



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



Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 1620 Street Name 42nd Street
Borough Brooklyn Block 5380 Lot 16 BIN 3126418 CB No. 312
Work on Floor(s) Apt/Condo No(s)

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

Director Last Name Thomas Director First Name Kenneth Director Middle Initial C.
Business Name City Wide Testing Inc. Business Telephone (718)326-5900
Business Address 59-25 Grand Ave Business Fax (718)326-5300
City Maspeth State NY Zip 11378 Mobile Telephone
E-Mail INFO@CITYWIDETESTING.COM
Director's Lic. Number 061006-1 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 55

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.

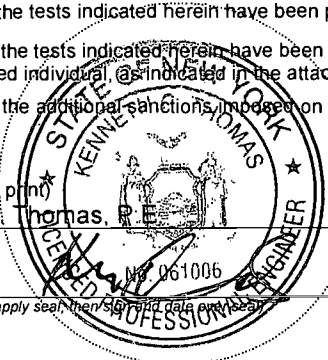
Change of Applicant: I am a newly designated individual responsible for the testing specified herein and I hereby state that:

- ☐ 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) Kenneth C. Thomas, P.E. 03-15-10
Signature Date

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



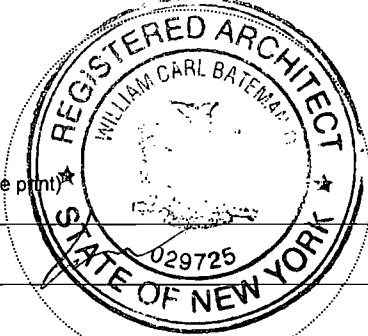
4 Design Applicant's Statement and Signature *P.E./R.A. Required prior to Permit.*

- ☐ 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 documents with the Department.

Name (print) G. Blumenfrucht TitleSignature G. Blumenfrucht Date**STOP HERE PRIOR TO PERMIT**

6

PSI

Specified Test Age (days): 28

[illegible]

Kenneth C. Thomas, P.

Date
06-01-10

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



PROJECT No: 1620 42nd Street

DATE CAST: 4/15/2010

TECHNICIAN: Robert V.

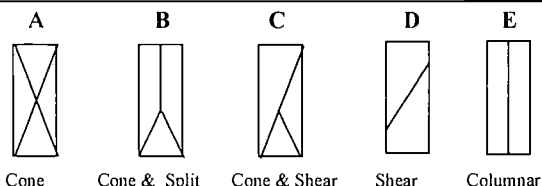
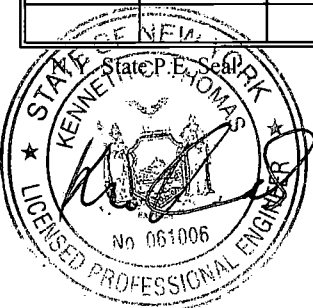
REPORT No: CWT1620-2

CONCRETE INSPECTED AT BATCH PLANT: Y ☐ N ☒

[illegible]

PLACEMENT LOCATION: Footings and foundation wall

TOTAL CU. YDS PLACED: 4.5 cu/yds

[illegible]



Brooklyn, N.Y. TECHNICIAN: Henry Galeano

CONCRETE INSPECTED AT BATCH PLANT: Y ☐ N ☒ REPORT No: CWT1620-3

Columnar



PROJECT No: 1620 42nd Street

DATE CAST: 5/4/2010

TECHNICIAN: _____ L.Nazabal

CONCRETE TYPE (f'_c): 4000 PSI

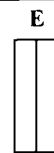
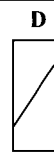
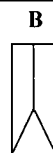
REPORT No: CWT1620-4

Y ☐ N ☒

[illegible]

PLACEMENT LOCATION: Foundation Wall front

TOTAL CU. YDS PLACED: 9.0 cu/yds

[illegible]

Cone

Cone & Split

Cone & Shear

Shear

Columnar



COMPRESSIVE STRENGTH OF CYLINDRICAL CORED CONCRETE SPECIMENS ASTM C-39

CLIENT: Shtern Construction

LOCATION: 1620 42nd Street

Brooklyn, NY

TYPE OF CAP: Bonded Caps ASTM C-617

PROJECT: 1620 42nd St

REPORT DATE: 5/16/2011

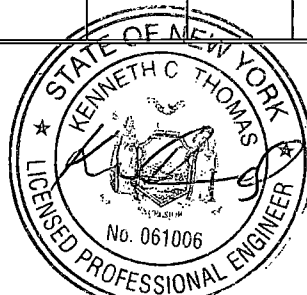
REPORT No. CWT11-BKSW

TYPE OF CONCRETE f'_c : Unknown

Core No.	Location	Core Date	Test Date	Field Length (in)	Capped Length (in)	Diameter (in)	Cross Sect. Area in ²	Correction Factor L/D	Age Tested	Total Load	Compression Strength P.S.I	Type of Fracture
1	Sidewalk	5/9/2011	5/16/11	6.5"	5.75"	3.75	11.04	0.96		66,920	5,820	A
2	Sidewalk Driveway	5/9/2011	5/16/11	7.25"	5.75"	3.75	11.04	0.96		70,200	6,100	A

Remarks: Required strength for acceptance 85% of f'_c

Tested By: Arturo Pacheco



Cone



Cone & Split



Cone & Shear



Shear



Columnar