



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

Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 113

Street Name Father Zeiser Place

Borough Bronx

Block 3219

Lot 214

BIN 2014823

CB No. 207

Work on Floor(s)

Apt/Condo No(s)

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

Director Last Name BANERJEE

Director First Name DEBABRATA

Director Middle Initial

Business Name IMPACT CONCRETE AND CONTROL INSPECTIONS

Business Telephone 718-939-7774

Business Address 15-46 129TH STREET

Business Fax 718-939-6444

City COLLEGE POINT State NEW YORK Zip 11356

Mobile Telephone 917-577-7540

E-Mail DBANER@GMAIL.COM

Director's Lic. Number 081431

☒ P.E. ☐ R.A.

Concrete Testing Lab Lic. Number 000064

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)

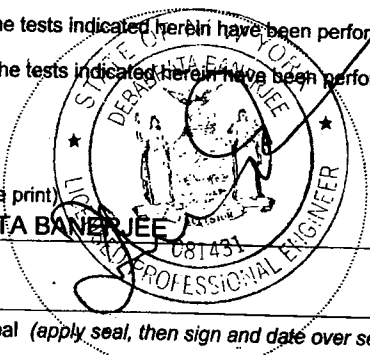
DEBABRATA BANERJEE

Signature

Date

09-24-19

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)

AN SHEN MA

Signature

Date

10/2/19

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)

Yu Ming He

Title

Owner

Signature

Date

10/2/19

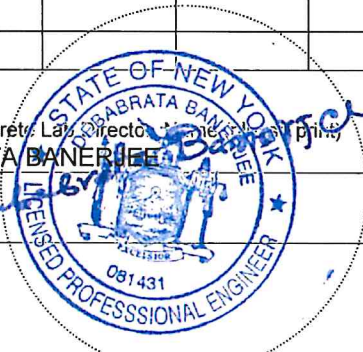
STOP HERE PRIOR TO PERMIT

Specified Concrete Str. (f'_c): 4000 PSI Required Test Age (days): 28

[illegible]

DEBABRATA BANERJEE

Date
02-10-23



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.

Name (please print)

Debabrata Banerjee, P.E.

Signature

Date

02-10-23

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)

AN SHEN

Signature

Date

5/18/23

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) Michelle Fernandes

Title QC DEPT

Signature

Date

5/2/23

NRMCA/CIB Expiration Date (BC 1905.8.2) 6-2-24

Business Name SRM Concrete aka US Concrete

Business Telephone (718) 433-4343

Business Address 120-05 31st Avenue

Business Fax:

City Flushing

State NY

Zip 11354

IMPACT
CONCRETE AND CONTROL INSPECTION, INC.
 18-30 129TH STREET, COLLEGE POINT, N.Y 113656
 PHONE: (718) 939-7774 FAX: (718) 939-6444

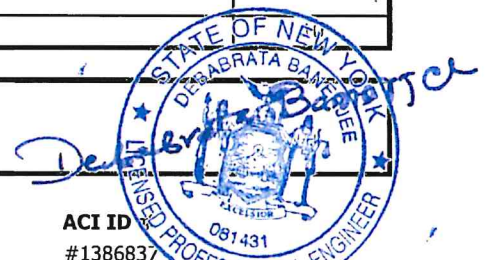
NYCDOB Concrete Laboratory License # 64					Special Inspection Agency License #0000864					
NAME OF CLIENT		WAYNE			REPORT N°		CFR-002			
PROJECT LOCATION		113/115 FATHER ZEISER			PAGE		1 OF 1			
GENERAL CONTRACTOR		YA NATIONAL CONST			DATE		11/27/2019			
CONCRETE CONTRACTOR		EMPIRE SUPER			AIR TEMP		57°F			
CONCRETE PRODUCER		KINGS			WEATHER		CLOUDY			
BATCH TICKET N° 22595					PICK UP DATE		11/28/2019			
					TIME IN		11:30AM			
					TIME OUT		4:30PM			
					REP SIGNATURE:		ORIGINAL REPORT			
MATERIALS	TOTAL BATCH WEIGHTS	ACTUAL BATCH WEIGHTS (CY)	TR3 BATCH WEIGHTS (CY)	SOURCE & TYPE MISC & MOISTURE IN AGG	Remarks: NO TR3 ON JOB SITE					
CEMENT #1 (lb)	3500	350								
CEMENT #2 (lb)	2280	228		SLAG						
CEMENT #3 (lb)										
FINE AGG (lb)	14600	1460.00		6% MOIST						
COARSE AGG (lb)	17350	1735.00								
COARSE AGG (lb)										
WATER (GALS.)	169	16.90								
ADMIXTURE (oz)						Yes	No	Compressive Strength		
ADMIXTURE (oz)	20	2.00		AIR	Batch Ticket	YES		4000		
ADMIXTURE (oz)	3.1	30.10		DCARB	Curing Box	YES		Cubic Yards		
ADMIXTURE (oz)					TR3		NO	10		
CONCRETE LOCATION: FOOTING / SOUTH WEST SECTION / FOUNDATION WALL - 2 FEET NORTH										
ALL TEST ARE PERFORMED IN ACCORDANCE WITH THE FOLLOWING ASTM PROCEDURES: C-39, C-138, C-143, C-173 C-231 C-1231. CIRCLE ASTM STANDARD FOR AIR TEST COMPLETED				CONCRETE TEST CYLINDERS			FRACTURE PATTERN PER C-39		TEST SPECIMEN 4" DIAMETER BY 8" LENGTH	
LAB SAMPLE NUMBER	SLUMP INCHES	AIR %	TEMP. CONC. °F	UNIT WEIGHT P.C.F	AGE DAYS DATE	COMPRESSIVE STRENGTH P.S.I	MAX LOAD	TYPE	DIAMETER(inch)	CROSS SECTIONAL AREA (Sq Inch)
154997	10.00	8.5	71	143.2	7	3747	47080	2	4.00	12.56
154998					28	6340	79670	2	4.00	12.56
154999					28	6313	79330	2	4.00	12.56
155000					28	6262	78690	2	4.00	12.56

SAMPLED FROM TRUCK #:		55
ACTUAL (GL) PER C/Y =		
REQUIRED (GL) PER C/Y =		
TO ADD (GL) PER C/Y =		
TOTAL POURED C/Y=		

Lab Technicians Waheed Hameed LIC. No. 01264046
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Field Technician
 MILAD SABOORI

ACI ID
 #1386837



Confidentiality Policy - These results will not be redistributed from the permission of the client. The results are accurate from the field data produced by the technician with their equipment. Only to the data tested.