



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

✓ *Print and affix BIS job number label here*

Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 23-20 Street Name Jackson Avenue
 Borough Queens Block 85 Lot 5 BIN 4000708 CB No.
 Work on Floor(s) OSP Apt/Condo No(s)

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

Director Last Name PATTERSON Director First Name JAMES Director Middle Initial M
 Business Name L.M.C. Materials Testing LLC Business Telephone 516-825-2347
 Business Address 84 Whitehall Street Business Fax
 City Lynbrook State NY Zip 11563 Mobile Telephone
 E-Mail
 Director's Lic. Number 092183 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 000099

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.

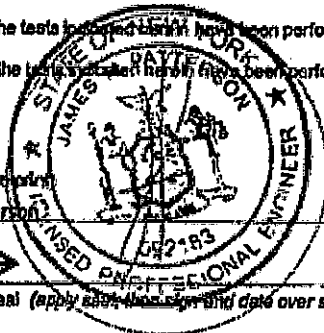
Change of Applicant: I am a newly designated individual responsible for the testing specified herein and I hereby state that:

- ☒ None of the tests specified herein have been performed to date by the previously designated individual.
☐ Some of the tests specified herein have been performed by the previously designated individual, as indicated in the attached report.

Name (please print)

James Patterson

Signature



10/7/19
 Date

P.E. / R.A. Seal (apply seal to this page 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) JAN CERMAK
Signature [Signature] Date 10/8/19
P.E. / R.A. Seal (Apply Seal Over Seal) 090694
Professional Engineer

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) PETER PAPAMICHAELSignature [Signature]

Title owner's rep

Date 11/12/19**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): 6000 PSI USC Required Test Age (days): 28 DAYS

Sampling:

Test Report Number	Date of Placement	Cylinder I.D.	Slump	Air Content	Temperature	Weight	Placement Location	Total Placement	Breaking Strength
			in	%	F	lbs/ft ³		yd ³	PSI
1	2/18/2020	20-21299	8	5.2	59	143.8	Mat&wallet	50	10360
		20-21300					low shlf,shlf		9800
		20-21301					btw GL G,5-7		10,240
2	3/2/2020	20-20309	9	7.2	61	142.8	FDN S.shlf	40	9560
		20-20310					mat slb area		9980
		20-20311					btw 6,7,A,0		9,740
							S.FDN wll 8N		
							con.shlf lne 7		
3	3/20/2020		8.25	3.5	62	152	btw E&G,W.	26	
							FDN wll con.		
							shlf lne F btw		
							6&7,W.FDN		
							wll on cllr slb		
4	7/2/2020	20-26700	9	4.7	88	146.1	lne btw 3,8,1,6	242	9560
		20-26701					S.FDN wll		9620
		20-26702					btw col.lne		9,190
5	7/2/2020	20-45896	8	4.8	89	145.7	A.5-E on lne 7	242	7880
		20-45897					FDN mat slb		7870
		20-45898					" "		8270
		20-45904							8070
		20-45905							8150
		20-45906							8150

Licensed Concrete Lab Director Name (please print)

JAMES PATTERSON

Signature

Date

09/13/21

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

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

Specified Concrete Str. (f' c): 6000 PSI USC Required Test Age (days): 28 DAYS

Sampling:

Test Report Number	Date of Placement	Cylinder I.D.	Slump	Air Content	Temperature	Weight	Placement Location	Total Placement	Breaking Strength
			in	%	F	lbs/ft ³		yd ³	PSI
6	7/2/2020	20-45912	9	5.5	88	147.1	" "	242	8810
		20-45913							8530
		20-45914							9,200
7	7/2/2020	20-45920	7	4.9	88	146.1	" "	242	8260
		20-45921							7940
		20-45922							7,750
8	7/2/2020	20-45928	8	4.7	89	144.5	" "	242	6700
		20-45929							7,150
		20-45930							7000

Licensed Concrete Lab Director Name (please print)

