



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

DEPT BLDGS Job No. 123467006
Scan Code ESHS7558219

Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 20 Street Name Broad Street
Borough Manhattan Block 23 Lot 50 BIN 1000816 CB No. 101
Work on Floor(s) SC2,SUB,CEL,ROF 01 THRU 30 Apt/Condo No(s)

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

Director Last Name Patterson Director First Name James Director Middle Initial
Business Name L.M.C Material Testing LLC Business Telephone (516) 599-5900
Business Address 226 East Merrick Road Business Fax (516) 599-1587
City Valley Stream State NY Zip 11580 Mobile Telephone
E-Mail
Director's Lic. Number 092183 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 000099

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)

James Patterson

Signature

Date

03-23-17

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)

Brad Kiefer

Signature

Date

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



4/25/19

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) Nathan Berman

Title Owner

Signature

Date 4/30/19

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 PSI DKN READY MIX Required Test Age (days): 28 DAYS

			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
1	9/5/2017	17-60918	7.5	5	78	117.9	7-11fl old	18	4787
		17-60919					elvtr slb		5159
		17-60920					infill		4804
2	9/5/2017	17-60923	-	-	78	-	" "	18	4875
	OT	17-60924							4609
3	9/5/2017	17-60925	-	-	85	-	" "	18	3701
	OT	17-60926							4006
4	9/21/2017	17-63775	7	6	83	118.1	2,3 car elvtr	18	6323
		17-63776					slb infll 6fl,		6842
		17-63777					7,10 car elvtr		6512
							slb infll 7-11fl		
							10 car elvtr		
							slb infll 12fl		
							isoltin pad		
5	9/21/2017	17-63780	-	-	83	-	" "	18	6724
	OT	17-63781							6318
6	9/21/2017	17-63782	-	-	84	-	" "	18	4051
	OT	17-63783							3883
7	9/21/2017	17-63784	-	-	83	-	" "	18	3910
	OT	17-63785							4002
8	9/23/2017	17-63763	8	5	74	117	11fl equipmnt	20	5944
		17-63764					pad,12,13,		5776
		17-63765					15 slb inflls		5878
9	9/23/2017	17-63768	-	-	74	-	" "	20	5766
	OT	17-63769							5288

Licensed Concrete Lab Director Name (please print)

JAMES PATTERSON

Signature

Date

08/14/18

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 Reports

Specified Concrete Str. (f' c): 4000

PSI

DKN READY MIX

Required Test Age (days):

28 DAYS

			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
10	9/23/2017	17-63770	-	-	73	-	" "	20	5660
	OT	17-63771							5487
11	9/23/2017	17-63772	-	-	73	-	" "	20	4989
	OT	17-63773							5215
12	9/30/2017	17-66778	8	5	70	113.7	6,18,19,20,	24	5332
		17-66779					21fl NW		5413
		17-66780					cnr slb infl,		5679
							17fl stair B		
13	9/30/2017	17-66783	-	-	70	-	" "	24	5686
	OT	17-66784							5374
14	9/30/2017	17-66785	-	-	71	-	" "	24	4570
	OT	17-66786							4621
15	9/30/2017	17-66787	-	-	73	-	" "	24	5515
	OT	17-66788							5637
16	10/7/2017	17-68258	7.25	-	85	114.4	16-22,5,12-	22	4498
		17-68259					14fl car 7,10		4371
		17-68260					12-22fl slb		4352
							metl dck infl		
17	10/7/2017	17-68263	-	-	85	-	" "	22	4298
	OT	17-68264							4418
18	10/7/2017	17-68265	-	-	85	-	" "	22	4744
	OT	17-68266							4505
19	10/7/2017	17-68267	-	-	84	-	" "	22	4670
	OT	17-68268							4472

Licensed Concrete Lab Director Name (please print)

JAMES PATTERSON

Signature

Date

08/14/18

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 Reports

Specified Concrete Str. (f' c): 4000 PSI DKN READY MIX Required Test Age (days): 28 DAYS

			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
20	10/20/2017	17-72817	8	-	77	118.5	7fl slb infil	24	5890
		17-72818					NW crnr,6fl		6037
		17-72819					slb NW crnr, car #7 1fl car		6040
							2,3,5fl NE		
							crnr,car #7		
21	10/20/2017	17-72822	-	-	81	-	" "	24	5676
	OT	17-72823							5749
22	10/20/2017	17-72824	-	-	71	-	" "	24	4173
	OT	17-72825							4304
23	12/13/2017	17-84245	8.5	4.1	56	113.6	Clir elvtr PE5	20	4694
		17-84246					PE8 edge slb		4861
		17-84247					infil,SC1		4707
							eqpmnt pd&		
							slb infil,SC		
							slb infil,1fl		
							slb infil,metl		
							stair 1-2fl		
24	12/13/2017	17-84520	-	-	43	-	" "	20	4546
	OT	17-84521							4694
25	12/13/2017	17-84253	-	-	51	-	" "	20	4010
	OT	17-84254							4313
26	6/22/2018	18-36335	7.5	6.5	72	116	Str C from	16	6621
		18-36336					sub clir 2-		6132
		18-36337					1fl		6263

Licensed Concrete Lab Director Name (please print)

JAMES PATTERSON

Signature

Date

08/14/18

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

Specified Concrete Str. (f' c):	4000	PSI	DKN READY MIX	Required Test Age (days):	28 DAYS
---------------------------------	------	-----	---------------	---------------------------	---------

[illegible]

08/14/18

12/14

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)

JAMES PATTERSON

Signature

Date

08/14/2018

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

Name (please print)

NIZAF KHORRAM

Signature

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 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) Raul Herrera

Title QC/QA

Signature

Date 9/30/19

NRMCA/CIB Expiration Date (BC 1905.8.2) 6/2/20

Business Name USC - Ferrara

Business Telephone 718-939-3030

Business Address 120-05 31st Ave

Business Fax:

City Flushing

State NY

Zip 11354