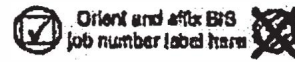




TR2: Technical Report
Concrete Sampling and Testing
Must be typewritten.



Sheet number 1

1 Location Information *Required for all applications.*

House No(s) **7** Street Name **KAY COURT**
 Borough **BROOKLYN** Block **8876** Lot **2B24** BIN **3249105** CB No. **315**
 Work on Floor(s) **OSP, 001, 002, ATT** Apt/Condo No(s)

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

Director Last Name **Hallahan** Director First Name **Richard** Director Middle Initial **T**
 Business Name **HAKS** Business Telephone **212.747.1997**
 Business Address **47 Hudson Street** Business Fax **212.320.0369**
 City **Ossining** State **NY** Zip **10582** Mobile Telephone
 E-Mail
 Director's Lic. Number **058487** ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number **088**

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 1905.8 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) **Richard T. Hallahan** **06/08/16**
 Signature **[Signature]** Date
 PE/RA Seal (apply seal to this line and job order)

TR2

Sheet number 2

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)
Anthony Perillo

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) ANTOINETTE DRENNAN

Title HOMEOWNER

Signature

Date 03-10-16

STOP HERE PRIOR TO PERMIT

TR2

Sheet number 3 of 4 sheets

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

Specified Concrete Str. (f_c):

PSI 4000 PSI

Specified Test Age (days): 28

[illegible]

Licensed Counselor Licensee No. 0000000000
Richard Hallinan
Signature _____ Date 10-02-2017

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

TR2

Sheet number 4 of 4 sheets

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 Hallahan

Signature

Date

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 1905.6.3.3)
Note: design documents signed and sealed must be attached to this document

Name (please print) Anthony Portillo 1-17-18

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) Phil Mazzone Title Operation Manager

Signature [Signature] Date 10/13/2017 NRMCA Expiration Date (BC 1905.8.2) 10/20/2017

Business Name Kings Ready Mix Business Telephone 718-438-6800

Business Address 622 McDonald Avenue Business Fax:

City Brooklyn State NY Zip 11218

Kings Ready Mix Inc.
Phil Mazzone
Brooklyn New York

10/09



SI-MT-C

Rev. 09/2013

CONCRETE TESTING LAB
NYC LICENSE NO: 066
HAKS Material Testing Group
47 Hudson Street
Ossining NY
T: 914 -945-9010 F: 914 -945-9012
www.haks.net

REPORT ON COMPRESSIVE STRENGTH OF CONCRETE CYLINDERS
TESTED AS PER ASTM SPECIFICATION C39 & C1231

NYC DOB #:	66	Report #:	01
Client:	CDM Smith	Cast By:	Mohamed Eldawi
Project Name:	Build It Back	Inspectors ACI #:	01258942
Project Address:	7 Kay Court, Brooklyn, NY	Truck #:	340
HAKS Project #:	NI 13-269	Date Cast:	02/07/17
Mix Class:	4000 psi	Date Received:	02/09/17
Slump (in):	8.5" (ASTM C143)	Concrete Temp. (°F):	69°F (ASTM C1064)
Air Content:	6.0% (ASTM C231)	Volume (YD³):	28.0 cy
Density (lbs/ft³):	149.8 (ASTM C138)	Weather:	40°F (Cloudy)

Marking or Bar Code (Cylinder No.)	Diameter of the Cylinder (in.)	Area of the Cylinder (sq. in.)	Test Date	Test Age (Days)	Load (lbs)	Compressive Strength (PSI)	Type of Fracture
100701	4.00	12.57	02/14/17	7	53580	4260	3
100702	4.00	12.57	02/14/17	7	55390	4410	2
100703	4.00	12.57	03/07/17	28	79860	6350	3
100704	3.99	12.50	03/07/17	28	82645	6610	3
100705	4.00	12.57	03/07/17	28	62835	5000	2
100706	4.00	12.57	04/04/17	56	83370	6630	3
100707	4.01	12.62	04/04/17	56	93550	7410	3

Specific Location: Foundation footings perimeter beams.