JAMES PATTERSON

Signature

Date

09/13/21

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

**NON-CONFORMANCE REPORT**
Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: A. Akinnubi / ACI #: 01324148

Inspection Date: 02/18/2020
Revised Date: 04/14/2020
Time In: 07:30 am **Time Out:** 06:05 pm
Report No: 1068-CON-20200218-6K-56-NCR
Weather: Cloudy

Page 1 of 2

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle industries
Supplier:	King ready mix	Total Yardage Placed:	50	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Fair
Location of Pour: Mat and wallet low shelf and shelf between grid linear-G, 5-7					

Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft³):	142.7-148.7

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3346	161417	10:48 am	11:57 am	12:59 pm	8.0	5.2	43 °F	59 °F	143.8	6,000	8 of 8	1 of 1

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-21296	7	02/25/20	4.00	12.566	88,370	7,030	7,030	2	C. Forde / ACI #: 01379001
20-21297	14	03/03/20	4.00	12.566	102,830	8,180		2	C. Forde / ACI #: 01379001
20-21298	14	03/03/20	4.00	12.566	105,510	8,400	8,290	2	C. Forde / ACI #: 01379001
20-21299	28	03/17/20	4.00	12.566	130,190	10,360		2	C. Forde / ACI #: 01379001
20-21300	28	03/17/20	4.00	12.566	123,130	9,800		4	C. Forde / ACI #: 01379001
20-21301	28	03/17/20	4.00	12.566	128,620	10,240	10,130	2	C. Forde / ACI #: 01379001
20-21302	56	04/14/20	4.00	12.566	132,550	10,550		4	C. Forde / ACI #: 01379001
20-21303	56	04/14/20	4.00	12.566	139,360	11,090	10,820	3	C. Forde / ACI #: 01379001



Type 1

Type 2

Type 3

Type 4

Type 5

Type 6

Remarks: Final Discharge Time 4:45PM.

Test Methods: Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.

Non-Conformance Work: Deficiencies noted in remarks with the following exception(s).

- Curing box on site was not temperature controlled.
- TR3/Mix design was not approved.

Respectfully Submitted,
L.M.C. Materials Testing LLC

James Patterson, Laboratory Director

Client: Domani Inspection Services, Inc.

Inspection Date: Friday, March 20, 2020

Site Address: 23-20 Jackson Ave, Queens, NY

Time In/Out: 6:50 AM

6:38 PM

Project ID: DOMINS1068

Report Number: 1068 - CON - 20200320 - 6K - Rev1

Inspector(s): **Olajide Abdulsalam/Adedapo Oluwajimi**

Site Weather: 53 F Cloudy

Set Report: 1

Laboratory Compression Test Data

Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	USC	Total Yardage Placed:	26 cy	Site Contact:	John
Site:	Yes	Curing Box On Site:	Yes	Conditon of CB:	Good

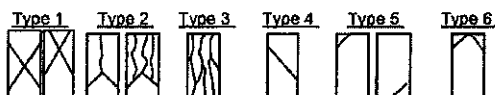
Location of Pour: South foundation wall between columns line A.5 to E on line 7.

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Slump (C143) (in)	Air % (C231/C173)	Conc. Temp. (C1064)	Unit Wt. (C138) (lb)	Specified Design Strength (PSI)	Sample Set Number
3252	26083	9:15 AM	10:13 AM	8.25	3.5	62 F	152	6000	1

[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



Type 1: Reasonably well formed cones on both ends, <1" of cracking through caps

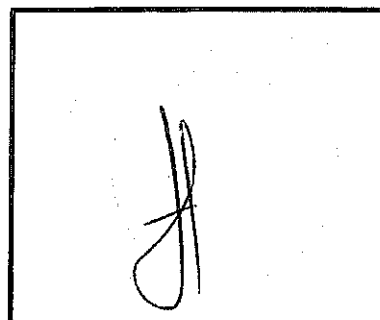
Type 2: Well formed cone on one end, vertical cracks running through caps

Type 3: Columnar vertical cracking through both ends, no well formed cones

Type 4: Diagonal fracture with no cracking through ends

Type 5: Side fractures top and bottom

Type 6: Similar to type 5 but end of cylinder is pointed



Reviewed By: James M. Patterson P.E.

