



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

✓ Orient and affix BIS
job number label here
140152313

Sheet number 1

1 Location Information Required for all applications.

House No(s) 111 Street Name WEST 57TH STREET

Borough MANHATTAN Block 1010 Lot 25 BIN 1023728 CB No. 105

Work on Floor(s) SUB, CEL Apt/Condo No(s)

2 Licensed Concrete Testing Lab Information Required for all applications.

Director Last Name GREENWALD Director First Name RICHARD Director Middle Initial M

Business Name DELTA TESTING LABS Business Telephone 914-699-0056

Business Address 23 NSOUTH MACQUESTEN PARKWAY Business Fax 914-699-0122

City MT. VERNON State NY Zip 10550 Mobile Telephone 845-596-8721

E-Mail DTL@DELTA TESTING LABS.COM

Director's Lic. Number 53778 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 000033

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)

RICHARD GREENWALD

Signature

Date

01-27-20

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)

Signature

Date

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 document with the Department.

Name (print)

Title

Signature

Date

STOP HERE PRIOR TO PERMIT

12/14

TR2

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

PSI

Required Test Age (days): 56

[illegible]

Licensed Concrete Subcontractor Name (please print)

RICHARD GREEN

Signature

Date _____

01-27-20

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

Required Test Age (days): 28

12/14

TR2

Required Test Age (days): 56

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

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)

RICHARD GREENWALD, P.E.

Signature

58778

Date

01-27-20

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)

JAN PERMAK

Signature

Date

5/24/21

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) DANIEL MASTRONARDI Title

UP

Signature

Date 5-13-21

NRMCA/CIB Expiration Date (BC 1905.8.2)

2-4-22

Business Name UNITED TRANSIT MIX

Business Telephone

718-416-3400

Business Address 318 Boerum ST

Business Fax:

City BKLY

State NY

Zip

11206



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- ☐ None of the tests indicated herein have been performed to date by the previously designated individual.
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Name (please print)

RICHARD GREENWALD

Signature

53778

Date

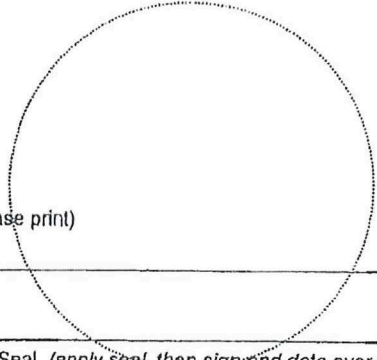
01-27-20

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



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Name (please print)

Signature

Date

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

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Name (print)

Title

Signature

Date

STOP HERE PRIOR TO PERMIT

Required Test Age (days): 28

12/14

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☐ **Withdrawal of Applicant:** I am withdrawing responsibility for conducting the tests indicated herein and herewith submit the results or status of the work performed on date _____.

Name (please print)

RICHARD GREENWALD P.E.

Signature

Date

01-27-20

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

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

Name (please print)

JAN BERNARD

Signature

Date

5/24/21

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) DANIEL WATSON

Title

VP

Signature

Date 5-13-21

NRMCA/CIB Expiration Date (BC 1905.8.2)

2-4-22

Business Name UNITED TRANSIT MIX

Business Telephone

718 416-3400

Business Address 318 BOERUM ST

Business Fax:

City BKLY

State NY

Zip

11206