



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

420662090

✓ Orient and affix BIS
 job number label here

Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 405	Street Name Beach 62nd St			
Borough Queens	Block 16015	Lot 1	BIN 4302404	CB No. 414
Work on Floor(s) 001,002,003,ROF,OSP			Apt/Condo No(s)	

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

Director Last Name SAIGAL	Director First Name SUNIL	Director Middle Initial
Business Name SKYLAB MATERIAL TESTING LABORATORY INC		Business Telephone 7185450432
Business Address 31-15 14 STREET		Business Fax
City LIC	State NY	Zip 11106
E-Mail ssaigal@skylabmtl.com		Mobile Telephone
Director's Lic. Number 088728	☒ P.E. ☐ R.A.	Concrete Testing Lab Lic. Number 101

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)

Sunil Saigal

Signature

Date

6/30/23

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)

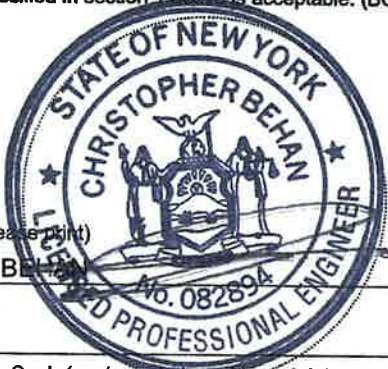
CHRIS BEHAN

Signature

06-30-23

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 document with the Department.

Name (print) Dr. Miriam Y Vega

Title CEO

Signature *Miriam Y. Vega Dabbah*

Date

7-5-23

STOP HERE PRIOR TO PERMIT

6 Test Report Required prior to Sign-off. Use supplemental pages as needed. Attach Original Lab Test Reports
Specified Concrete Str. (f_c): 4000 (N.W)

PSI Tec Crete Transit Mix

Required Test Age (days): 28 (1 of 2)

Test Report Number	Date of Placement	Cylinder I.D.	Sampling:					Total Placement	Breaking Strength
			Slump	Air Content	Temperature	Weight	Placement Location		
4154-1	08-02-2018	1-D,E,F	5.5 in	4.2 %	89 F	148.9 lbs/ft ³	Pile Caps	16 yd ³	5440 PSI
4191-1	08-07-2018	1-D,E,F	8.5	4.8	76	147.9	Pile Caps	19	5490
4191-1	08-07-2018	2-A,B	—	—	76	—	Pile Caps	19	5650
4191-1	08-07-2018	3-A,B	—	—	84	—	Pile Caps	19	5530
4200-1	08-09-2018	1-D,E,F	5.0	4.5	81	151.0	Pier	44	6480
4214-1	08-13-2018	1-D,E,F	5.0	3.0	72	150.5	Grade Bear	24	7240
4225-1	08-14-2018	1-D,E,F	8.0	4.0	75	150.0	Pile Caps	11	6250
4227-1	08-15-2018	1-D,E,F	8.5	4.3	75	147.2	Pile Caps	10	5710
4229-1	08-16-2018	1-D,E,F	7.25	4.7	76	148.6	Pile Cap	20	6050
4247-1	08-20-2018	1-D,E,F	6.0	4.0	80	148.9	Pile Cap	34	6260
4247-1	08-20-2018	2-A,B	—	—	87	—	Footing	34	5430
4260-1	08-23-2018	1-D,E,F	7.0	5.0	73	149.3	Pile Cap	10	5690
4260-1	08-23-2018	2-A,B	7.25	4.5	75	148.6	Pile Cap	10	5650
4287	08-22-2018	1-D,E,F	7	6.2	76	144.8	Pile Caps	26	5430
4296	08-24-2018	1-D,E,F	7.75	6.0	79	146.8	Pile Caps	19	5810
4275-1	08-27-2018	1-D,E,F	6.0	5.8	78	146.9	Pile Caps	10	5630
4277-1	08-28-2018	1-D,E,F	5.0	3.6	82	150.8	Grade Bear	10	6420
4313-1	08-29-2018	1-D,E,F	8.0	4.2	82	148.8	Grade Bear	20	4320
4309-1	08-30-2018	1-D,E,F	7.0	3.5	84	151.1	wall footing	10	5350
4311-1	08-31-2018	1-D,E,F	9.0	5.5	76	146.0	Grade Bear	20	5110
4311-1	08-31-2018	2-A,B	9.0	5.5	76	146.0	Grade Bear	20	5270
4380	09-07-2018	1-D,E,F	7.5	7.2	77	144.0	Pile Caps	15	4900
4381	09-05-2018	1-D,E,F	5	4.5	87	148.2	Pile Caps	8	5400
4428	09-27-2018	1-D,E,F	8.0	4.5	77	148.0	Dep Slab	5	4660
4454	10-03-2018	1-D,E,F	8.0	4.5	82	148.7	Pile Caps	15	5800
4465	10-09-2018	1-D,E,F	8.25	6.0	81	145.7	State of Wall	8	6080

 Licensed Concrete Lab Director Name (please print)
 Sunil Saigal

Signature

Date

7/18/23

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 to date.

Name (please print)

Sunil Saigal

Signature

Date

7/18/23

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)

CHRIS BERNARD

Signature

09-27-23 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) GINOA M. CRISONA

Title PRESIDENT & FOUNDER

Signature Gino M. Crisona

NRMCA/CIB Expiration Date (BC 1905.8.2) 4/25/25

Business Name TEC-CHET TRAMIT MIX CO.

Business Telephone 781-386-4355

Business Address 50-07 27th STREET

Business Fax: 718-417-3682

City LONG ISLAND CITY

State NY

Zip 11101