Date:

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, NY
Project ID: DOMINS1068
Inspector(s): Tunde Ilori

Inspection Date: **Thursday, July 2, 2020**
 Time In/Out: **6:30 AM** **6:00 PM**
 Report Number: **1068 - CON - 20200702**
 Site Weather: **83 F** **Set Report:**

Laboratory Compression Test Data

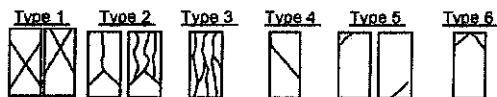
Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	Ferrara Bros	Total Yardage Placed:	242 cy	Site Contact:	-
Site:	Yes	Curing Box On Site:	Yes	Conditon of CB:	Fair

Location of Pour: Foundation mat slab.

[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



Type 1: Reasonably well formed cones on both ends, <1" of cracking through caps

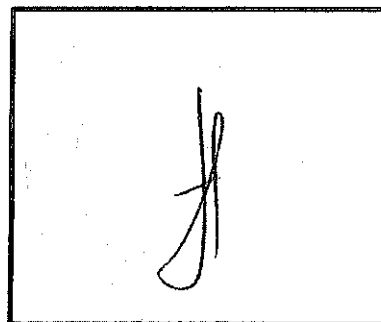
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Date:

Client: Domani Inspection Services, Inc.

Inspection Date: Thursday, July 2, 2020

Site Address: 23-20 Jackson Ave. Queens, NY

Time In/Out: 6:30 AM

6:00 PM

Project ID: DOMINS1068

Report Number: 1068 - CON - 20200702

Inspector(s): Tunde Ilori

Site Weather: 83 F

Set Report: 3

Laboratory Compression Test Data

Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	Ferrara Bros	Total Yardage Placed:	242 cy	Site Contact:	-
Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Fair

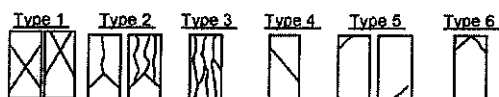
Location of Pour: Foundation mat slab.

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Slump (C143) (in)	Air % (C231/C173)	Conc. Temp. (C1064)	Unit Wt. (C138) (lb)	Specified Design Strength (PSI)	Sample Set Number
3383	755054	11:10 AM	11:57 AM	9	5.5	88 F	147.1	6000	3

[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



Type 1: Reasonably well formed cones on both ends, <1" of cracking through caps

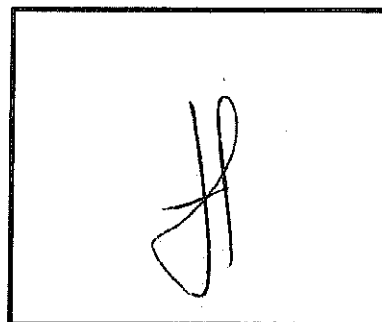
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Reviewed By: James M. Patterson P.E.

Date:

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, NY
Project ID: DOMINS1068
Inspector(s): Tunde Ilori

Inspection Date: Thursday, July 2, 2020
 Time In/Out: 6:30 AM 6:00 PM
 Report Number: 1068 - CON - 20200702
 Site Weather: 83 F Set Report:

Laboratory Compression Test Data

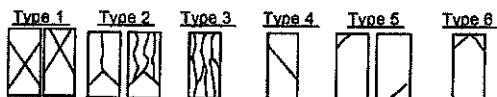
Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	Ferrara Bros	Total Yardage Placed:	242 cy	Site Contact:	-
Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Fair

Location of Pour: Foundation mat slab.

