted (number of days): \_\_\_\_\_

If relying on principal staff experience, list names and individual years of experience.

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

2) Do you – as a company or among your principal staff – have five years’ of water treatment construction experience in the following?

Interface with Existing Operational Treatment Facilities YES \_\_\_\_\_ NO \_\_\_\_\_

Pumping Systems YES \_\_\_\_\_ NO \_\_\_\_\_

Reinforced Concrete Hydraulic Structures YES \_\_\_\_\_ NO \_\_\_\_\_

Provide project specific experience below:

**Project #1**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

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\_\_\_\_\_

Contractor’s Managing Employee (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Scope of Work Performed:

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List aspects of the project that were self-performed:

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\_\_\_\_\_  
\_\_\_\_\_

List aspects of the project that were subcontracted:

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\_\_\_\_\_  
\_\_\_\_\_

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Month/Year Completed: \_\_\_\_\_

**Project #2**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Scope of Work Performed:

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List aspects of the project that were self-performed:

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\_\_\_\_\_

List aspects of the project that were subcontracted:

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Month/Year Completed: \_\_\_\_\_

**Project #3**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Scope of Work Performed:

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List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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\_\_\_\_\_

Month/Year Completed: \_\_\_\_\_

**Project #4**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

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\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

\_\_\_\_\_  
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Scope of Work Performed:

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List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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Month/Year Completed: \_\_\_\_\_

If relying on principal staff experience, list names and individual years of experience.

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

3) Do you – as a company or among your principal staff – have five years’ experience in the construction or modification of the following facilities? (Please mark all that apply)

<b>Chemical Storage and Feed Systems</b>	<b>YES</b> _____ <b>NO</b> _____
<b>Media Filtration</b>	<b>YES</b> _____ <b>NO</b> _____
<b>Ion Exchange Treatment Systems</b>	<b>YES</b> _____ <b>NO</b> _____
<b>Microfiltration Systems</b>	<b>YES</b> _____ <b>NO</b> _____

Provide project specific experience below:

**Project #1**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

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\_\_\_\_\_

Contractor’s Managing Employee (name, e-mail and current phone number):

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\_\_\_\_\_

Scope of Work Performed:

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List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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Month/Year Completed: \_\_\_\_\_

**Project #2**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

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Scope of Work Performed:

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List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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Month/Year Completed: \_\_\_\_\_

**Project #3**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

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\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

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Scope of Work Performed:

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List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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Month/Year Completed: \_\_\_\_\_

**Project #4**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

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\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

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Scope of Work Performed:

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List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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Month/Year Completed: \_\_\_\_\_

If relying on principal staff experience, list names and individual years of experience.

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

4) Do you – as a company or among your principal staff – have five years’ experience in managing or building?

SCADA, Instrumentation and Control Systems YES \_\_\_\_\_ NO \_\_\_\_\_

Process/Industrial Electrical YES \_\_\_\_\_ NO \_\_\_\_\_

Provide project specific experience below:

**Project #1**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

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\_\_\_\_\_

Contractor’s Managing Employee (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Scope of Work Performed:

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List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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Month/Year Completed: \_\_\_\_\_

**Project #2**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

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\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

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Scope of Work Performed:

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List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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Month/Year Completed: \_\_\_\_\_

**Project #3**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

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\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

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Scope of Work Performed:

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List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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Month/Year Completed: \_\_\_\_\_

**Project #4**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

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\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

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Scope of Work Performed:

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List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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Month/Year Completed: \_\_\_\_\_

If relying on principal staff experience, list names and individual years of experience.

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

**5) Do you – as a company or among your principal staff – have five years’ experience in Startup and Testing of Water Treatment unit processes?**

YES \_\_\_\_\_ NO \_\_\_\_\_

Provide project specific experience below:

**Project #1**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Contractor’s Managing Employee (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Scope of Work Performed:

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List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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Month/Year Completed: \_\_\_\_\_

**Project #2**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

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\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Scope of Work Performed:

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List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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Month/Year Completed: \_\_\_\_\_

**Project #3**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Scope of Work Performed:

\_\_\_\_\_  
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List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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\_\_\_\_\_

Month/Year Completed: \_\_\_\_\_

**Project #4**

Project Name: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner Contact (name, e-mail and current phone number):

\_\_\_\_\_  
\_\_\_\_\_

Contractor's Managing Employee (name, e-mail and current phone number):

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\_\_\_\_\_

Scope of Work Performed:

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\_\_\_\_\_  
\_\_\_\_\_

List aspects of the project that were self-performed:

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List aspects of the project that were subcontracted:

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\_\_\_\_\_  
\_\_\_\_\_

Month/Year Completed: \_\_\_\_\_

If relying on principal staff experience, list names and individual years of experience.

