

## **PART 2 – PRE-QUALIFICATION REQUIREMENTS FOR EACH DESIGNATED INDIVIDUAL EQUIPMENT OR BUILDING SYSTEM**

### **1. INTRODUCTION**

This section describes the specific criteria for pre-qualification of the Ultraviolet Disinfection System for the Park City Municipal Corporation 3Kings Water Treatment Plant. Refer to **Part 1** of the *Pre-Qualification for Designated Equipment and Building Systems* package for additional submittal information and requirements.

### **2. DUE DATE AND TIME**

Submittals are due by **4:00 P.M. local time, March 7, 2019**, at the location stated in **Part 1** of the RFQ *Prequalification Package*.

### **3. SUPPLIER QUESTIONNAIRE**

For each proposed equipment system, provide a completed *Prequalification Questionnaire* in accordance with **Attachment “A”**.

### **4. SUPPLIER REFERENCES**

For each proposed equipment system, provide a completed *Prequalification Reference Form* in accordance with **Attachment “B”**.

### **5. EQUIPMENT OR BUILDING SYSTEM DESIGN CRITERIA**

For prequalification criteria relative to the Request for Pre-Qualification 3KWTP-001-PQ for the Ultraviolet Disinfection System specific equipment see **Attachment “C”**.

**ATTACHMENT "A"**  
**PREQUALIFICATION QUESTIONNAIRE**  
**FOR**  
**PARK CITY MUNICIPAL CORPORATION**  
**3KINGS WATER TREATMENT PLANT PROJECT**

1. COMPANY NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_
3. LIST EQUIPMENT OR BUILDING SYSTEM(S) PROPOSED FOR PRE QUALIFICATION:  
\_\_\_\_\_
4. LOCATION OF HEADQUARTERS:  
\_\_\_\_\_
5. OFFICE LOCATION RESPONSIBLE FOR PROJECT:  
\_\_\_\_\_
6. YEARS COMPANY HAS BEEN IN OPERATION:  
\_\_\_\_\_
7. YEARS THE PROPOSED PRODUCT LINE HAS BEEN IN OPERATION AT A MUNICIPAL WATER TREATMENT PLANT:  
\_\_\_\_\_
8. HAS THERE BEEN ANY LITIGATION AGAINST YOUR COMPANY IN THE PAST FIVE YEARS? IF YES, PLEASE DESCRIBE:  
\_\_\_\_\_
9. LIST A MINIMUM OF THREE (3), AND UP TO FIVE (5) PROJECTS MOST SIMILAR IN SCOPE TO THE 3KINGS WATER TREATMENT PLANT PROJECT COMPLETED BY YOUR COMPANY. USE THE FORMS INCLUDED IN THIS PACKET.

**ATTACHMENT "B"**  
**PREQUALIFICATION REFERENCE FORM**  
**FOR**  
**PARK CITY MUNICIPAL CORPORATION**  
**3KINGS WATER TREATMENT PLANT PROJECT**

PROJECT NAME \_\_\_\_\_

PROJECT DESCRIPTION \_\_\_\_\_

OVERALL PLANT FLOW RATE/CAPACITY \_\_\_\_\_

EQUIPMENT SYSTEM FLOW RATE/CAPACITY \_\_\_\_\_

CONTRACTOR'S PROJECT MANAGER \_\_\_\_\_

CONTRACTOR'S ON-SITE SUPERINTENDENT \_\_\_\_\_

INDICATE ANY WORK SUBCONTRACTED GREATER THAN 3 PERCENT OF TOTAL CONSTRUCTION VALUE:

<u>SUBCONTRACTOR</u>	<u>VALUE OF SUBCONTRACT</u>
_____	_____
_____	_____
_____	_____

PROJECT OWNER \_\_\_\_\_

OWNER CONTACT AND PHONE NUMBER \_\_\_\_\_

PROJECT ENGINEER \_\_\_\_\_

ENGINEER CONTACT AND PHONE NUMBER \_\_\_\_\_

CONSTRUCTION VALUE (\$) \_\_\_\_\_ CHANGE ORDER AMOUNT (\$) \_\_\_\_\_

REQUIRED COMPLETION DATE \_\_\_\_\_ ACTUAL COMPLETION DATE \_\_\_\_\_

LIQUIDATED DAMAGES ASSESSED? YES \_\_\_\_\_ NO \_\_\_\_\_ AMOUNT (\$) \_\_\_\_\_

DESCRIBE: \_\_\_\_\_

ANY CLAIMS ON THE PROJECT? YES \_\_\_\_\_ NO \_\_\_\_\_ AMOUNT(\$) \_\_\_\_\_

DESCRIBE: \_\_\_\_\_

**ATTACHMENT “C”**  
**EQUIPMENT OR BUILDING SYSTEM PREQUALIFICATION CRITERIA**  
**RFQ No. 3KWTP-001-PQ – UV Disinfection System**  
**FOR**  
**PARK CITY MUNICIPAL CORPORATION**  
**3KINGS WATER TREATMENT PLANT PROJECT**

**EQUIPMENT SPECIFIC DESIGN CRITERIA**

This section will provide potential Suppliers with basic design criteria to better understand the UV Disinfection System at the 3KWTP.

<b>RFQ No.</b>	<b>Equipment System</b>	<b>Equipment Range for Similar Experience</b>	<b>Notes</b>
3KWTP-001-PQ	UV disinfection system	>5 MGD total capacity drinking water	Medium pressure or low pressure high-output with USEPA UVDGM validation report.

3KINGS WATER TREATMENT PLANT  
RFP NO. 3KWTP-001-PQ – UV DISINFECTION SYSTEM

Criteria	Value	Notes
Max Disinfection Flow Rate	5,000 gpm	
Number of Trains	1 duty, 1 standby or 2 duty, 1 standby	Depending on lamp type, both numbers are acceptable
Minimum Giardia Inactivation	0.5 log	
Minimum Validated Dose for Giardia Inactivation	1.5 mj/cm <sup>2</sup>	
Lamp/Reactor Type	Low pressure or medium pressure	