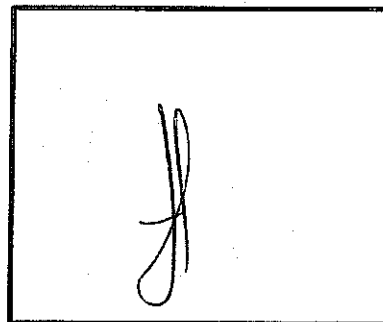
[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



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Reviewed By: James M. Patterson P.E. Date:

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, NY
Project ID: DOMINS1068
Inspector(s): Tunde Ilori

Inspection Date: Thursday, July 2, 2020
 Time In/Out: 6:30 AM 6:00 PM
 Report Number: 1068 - CON - 20200702
 Site Weather: 83 F Set Report:

Laboratory Compression Test Data

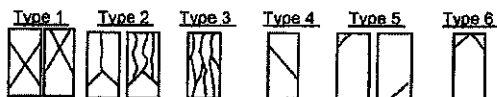
Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	Ferrara Bros	Total Yardage Placed:	242 cy	Site Contact:	-
Site:	Yes	Curing Box On Site:	Yes	Conditon of CB:	Fair

Location of Pour: Foundation mat slab.

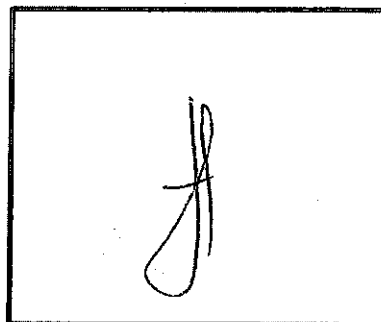
[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



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Type 5: Side fractures top and bottom
Type 6: Similar to type 5 but end of cylinder is pointed



Reviewed By: James M. Patterson P.E.

Date:

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)

JAMES PATTERSON

Signature

Date

09/13/2021

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)

Jan Cermak

10/29/21

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)	David Williams	Title	QA/QC
Signature	Date 1/28/22	NRMCA/CIB Expiration Date (BC 1905.8.2)	6/2/22
Business Name	US Concrete	Business Telephone	718-939-3030
Business Address	120-05 31st Avenue	Business Fax:	
City	Flushing	State	NY
		Zip	11354



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

✓ Orient and affix SIS
job number label here

Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 23-20 Street Name Jackson Avenue
Borough Queens Block 85 Lot 5 BIN 4000708 CB No.
Work on Floor(s) OSP Apt/Condo No(s)

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

Director Last Name PATTERSON Director First Name JAMES Director Middle Initial M
Business Name L.M.C. Materials Testing LLC Business Telephone 516-825-2347
Business Address 84 Whitehall Street Business Fax
City Lynbrook State NY Zip 11563 Mobile Telephone
E-Mail
Director's Lic. Number 092183 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 000099

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.

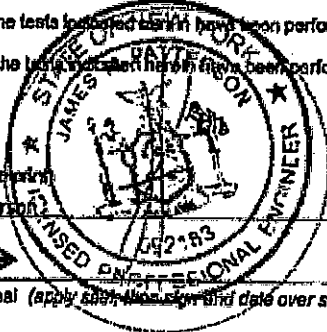
Name (please print)

James Patterson

Signature

Date

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



10/7/19

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) **JAN CERMAK**
JAN CERMAK
 Signature *[Signature]* Date **10/2/19**
 P.E. / R.A. Seal (Apply Test Report Number over seal) **090694**
PROFESSIONAL ENGINEER

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) **PETER PAPAMICHAEL** Title owner's rep
 Signature *[Signature]* Date **11/12/19**

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): 6000 (NO AIR) PSI

USC

Required Test Age (days): 28 DAYS

Sampling:

Test Report Number	Date of Placement	Cylinder I.D.	Slump	Air Content	Temperature	Weight	Placement Location	Total Placement	Breaking Strength
			in	%	F	lbs/ft³		yd³	PSI
1	6/9/2020	20-39024	7.75	1.8	77	150	FDN mat 1-2	108	9150
		20-39025					&E-G,FDN		9710
		20-39026					6-2 on GL G		9,390
							E.FDN 7-4.5		
							on lne A		
2	6/9/2020	20-39032	7.25	1.9	79	151.2	" "	108	8,920
		20-39033							8930
		20-39034							9,510
3	6/9/2020	20-39040	8	2	68	150.8	" "	108	8040
		20-39041							7,770
		20-39042							7780
4	6/17/2020	20-41083	7.5	2.5	78	148.6	1.5-1,GL-G,	26	7,630
		20-41084					E-G/A FDN		7230
		20-41085					wall		7,790
5	7/7/2020	20-46685	8	3.6	80	150.5	FDN wll on	22	8500
		20-46686					lne A frm		7950
		20-46687					4-5 to 2		8,490
6	7/9/2020	20-47886	7.75	1.8	89	151.2	FDN wll frm	33	9350
		20-47887					E-A.5 on		9790
		20-47888					GL 1		9570
7	7/14/2020	20-48739	9	1.8	86	150	FDN wll NE	20	7050
		20-48740					cnr frm GL		7010
		20-48741					A5-A,1-2		7560

