



TR2: Technical Report
Concrete Sampling and Testing

Must be typewritten.



Sheet number 1

1 Location Information Required for all applications.

House No(s) 150-11 Street Name 17th Road
Borough Queens Block 4685 Lot 9 BIN 4106357 CB No.
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:

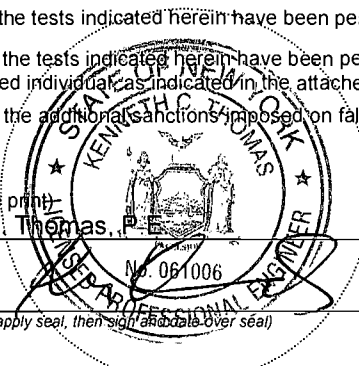
I certify that I am the director of the licensed concrete testing laboratory accepting responsibility for conducting the testing in accordance with BC 1905.6 and BC 1704.1. I further certify that I have read the applicable sections of the New York City Construction Codes in connection with the testing 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. 12-28-10
Signature Date
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 documents with the Department.

Name (print)

Title

Signature

Date

STOP HERE PRIOR TO PERMIT

6

PSI

Specified Test Age (days): 28

[illegible]

Licensed Concrete Lab Director Name (please print)
Kenneth C. Thomas, P.E.

Signature

Date
12-28-10

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 to date.

Name (please print)

Kenneth C. Thomas, P.E.

Signature

Date

12-28-10



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.

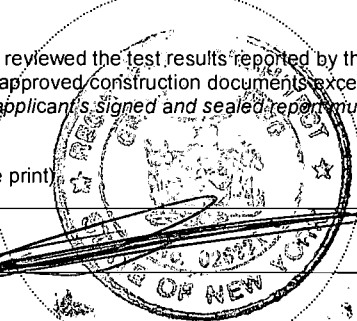
☐ I certify I have reviewed the test results reported by the licensed concrete testing lab in section 6 above and found them to be in compliance with the approved construction documents except as noted in the attached report (BC 1905.6.3.3)
Note: design applicant's signed and sealed report must be attached to this document

Name (please print)

Signature

Date

2-22-12



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) Peter Cardisano

Title

VP

Signature

Date

1/3/10

NRMCA Expiration Date (BC 1905.8.2)

11/11

Business Name

On Time Ready Mix, Inc.

Business Telephone

718-961-3338

Business Address

34-16 College point Blvd

Business Fax:

718-961-8233

City

Flushing

State

NY

Zip

11354



COMPRESSIVE STRENGTH OF CYLINDRICAL CORE CONCRETE SPECIMENS ASTM C-39

CLIENT: Done Deal Construction

PROJECT: 150-11 17th Road

LOCATION: 150-11 17th Road

REPORT DATE: 12/28/2010

Queens, NY

REPORT No. CWT10Q-150

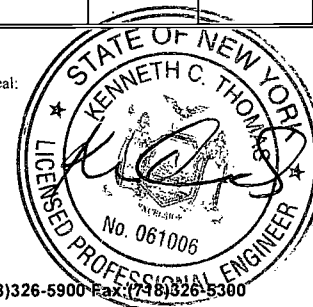
TYPE OF CAP: Bonded Caps ASTM C- 617

TYPE OF CONCRETE(f'_c): Unknown

Cylinder No.	Location	Core Date	Test Date	Field Length	Capped Length	Diameter	Cross Sect. Area in ²	Correction Factor L/D	Age Tested	Total Load	Compression Strength P.S.I	Type of Fracture
1FW.	North Foundation Wall	12/23/10	12/29/10.	8.25"	7.5"	3.75	11.04	N/A	28+	53,000	4,801	D
2FW	North Foundation Wall	12/23/10	12/29/10	8.5"	7.5"	3.75	11.04	N/A	28+	52,500	4,755	D
3FW	East Foundation Wall	12/23/10	12/29/10	9.5"	7.5"	3.75	11.04	N/A	28+	43,420	3,933	D
4FW	West Foundation Wall	12/23/10	12/29/10	12"	7.5"	3.75	11.04	N/A	28+	48,000	4,348	D
5FW	South Foundation Wall	12/23/10	12/29/10	12"	7.5"	3.75	11.04	N/A	28+	50,500	4,574	D

Remarks: Required Strength 85% of f'_c

N.Y State P.E Seal:



Cone



Cone & Split



Cone & Shear



Shear



Columnar

Tested By: Jhon Salazar ACI ID# 01050142