



TR2: Technical Report
Concrete Sampling and Testing
Must be typewritten.

✓ Orient and affix BIS
job number label here

Sheet number 1

Application # 123157038

1 Location Information *Required for all applications.*

House No(s) 1361 Street Name Amsterdam Ave
Borough Manhattan Block 1967 Lot 40 BIN 1081781 CB No. 109
Work on Floor(s) ROF, MZ6 005 thru 006 Apt/Condo No(s)

2 Licensed Concrete Testing Lab Information *Required for all applications.*

Director Last Name Setteducate Director First Name Sebastian Director Middle Initial
Business Name Special Testing & Consulting, LLC Business Telephone (631) 755-1112
Business Address 144 Toledo Street Business Fax (631) 755-1117
City Farmingdale State New York Zip 11735 Mobile Telephone
E-Mail ssette@special-testing.com
Director's Lic. Number 0065563 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 000068

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 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.

Name (please print) Sebastian Setteducate, P.E.
Signature _____ Date 12/18/19
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) Nathaniel Oppenheimer 07-27-2021
Signature _____ Date _____
P.E. / R.A. Seal (apply seal 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 document with the Department.

Name (print) _____ Title _____
Signature _____ Date _____

STOP HERE PRIOR TO PERMIT

6 Test Report Required prior to Sign-off. Use supplemental pages as needed. Attach Original Lab Test Reports

Specified Concrete Str. (f' c): 4000 LW PSI 660 cem Required Test Age (days): 28

			Sampling:						
Test Report Number	Date of Placement	Cylinder I.D.	Slump	Air Content	Temperature	Weight	Placement Location	Total Placement	Breaking Strength
			in	%	°F	lbs/ft ³		yd ³	PSI
08/10/19	08/10/19	342290	8.50	5.5	84	115.8	slab	87	5640
		342291							5140
		342292							5330
		342294	8.50	5.0	87	115.5	slab		5620
		342295							5500
		342296							5280
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 Licensed Concrete Lab Director (Name, please print)
 Sebastian Setteducate, P.E.

Signature

Date

12/18/19



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 date.

Name (please print)

Sebastian Setteeducate, P.E.

Signature

065563

Date

12/18/19

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

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

- ☒ I certify that 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).
- Note: design applicant's signed and sealed report must be attached to this document*

Name (please print)

Nathanial Oppenheimer

Signature

69888

07-27-2021

Date

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 reports 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)	David Williams	Title	QA/QC
Signature		Date	7/23/21
Business Name	US Concrete NYC Division	NRMCA/CIB Expiration Date (BC 1905.8.2)	6/2/22
Business Address	1465 Bronx River Avenue	Business Telephone	718-842-5250
City	Bronx	Business Fax:	718-378-0065
State	NY	Zip	10472