Licensed Concrete Lab Director Name (please print)

JAMES PATTERSON

Signature

Date

09/13/21

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

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

Specified Concrete Str. (f' c): 6000 (NO AIR) PSI

USC

Required Test Age (days): 28 DAYS

Sampling:

Test Report Number	Date of Placement	Cylinder I.D.	Slump	Air Content in %	Temperature F	Weight lbs/ft ³	Placement Location	Total Placement yd ³	Breaking Strength PSI
8	7/14/2020	20-48747	-	-	-	-	" "	20	6200
		20-48748							5920
		20-48749							6,170

Licensed Concrete Lab Director Name (please print)

JAMES PATTERSON

Signature

Date

09/13/21

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

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, NY
Project ID: DOMINS1068
Inspector(s): Ajibola Obasa

Inspection Date:	Tuesday, June 9, 2020	
Time In/Out:	7:26 AM	4:02 PM
Report Number:	1068 - CON - 20200609	
Site Weather:	70 F Sunny	Set Report:

Laboratory Compression Test Data

Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	USC	Total Yardage Placed:	108 cy	Site Contact:	Trevor
Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good

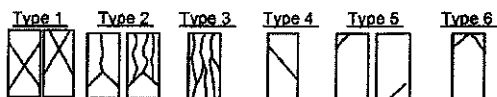
Location of Pour: Foundation mat #1-2 and E-G, foundation #6-2 on grid line G, East foundation from #7-4.5 on line A.

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Slump (C143) (in)	Air % (C231/C173)	Conc. Temp. (C1064)	Unit Wt. (C138) (lb)	Specified Design Strength (PSI)	Sample Set Number
3380	739968	1:02 PM	2:21 PM	8	2.0	68 F	150.8	6000	3

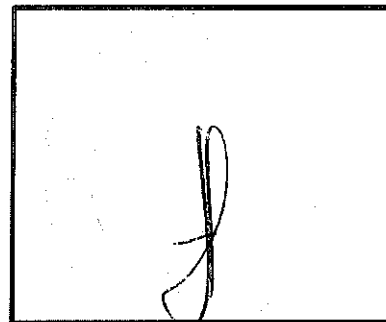
[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



Type 1: Reasonably well formed cones on both ends, <1" of cracking through caps
Type 2: Well formed cone on one end, vertical cracks running through caps
Type 3: Columnar vertical cracking through both ends, no well formed cones
Type 4: Diagonal fracture with no cracking through ends
Type 5: Side fractures top and bottom
Type 6: Similar to type 5 but end of cylinder is pointed



Reviewed By: James M. Patterson P.E. Date:

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, NY
Project ID: DOMINS1068
Inspector(s): Carl Chaug

Inspection Date:	Wednesday, June 17, 2020		
Time In/Out:	8:30 AM		5:45 PM
Report Number:	1068 - CON - 20200617		
Site Weather:	82 F		Set Report:

Laboratory Compression Test Data

Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	USC	Total Yardage Placed:	26 CY	Site Contact:	Trevor
Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good

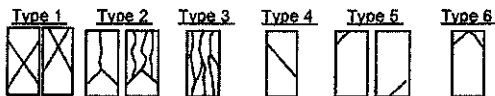
Location of Pour: 1.5-1, GL-G, E-G/1 foundation wall.

