



TR2: Technical Report
Concrete Sampling and Testing

Must be typewritten.



Sheet number 1

1 Location Information Required for all applications.

House No(s) 205 Street Name West 119th Street
Borough Manhattan Block 1925 Lot 25 BIN CB No.
Work on Floor(s) Cellar, 1-8 & Roof Apt/Condo No(s)

2 Licensed Concrete Testing Lab Information Required for all applications.

Director Last Name Kline Director First Name Arnold Director Middle Initial R.
Business Name Richmond Testing Lab, Inc. Business Telephone 718-317-2928
Business Address 135 Storer Avenue Business Fax 718-948-3608
City Staten Island State NY Zip 10309 Mobile Telephone
E-Mail
Director's Lic. Number 39006 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 17

3 Licensed Concrete Testing Laboratory's Identification of Responsibilities Required prior to Permit.

Check all that apply below:

I certify that I am the director of the licensed concrete testing laboratory accepting responsibility for conducting the testing in accordance with BC 1905.6 and BC 1704.1. I further certify that I have read the applicable sections of the New York City Construction Codes in connection with the testing of concrete and licensed concrete testing laboratories as well as 1 RCNY §5-02 and 1 RCNY §101-07(c)(6), which specifies the qualifications and duties required of a licensed concrete testing laboratory and that this licensed testing laboratory meets those qualifications for the work for which I take responsibility. I agree that both I and the licensed concrete testing laboratory will comply with all provisions of the New York City Construction Codes as well as 1 RCNY §5-02 and 1 RCNY §101-07(c)(6). I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Change of Applicant: I am a newly designated individual responsible for the testing specified herein and I hereby state that:

- ☐ None of the tests indicated herein have been performed to date by the previously designated individual.
☐ Some of the tests indicated herein have been performed by the previously designated individual, as indicated in the attached report.

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Name (please print) Arnold R. Kline P.E. 10/13/09
Signature Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

4 Design Applicant's Statement and Signature *P.E./R.A. Required prior to Permit.*

☒ I certify that the licensed concrete testing laboratory specified in section 2 above and engaged by the owner to perform tests on the work at the location specified in section 1 above is acceptable. (BC 1704.1)

Name (please print)

Joseph DeNardis, P.E.

Signature

P.E. / R.A. Seal (apply seal; then sign and date over seal)

**5 Building Owner's Statement and Signature** *Required prior to Permit.*

I certify that I have employed the licensed concrete testing laboratory specified in section 2 above in accordance with BC 1704.1. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by a fine or imprisonment, or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

Signature

Title

Date

Lisa Gomez

Authorized Signatory

10/13/05

STOP HERE PRIOR TO PERMIT

6 Test Report Required prior to Sign-off. Use supplemental pages as needed. Attach Original Lab Test ReportsSpecified Concrete Str. (f_c):

PSI 5000

Specified Test Age (days): 7, 28

Test Report Number	Date of Placement	Cylinder I.D.	Field Testing Results:					Total Placement yd ³	Breaking Strength PSI
			Slump in	Air Content %	Temperature °F	Weight lbs/ft ³	Placement Location		
7 day	12/15/09	200A	7.50	5.5%	72	136.2	Elevator	20	3840
28 day	"	200B	-	-	-	"	pit slab	-	5439
"	"	200C	-	-	-	"	"	-	5911
"	"	200D	-	-	-	"	"	-	5467
7 day	"	201A	7.00	5.5%	72	136.2	"	-	3760
28 day	"	201B	-	-	-	"	"	-	5198
"	"	201C	-	-	-	"	"	-	5552
"	"	201D	-	-	-	"	"	-	5701
7 day	12/16/09	300A	5.00	6.2%	57	136.2	Sump pit	33	4010
28 day	"	300B	-	-	-	"	walls &	-	5197
"	"	300C	-	-	-	"	Ftg for W2	-	5057
"	"	300D	-	-	-	"	"	-	5162
7 day	1/8/10	500A	4.75	5.8%	60	139.7	Entire Mat	429	4846
28 day	"	500B	-	-	-	"	footing	-	6506
"	"	500C	-	-	-	"	"	-	6531
"	"	500D	-	-	-	-	"	-	6493
7 day	"	501A	5.25	6.1%	58	139.7	"	-	4623
28 day	"	501B	-	-	-	"	"	-	6506
"	"	501C	-	-	-	"	"	-	6615
"	"	501D	-	-	-	"	"	-	6428
7 day	"	502A	5.00	5.9%	61	137.9	"	-	4449
28 day	"	502B	-	-	-	"	"	-	6408
"	"	502C	-	-	-	"	"	-	6460
"	"	502D	-	-	-	"	"	-	6414
7 day	"	503A	4.00	5.8%	60	134.5	"	-	3852
28 day	"	503B	-	-	-	"	"	-	5830
"	"	503C	-	-	-	"	"	-	5703
"	"	503D	-	-	-	"	"	-	5746

Licensed Concrete Lab Director (please print)
Arnold R. Kline, P.E.

