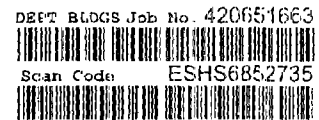




TR2: Technical Report
Concrete Sampling and Testing
Must be typewritten.



Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 138-72	Street Name Queens Boulevard			
Borough Queens	Block 9644	Lot 17	BIN 4206489	CB No. 408
Work on Floor(s) 002-003			Apt/Condo No(s)	

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

Director Last Name Ozaeta	Director First Name George	Director Middle Initial S.
Business Name Regional Testing Corp.		Business Telephone 347-221-0110
Business Address 1150 Close Ave.		Business Fax 347-221-0111
City Bronx	State NY	Zip 10472
E-Mail info@regionaltestingcorp.com		Mobile Telephone
Director's Lic. Number 083012	☒ P.E. ☐ R.A.	Concrete Testing Lab Lic. Number 086

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 resting 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)

George S. Ozaeta

Signature

Date

10-31-15

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 12/20/16
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) GERARDO CAJENADO Title OWNER
Signature [Signature] Date 12/20/16

STOP HERE PRIOR TO PERMIT

Specified Concrete Str. (f'_c): 4000 LW

PSI

Required Test Age (days): 28

Licensed Concrete Lab Director Name (please print)

George S. Ozeta

Signature _____



12-01-16

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)

George S. Ozaeta

Signature

Date

12-01-16

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)).

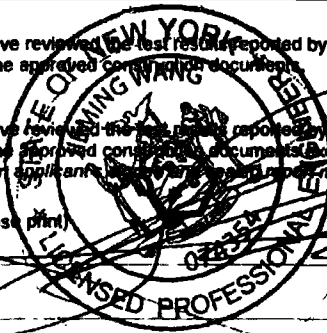
Note: design applicant's signature and report must be attached to this document

Name (please print)

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)

DALITZ SIGN

Title

MANAGER

Signature

Date 12.19.16

NRMC/CIB Expiration Date (BC 1905.8.2)

11-15-2017

Business Name

BEST CONCRETE MIX

Business Telephone

718-539-5946

Business Address

3510 LONG PEBL

Business Fax:

718-886-7620

City

FLUSHING

State

NY

Zip

11354

REGIONAL TESTING CORP.
CONSTRUCTION MATERIALS TESTING LABORATORY

CONCRETE
SOIL, ASPHALT
SPECIAL INSPECTIONS

CONCRETE SAMPLING AND TESTING RESULTS			
Client: Ace Inspection Testing & Services		Date Cast: 10/31/2015	
Project Name: 138-72 Queens Boulevard		Report #: Q13872-01	
Project Location: Queens		NYCDOB Lab No.: 086	
Concrete Type Poured: 4000 PSI Light Weight		Concrete Supplier: Best Concrete Mix Corp.	

7-day breaks should reach 75% of the mix design specified strength = 3000 PSI PAGE 1 OF 1

Weather Conditions: Sunny, Total Placed CY: 72

Temperature: 39°F

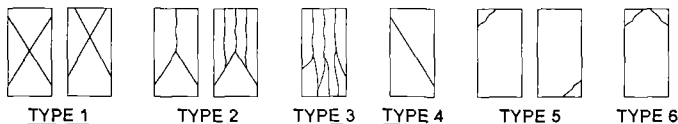
Placement Location: 2nd Floor Slab

MIX DESIGN SPECIFIED LIMITS (DOB - BIS)				BIS Supplier:	
Temperature: 55°F to 90°F	Slump: ±	Air: ±	Density: ±	Strength: 4000 PSI	

Field Test Results							Mix Design on Site: No	
Test #	Truck #	Slump (in) ASTM C-143	Air Content (%) ASTM C231/173	Temperature (°F) ASTM C-1064	Density (pcf) ASTM C-138	Testing Time	Remarks	Curing box
1	46	7.5"	8.00%	67°F	126.76pcf	8:15am		No
2	47	8"	7.25%	69°F	125.54pcf	10:45am		No