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Slump (C143) (in)	Air % (C231/C173)	Conc. Temp. (C1064)	Unit Wt. (C138) (lb)	Specified Design Strength (PSI)	Sample Set Number
3192	744965	12:59 PM	1:41 PM	7.5	2.5	78 F	148.6	6000	1

[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



Type 1: Reasonably well formed cones on both ends, <1" of cracking through caps
Type 2: Well formed cone on one end, vertical cracks running through caps
Type 3: Columnar vertical cracking through both ends, no well formed cones
Type 4: Diagonal fracture with no cracking through ends
Type 5: Side fractures top and bottom
Type 6: Similar to type 5 but end of cylinder is pointed

Reviewed By: James M. Patterson P.E. Date:

Client: Domani Inspection Services, Inc.

Inspection Date: Tuesday, July 7, 2020

Site Address: 23-20 Jackson Ave. Queens, NY

Time In/Out: 11:35 AM

4:13 PM

Project ID: DOMINS1068

Report Number: 1068 - CON - 20200707

inspector(s): Emeka Aguiyi

Site Weather: 78 F Cloudy

Set Report: 1

Laboratory Compression Test Data

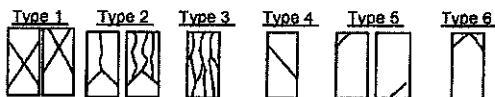
Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	USC	Total Yardage Placed:	22 cy	Site Contact:	John P.
Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good

Location of Pour: Foundation wall on line A from 4-5 to 2.

[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



Type 1: Reasonably well formed cones on both ends, <1" of cracking through caps

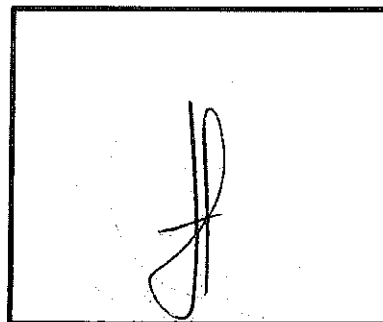
Type 2: Well formed cone on one end, vertical cracks running through caps

Type 3: Columnar vertical cracking through both ends, no well formed cones

Type 4: Diagonal fracture with no cracking through ends

Type 5: Side fractures top and bottom

Type 6: Similar to type 5 but end of cylinder is pointed



Reviewed By: James M. Patterson P.E.

Date:

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, NY
Project ID: DOMINS1068
Inspector(s): Bradley Ferrance

Inspection Date:	Tuesday, July 14, 2020	
Time In/Out:	1:50 PM	3:45 PM
Report Number:	1068 - CON - 20200714	
Site Weather:	84 F Sunny	Set Report:

Laboratory Compression Test Data

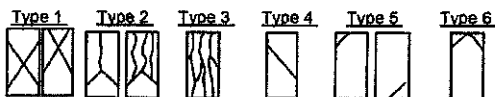
Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	USC	Total Yardage Placed:	20 cy	Site Contact:	Trevor
Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good

Location of Pour: Foundation wall NE corner from grid lines A5 to A and 1 to 2.

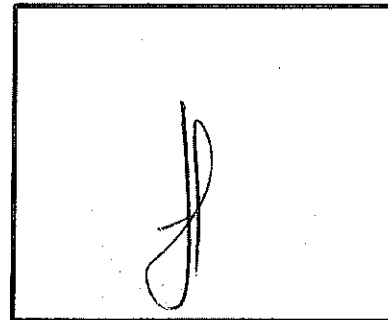
[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



- Type 1: Reasonably well formed cones on both ends, <1" of cracking through caps
Type 2: Well formed cone on one end, vertical cracks running through caps
Type 3: Columnar vertical cracking through both ends, no well formed cones
Type 4: Diagonal fracture with no cracking through ends
Type 5: Side fractures top and bottom
Type 6: Similar to type 5 but end of cylinder is pointed



Reviewed By: James M. Patterson P.E.