Signature

Date
2/10/10

P.E. / R.A. Seal (apply seal, then sign and date over seal)

6 Test Report Required prior to Sign-off. Use supplemental pages as needed. Attach Original Lab Test ReportsSpecified Concrete Str. (f_c):

PSI 5000

Specified Test Age (days): 7, 28

Test Report Number	Date of Placement	Cylinder I.D.	Field Testing Results:					Total Placement	Breaking Strength
			Slump	Air Content	Temperature	Weight	Placement Location		
			in	%	°F	lbs/ft ³		yd ³	PSI
7 day	1/8/10	504A	5.25	5.7%	58	136.2	Entire mat	429	4362
28 day	"	504B	-	-	-	"	footing	-	6277
"	"	504C	-	-	-	"	(cont.)	-	6451
"	"	504D	-	-	-	"	"	-	6179
7 day	"	505A	5.00	5.9%	56	"	"	-	4746
28 day	"	505B	-	-	-	"	"	-	6893
"	"	505C	-	-	-	"	"	-	7056
"	"	505D	-	-	-	"	"	-	6906
7 day	"	506A	5.00	5.4%	63	139.7	"	-	4986
28 day	"	506B	-	-	-	"	"	-	6930
"	"	506C	-	-	-	"	"	-	7019
"	"	506D	-	-	-	"	"	-	7447
7 day	"	507A	5.25	5%	60	143.1	"	-	5623
28 day	"	507B	-	-	-	"	"	-	7825
"	"	507C	-	-	-	"	"	-	7312
"	"	507D	-	-	-	"	"	-	7887
7 day	"	508A	5.50	5.7%	61	143.1	"	-	5438
28 day	"	508B	-	-	-	"	"	-	7246
"	"	508C	-	-	-	"	"	-	7519
"	"	508D	-	-	-	"	"	-	7717
7 day	"	509A	4.50	6.3%	58	137.9	"	-	5177
28 day	"	509B	-	-	-	"	"	-	7412
"	"	509C	-	-	-	"	"	-	7385
"	"	509D	-	-	-	"	"	-	7421
7 day	"	510A	4.25	6%	60	139.7	"	-	4370
28 day	"	510B	-	-	-	"	"	-	6960
"	"	510C	-	-	-	"	"	-	7186
"	"	510D	-	-	-	"	"	-	7058

Licensed Concrete Lab Director (please print)

Arnold R. Kline, P.E.

Signature

Date
2/10/10

P.E. / R.A. Seal (apply seal; then sign and date over seal)

Sheet number 5 of 6 sheets

Specified Concrete Str. (f_c): PSI 5000 Specified Test Age (days): 7, 28

[illegible]

Arnold R. Kline, P.E.

Date

2/10/10

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Licensed Concrete Testing Laboratory's Certification of Completion Required prior to Sign-off.

☒ I certify that I have completed the testing specified herein and that the results reported in section 6 of this form are true and accurate in accordance with §28-406.3.2.

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

☐ **Withdrawal of Applicant:** I am withdrawing responsibility for conducting the tests indicated herein and herewith submit the results or status of the work performed to the State of New York.

Name (please print)

Arnold R. Kline, P.E.

Signature

Date

02-10-10

P.E. / R.A. Seal (apply seal, then sign and date over seal)

8 Design Applicant's Statements and Signatures Required prior to Sign-off. P.E./R.A. responsible for plans, choose one and sign/seal.

☒ I certify I have reviewed the test results reported by the licensed concrete testing lab in section 6 above and found them to be in compliance with the approved construction documents.

☐ I certify I have reviewed the test results reported by the licensed concrete testing lab in section 6 above and found them to be in compliance with the approved construction documents except as noted in the attached report (BC 1905.6.3.3)

Note: design applicant's signed and sealed report must be attached to this document

Name (please print)

Joseph DeNardis, P.E.

Signature

Date

3/4/11

P.E. / R.A. Seal (apply seal, then sign and date over seal)

9 Concrete Producer's Statement and Signature Required prior to Sign-off. Must be filled out by Owner of Production Facility.

I certify that the test results reported in section 6 above were reported to me, and I further certify that the concrete delivered is in accordance with the design mix(es) specified on the TR3 submitted for the work specified in section 1 above.

Name (print)

Carmine Blent

Title

Pres

Signature

Date

NRMCA Expiration Date (BC 1905.8.2)

Business Name Jenna Concrete Corp

Business Telephone (718) 842-5250

Business Address 1465 Bronx River Avenue

Business Fax: (718) 378-0065

City Bronx

State NY

Zip 10472