STATEMENT OF QUALIFICATIONS SUBMITTAL FORM for

Sanitary Sewer Lift Station Design and Rehabilitation

This submittal form will be used to provide information for the unranked service category of **SANITARY SEWER LIFT STATION DESIGN AND REHABILITATION**, which includes, but is not limited to: preliminary design, site layout, civil and structural design, pump and valve selection, wet well design, flow metering, hydraulic design, power supply, instrumentation and control circuitry, emergency power supply, variable speed drives, evaluation of existing lift station, and retrofit of existing station and force main design.

Firms must perform the majority of the work in this category with in-house staff under direction of a Registered Professional Engineer Licensed in the State of Nevada.

This form must be completed and submitted according to the guidelines set forth in the "Request for Statement of Qualifications". Any manipulation of this form is forbidden and may result in disqualification.

I. COMPANY INFORMATION

Company Name	
Company Address Office location where work for this service category will be performed.	
Primary Contact Person	
Title	
Phone Number	
Fax Number	
E-mail	

II. FIRM REGISTRATION

Is your firm currently registered with Nevada Board of Professional Engineers and Land Surveyors?

☐ YES ☐ NO

III. SUBCONSULTANTS

List the types of work relevant to this service category for which you may engage subconsultants.
Response is limited to the space provided below.

IV. COMPANY OVERVIEW and EXPERTISE

Response is limited to the space below.

V. KEY PERSONNEL

Identify a project manager or team leader for this service category and provide a brief narrative of their relevant qualifications and experience. You may list up to five (5) additional current key personnel with experience specifically relevant to this service category. Responses are limited to the spaces provided below.

Project Manager or Team Leader Name and Title

Professional License Number/State

Home Office Location (City, State)

Length of Employment at this Company

Qualifications and Experience

1. Employee Name and Title

Professional License Number/State

Home Office Location (City, State)

Length of Employment at this Company

Qualifications and Experience

V. KEY PERSONNEL

2. Employee Name and Title

Professional License Number/State

Home Office Location (City, State)

Length of Employment at this Company

Qualifications and Experience

3. Employee Name and Title

Professional License Number/State

Home Office Location (City, State)

Length of Employment at this Company

Qualifications and Experience

V. KEY PERSONNEL

4. Employee Name and Title

Professional License Number/State

Home Office Location (City, State)

Length of Employment at this Company

Qualifications and Experience

5. Employee Name and Title

Professional License Number/State

Home Office Location (City, State)

Length of Employment at this Company

Qualifications and Experience

VI. PROJECT EXAMPLES

List up to five (5) completed projects prosecuted by your company that are relevant to this service category. Each project listed shall have at least one (1) key employee from Section V of this form who either managed or played a key role in the project. Responses are limited to the spaces provided below.

1. Project Name

Project Location

Start Date

Your Company's Total Consultant Fee

Complete Date

Total Construction Cost

Client Name and Contact Information (include phone number and e-mail address)

Capacity of Lift Station Designed and Constructed (capacity in gallons per day, number of pumps, discharge pressure); Length and diameter of forcemain installed; Type of Lift Station (wet/dry well, submersible, suction lift, other)

Company's Current Key Employee Name and Role

Project Description: Include project description and overview with details such as, new lift station or rehabilitation of existing, odor control system, SCADA system, electrical, standby/emergency power, on-site emergency storage, noise, coating product, company's role in the project, and list key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.

VI. PROJECT EXAMPLES

2. Project Name

Project Location

Start Date

Your Company's Total Consultant Fee

Complete Date

Total Construction Cost

Client Name and Contact Information (include phone number and e-mail address)

Capacity of Lift Station Designed and Constructed (capacity in gallons per day, number of pumps, discharge pressure); Length and diameter of forcemain installed; Type of Lift Station (wet/dry well, submersible, suction lift, other)

Company's Current Key Employee Name and Role

Project Description: Include project description and overview with details such as, new lift station or rehabilitation of existing, odor control system, SCADA system, electrical, standby/emergency power, on-site emergency storage, noise, coating product, company's role in the project, and list key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.

VI. PROJECT EXAMPLES

3. Project Name

Project Location

Start Date

Your Company's Total Consultant Fee

Complete Date

Total Construction Cost

Client Name and Contact Information (include phone number and e-mail address)

Capacity of Lift Station Designed and Constructed (capacity in gallons per day, number of pumps, discharge pressure); Length and diameter of forcemain installed; Type of Lift Station (wet/dry well, submersible, suction lift, other)

Company's Current Key Employee Name and Role

Project Description: Include project description and overview with details such as, new lift station or rehabilitation of existing, odor control system, SCADA system, electrical, standby/emergency power, on-site emergency storage, noise, coating product, company's role in the project, and list key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.

VI. PROJECT EXAMPLES

4. Project Name

Project Location

Start Date

Your Company's Total Consultant Fee

Complete Date

Total Construction Cost

Client Name and Contact Information (include phone number and e-mail address)

Capacity of Lift Station Designed and Constructed (capacity in gallons per day, number of pumps, discharge pressure); Length and diameter of forcemain installed; Type of Lift Station (wet/dry well, submersible, suction lift, other)

Company's Current Key Employee Name and Role

Project Description: Include project description and overview with details such as, new lift station or rehabilitation of existing, odor control system, SCADA system, electrical, standby/emergency power, on-site emergency storage, noise, coating product, company's role in the project, and list key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.

VI. PROJECT EXAMPLES

5. Project Name

Project Location

Start Date

Your Company's Total Consultant Fee

Complete Date

Total Construction Cost

Client Name and Contact Information (include phone number and e-mail address)

Capacity of Lift Station Designed and Constructed (capacity in gallons per day, number of pumps, discharge pressure); Length and diameter of forcemain installed; Type of Lift Station (wet/dry well, submersible, suction lift, other)

Company's Current Key Employee Name and Role

Project Description: Include project description and overview with details such as, new lift station or rehabilitation of existing, odor control system, SCADA system, electrical, standby/emergency power, on-site emergency storage, noise, coating product, company's role in the project, and list key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.