Date: _____

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)

JAMES PATTERSON

Signature

Date

09/13/2021

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)

Jan Cermak

10/29/21

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)	David Williams	Title	QA/QC
Signature	Date 1/28/22	NRMCA/CIB Expiration Date (BC 1905.8.2)	6/2/22
Business Name	US Concrete	Business Telephone	718-939-3030
Business Address	120-05 31st Avenue	Business Fax:	
City	Flushing	State	NY
		Zip	11354



84 Whitehall St Lynbrook, NY 11563
Office: (516) 825-2737 - Fax: (516) 599-1587

09/13/2021

Re: TR-2

23-20 Jackson Avenue
Queens, NY
Block: 85 Lot: 5

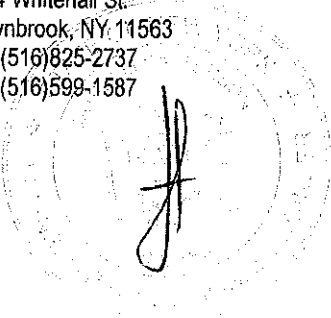
To Whom It May Concern,

All samples met the specified design strength of **3000 PSI** and therefore there are no samples that are non-compliant.

Sincerely,

James Patterson
LMC Materials Testing LLC
Laboratory Director

84 Whitehall St.
Lynbrook, NY 11563
T:(516)825-2737
F:(516)599-1587





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

✓ Orient and affix BIS
job number label here

Sheet number 1

1 Location Information Required for all applications.

House No(s) 23-20 Street Name Jackson Avenue
Borough Queens Block 85 Lot 5 BIN 4000708 CB No.
Work on Floor(s) OSP Apt/Condo No(s)

2 Licensed Concrete Testing Lab Information Required for all applications.

Director Last Name PATTERSON Director First Name JAMES Director Middle Initial M
Business Name L.M.C. Materials Testing LLC Business Telephone 516-825-2347
Business Address 84 Whitehall Street Business Fax
City Lynbrook State NY Zip 11563 Mobile Telephone
E-Mail
Director's Lic. Number 092183 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 000099

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:

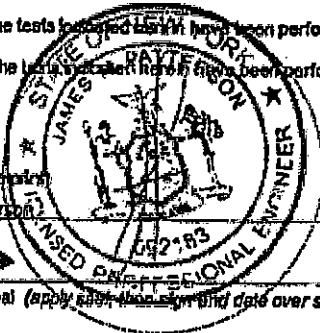
- ☒ None of the tests specified herein have been performed to date by the previously designated individual.
☐ Some of the tests specified herein have been performed by the previously designated individual, as indicated in the attached report.

Name (please print)

James Patterson

Signature

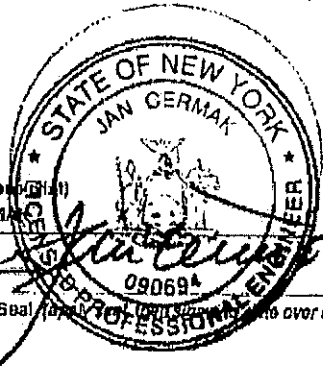
P.E. / R.A. Seal (apply seal, date and date over seal)



10/7/19
Date

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) JAN GERMAK

 Signature [Signature] Date 10/8/19

 P.E./R.A. Seal (apply 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) PETER PAPAMICHAEL Title owner's rep [Signature]

 Signature [Signature] Date 11/12/19

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): 3000 PSI USC Required Test Age (days): 28 DAYS

Sampling:

Test Report Number	Date of Placement	Cylinder I.D.	Slump	Air Content	Temperature	Weight	Placement Location	Total Placement	Breaking Strength
			in	%	F	lbs/ft ³		yd ³	PSI
1	1/22/2020	20-4861	8.5	5.6	58	143.4	Mud mat	28	7090
		20-4862					for SW crnr		7180
		20-4863							6,620
2	1/23/2020	20-5050	8.25	5.9	56	142.4	3" mud slb	18	6790
		20-5051					btw lnes		6830
		20-5052					1.5/3-D.5/G		6,650
3	1/28/2020	20-7761	8.5	4.8	64	146.7	Mud slb lne	40	6860
		20-7762					D-D.5-G/1.5-6		6,390
		20-7763							6670
4	1/30/2020	20-8603	7	6.6	50	146	3" S.W.	7	7,920
		20-8604					rat slb		7360
		20-8605							7,390
5	2/10/2020	20-13357	7.75	5.6	60	144.4	Phase 2	18	8220
		20-13358					mud slb on		8,070
		20-13359					S.sde		8170
6	2/12/2020	20-14127	9	5.1	57	143.1	rat slb	10	6380
		20-14128							6,210
		20-14129							6750
7	2/21/2020	20-19694	7.25	6.2	51	146.8	Mud slb	10	8990
		20-19695					elvtr pit &		8840
		20-19696					grease trap		8760
8	2/24/2020	20-18594	7	6.1	57	147.6	Mud slb	10	7180
		20-18595					phase 4		7480
		20-18596							7300