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

Name/position/years of experience: \_\_\_\_\_

**6) Does your company have field engineers and superintendents with a minimum of five years' experience within the last 10 years in Water Treatment Facility construction, operation and/or maintenance?**

YES \_\_\_\_\_ NO \_\_\_\_\_

Name/years of experience: \_\_\_\_\_

Name/years of experience: \_\_\_\_\_

Name/years of experience: \_\_\_\_\_

Please provide resumes of the field engineers and superintendents identified above to demonstrate required qualifying experience, including;

- Project name and location
- Scope of work performed
- Original contract start date and final completion date (month/year)

**PLEASE PROVIDE COMPANY AND PRINCIPAL STAFF RESUMES WITH PROJECT HISTORY, IDENTIFIED ABOVE, TO DEMONSTRATE REQUIRED EXPERIENCE.**

The City may consider relevant experience of a Candidate's Principal Staff (owners, partners, principal officers, senior project managers) responsible for making significant administrative and business decisions on behalf of the Candidate's firm. The City will credit any relevant experience of such Principal Staff toward the qualification requirement only if:

- the Candidate demonstrates, to the satisfaction of the City, that the individual's prior experience with another firm/entity is predictive of the Candidate's performance under this project category based on the individual's present management/supervisory role with the Candidate's firm and the individual's anticipated involvement in the management/supervision of the work under this project category; and
- the individual has been employed by or associated with (i.e., as an owner, partner or officer) the Candidate's firm for a period of at least 2 years prior to the date listed on the Candidate firm's pre-qualification application.

*For City Use*

## Water Treatment Facilities

For pre-qualification for this project category, Candidates will be scored based upon the number of similar projects completed, and the degree of similarity between past projects and planned future projects. The scoring for similar projects and experience is set forth below.

- 1. Has Candidate or Candidate's Principal Staff constructed any combination of at least two mechanical or process related projects at potable or raw water treatment facilities during the past five years meeting the minimum qualifications requirements described for Water Treatment Facilities in Part III? (20 points)**

4 projects = 20 points  
3 projects = 15 points  
2 min. projects = 10 points

- 2. Does Candidate or Candidate's Principal Staff have five years' of construction experience in the following: Interface with Existing Operational Treatment Facilities, Pumping Systems, or Reinforced Concrete Hydraulic Structures? (20 points)**

4 projects = 20 points  
3 projects = 15 points  
2 projects = 10 points

- 3. Does Candidate or Candidate's Principal Staff have five years' experience in construction or modification of the following facilities: Chemical Storage and Feed Systems, Media Filtration, Ion Exchange Treatment Systems, or Microfiltration Systems? (20 points)**

4 projects = 20 points  
3 projects = 15 points  
2 projects = 10 points

- 4. Does Candidate or Candidate's Principal Staff have five years' experience in managing or building SCADA, Instrumentation and Control Systems, or Process/Industrial Electrical? (20 points)**

4 projects = 20 points  
3 projects = 15 points  
2 projects = 10 points

- 5. Does Candidate or Candidate's Principal Staff have five years' experience in Startup and Testing of Water Treatment unit processes? (20 points)**

4 projects = 20 points  
3 projects = 15 points  
2 projects = 10 points

**6. Does Candidate employ field engineers and superintendents with a minimum of five years' experience within the last 10 years in Water Treatment Facility construction, operation and/or maintenance? (20 points)**

3 engineers/superintendents w/10years = 20 points

2 engineers/superintendents w/10years = 15 points

1 engineer/superintendent w/10years = 10 points

**Passing Score: 84 points out of 120 points**