Laboratory Test Results ASTM C-39									
Capping method: ASTM C 617 ☐ ASTM C-1231 ☒ *Compressive Machine Forney serial # 02039 500k lbs. capacity Calibrated :7/6/15*									
Test #	Specimen ID	Test Date	Age (Days)	Specimen Diameter (inch)	Specimen Area (sq. in.)	Total Load (Lbs.)	Strength (psi)	Break Type	Comply yes/no
1	AK36	12/18/2015	48	3.99	12.50	54,220	4,340	2	YES
	AK37	12/18/2015	48	3.99	12.50	51,830	4,150	2	YES
	AK38	12/18/2015	48	3.99	12.50	55,610	4,450	2	YES
	AK39	12/18/2015	48	4.00	12.57	53,240	4,240	2	YES
	AK40	12/18/2015	48	4.00	12.57	55,110	4,390	2	YES
2	AK41	12/18/2015	48	3.99	12.50	52,740	4,220	2	YES
	AK42	12/18/2015	48	3.98	12.44	51,500	4,140	2	YES
	AK43	12/18/2015	48	4.00	12.57	52,010	4,140	2	YES
	AK44	12/18/2015	48	4.00	12.57	53,180	4,230	6	YES
	AK45	12/18/2015	48	4.01	12.63	50,910	4,030	2	YES

Remarks:



Field Technician	ACI ID #
Andrew Kandasammy	01128306
Laboratory Technician	ACI ID #
Federico Salas	01152471

RTC hereby certify that the provided test results are true and legitimately

Attested By: George S. Ozaeta, P.E.
Lab Director

REGIONAL TESTING CORP.

CONSTRUCTION MATERIALS TESTING LABORATORY

CONCRETE
SOIL, ASPHALT
SPECIAL INSPECTIONS

CONCRETE SAMPLING AND TESTING RESULTS			
Client: Ace Inspection Testing & Services		Date Cast: 12/7/2015	
Project Name: 138-72 Queens Boulevard		Report #: Q13872-02	
Project Location: Queens		NYCDOB Lab No.: 086	
Concrete Type Poured: 4000 PSI Light Weight		Concrete Supplier: Best Concrete Mix Corp.	

7-day breaks should reach 75% of the mix design specified strength = 3000 PSI PAGE 1 OF 1

Weather Conditions: Sunny, Total Placed CY: 48

Temperature: 51°F

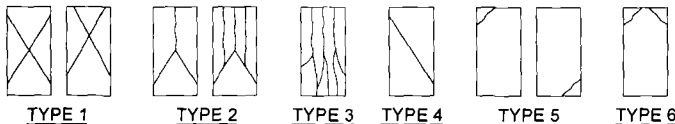
Placement Location: 3rd Floor Slab

MIX DESIGN SPECIFIED LIMITS (DOB - BIS)				BIS Supplier:	
Temperature: 55°F to 90°F	Slump: ±	Air: ±	Density: ±	Strength: 4000 PSI	

Field Test Results							Mix Design on Site: No	
Test #	Truck #	Slump (in) ASTM C-143	Air Content (%) ASTM C231/173	Temperature (°F) ASTM C-1064	Density (pcf) ASTM C-138	Testing Time	Remarks	Curing box
1	48	7"	6.75%	67°F	125.76pcf	12:45pm		No

Laboratory Test Results ASTM C-39									
Capping method: ASTM C 617 ☐ ASTM C-1231 ☒ *Compressive Machine Forney serial # 02039 500k lbs. capacity Calibrated :7/6/15*									
Test #	Specimen ID	Test Date	Age (Days)	Specimen Diameter (inch)	Specimen Area (sq. in.)	Total Load (Lbs.)	Strength (psi)	Break Type	Comply yes/no
1	AK226	12/18/2015	11	3.97	12.38	41,210	3,330	5	YES
	AK227	1/4/2016	28	4.00	12.57	55,920	4,450	2	YES
	AK228	1/4/2016	28	3.99	12.50	54,450	4,350	5	YES
	AK229	1/4/2016	28	4.01	12.63	56,620	4,480	5	YES
	AK230	1/4/2016	28	3.99	12.50	57,010	4,560	5	YES

Remarks:



Field Technician		ACI ID #
Andrew Kandasammy		01128306
Laboratory Technician		ACI ID #
Federico Salas		01152471

RTC hereby certify that the provided test results are true and legitimately

Attested By: George S. Ozaeta, P.E.
Lab Director