Note(s):

Lab Technician: Muhammad Waqas
ACI Certification #: 01256162
Date: 04/04/17

Submitted by HAKS Engineers PC
Lab Director: Richard Hallahan P.E.





SI-MT-C

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REPORT ON COMPRESSIVE STRENGTH OF CONCRETE CYLINDERS
TESTED AS PER ASTM SPECIFICATION C39 & C1231

NYC DOB #:	66	Report #:	02
Client:	CDM Smith	Cast By:	Juan Vasquez
Project Name:	Build It Back	Inspectors ACI #:	01296376
Project Address:	7 Kay Court, Brooklyn, NY	Truck #:	122
HAKS Project #:	NI 13-269	Date Cast:	02/23/17
Mix Class:	4000 psi	Date Received:	02/27/17
Slump (in):	6.5" (ASTM C143)	Concrete Temp. (°F):	78°F (ASTM C1064)
Air Content:	5.7% (ASTM C231)	Volume (YD³):	36.0 cy
Density (lbs/ft³):	150.8 (ASTM C138)	Weather:	45°F (Cloudy)

Marking or Bar Code (Cylinder No.)	Diameter of the Cylinder (in.)	Area of the Cylinder (sq. in.)	Test Date	Test Age (Days)	Load (lbs)	Compressive Strength (PSI)	Type of Fracture
#1	4.00	12.57	03/02/17	7	68740	5470	2
#2	4.00	12.57	03/02/17	7	32945	2620	3
#3	4.00	12.57	03/23/17	28	86320	6870	3
#4	3.99	12.50	03/23/17	28	98710	7900	3
#5	4.00	12.57	03/23/17	28	90620	7210	2
#6	4.00	12.57	04/20/17	56	106250	8450	5
#7	4.01	12.62	04/20/17	56	100990	8000	5

Specific Location: Foundation walls.

Note(s):

Lab Technician: Muhammad Waqas
ACI Certification #: 01256162
Date: 04/20/17

Submitted by HAKS Engineers PC
Lab Director: Richard Hallahan P.E.



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NYC LICENSE NO: 066

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SI-MT-C

Rev. 09/2013

REPORT ON COMPRESSIVE STRENGTH OF CONCRETE CYLINDERS

TESTED AS PER ASTM SPECIFICATION C39 & C1231

NYC DOB #:	66	Report #:	03
Client:	CDM Smith	Cast By:	Pamela Vassios
Project Name:	Build It Back	Inspectors ACI #:	01121719
Project Address:	7 Kay Court, Brooklyn, NY	Truck #:	878
HAKS Project #:	NI 13-269	Date Cast:	04/06/17
Mix Class:	4000 psi	Date Received:	04/14/17
Slump (in):	7.0" (ASTM C143)	Concrete Temp. (°F):	60°F (ASTM C1064)
Air Content:	6.0% (ASTM C231)	Volume (YD³):	3.0 cy
Density (lbs/ft³):	150.8 (ASTM C138)	Weather:	40,s°F (Rainy+cool)

Marking or Bar Code (Cylinder No.)	Diameter of the Cylinder (in.)	Area of the Cylinder (sq. in.)	Test Date	Test Age (Days)	Load (lbs)	Compressive Strength (PSI)	Type of Fracture
101401	4.00	12.57	04/17/17	11	73320	5830	3
101402	4.00	12.57	04/17/17	11	73320	5830	5
101403	4.00	12.57	05/04/17	28	86550	6890	3
101404	3.99	12.50	05/04/17	28	73910	5910	3
101405	4.00	12.57	05/04/17	28	89070	7090	3
101406	4.00	12.57	06/01/17	56	89880	7150	5
101407	4.01	12.62	06/01/17	56	80510	6380	2

Specific Location: Stair footing detail.

Note(s):

Lab Technician: Muhammad Waqas
ACI Certification #: 01256162
Date: 06/01/17

Submitted by HAKS Engineers PC
Lab Director: Richard Hallahan P.E.