Licensed Concrete Lab Director Name (please print)

JAMES PATTERSON

Signature

Date

09/13/21

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



Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: B. Goleman / ACI #: 01291701

Inspection Date: 01/22/2020
Revised Date: 03/20/2020
Time In: 01:00 pm **Time Out:** 04:30 pm
Report No: 1068-CON-20200122-3K-56
Weather: Sunny

Page 1 of 2

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle industries
Supplier:	Us concrete	Total Yardage Placed:	28	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good

Location of Pour: Mudmat for SW corner

Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	2@7, 3@28, 3@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft³):	141.7-147.7

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3017	24418	1:01 pm	1:40 pm	2:20 pm	8.5	5.6	37 °F	58 °F	143.4	3,000	8 of 8	1 of 1

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-4859	7	01/29/20	4.00	12.566	62,630	4,980		2	C. Forde / ACI #: 01379001
20-4860	7	01/29/20	4.00	12.566	62,990	5,010	5,000	3	C. Forde / ACI #: 01379001
20-4861	28	02/19/20	4.00	12.566	89,080	7,090		2	C. Forde / ACI #: 01379001
20-4862	28	02/19/20	4.00	12.566	90,270	7,180		2	C. Forde / ACI #: 01379001
20-4863	28	02/19/20	4.00	12.566	83,230	6,620	6,970	2	C. Forde / ACI #: 01379001
20-4864	56	03/18/20	4.00	12.566	95,290	7,580		Type 2	C. Forde
20-4865	56	03/18/20	4.00	12.566	96,710	7,700		Type 2	C. Forde
20-4866	56	03/18/20	4.00	12.566	94,090	7,490	7,590	Type 3	C. Forde



Type 1



Type 2



Type 3



Type 4



Type 5



Type 6

Remarks: Final Discharge Time 3:40PM.

Test Methods: Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.

Conformance: Work is in conformance with contract drawings, specifications, and NYC BC.

Respectfully Submitted,
L.M.C. Materials Testing LLC

James Patterson, Laboratory Director



Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: O. Alese

Inspection Date: 01/23/2020
Revised Date: 03/23/2020
Time In: 12:00 pm Time Out: 04:53 pm
Report No: 1068-CON-20200123-3K-56
Weather: Sunny

Page 1 of 2

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	USC - Kings	Total Yardage Placed:	18	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good
Location of Pour: 3" Mud Slab between lines 1.5/3 - D.5/G					

Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft ³):	141.7-147.7

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
8049	673241	1:33 pm	2:24 pm	2:53 pm	8.25	5.9	41 °F	56 °F	142.4	3,000	6 of 6	1 of 1

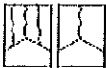
Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-5049	7	01/30/20	4.00	12.566	59,940	4,770	4,770	3	C. Forde / ACI #: 01379001
20-5050	28	02/20/20	4.00	12.566	85,360	6,790		2	C. Forde / ACI #: 01379001
20-5051	28	02/20/20	4.00	12.566	85,840	6,830		2	C. Forde / ACI #: 01379001
20-5052	28	02/20/20	4.00	12.566	83,600	6,650	6,760	2	C. Forde / ACI #: 01379001
20-5053	56	03/19/20	4.00	12.566	101,180	8,050		Type 2	C. Forde
20-5054	56	03/19/20	4.00	12.566	103,510	8,240	8,140	Type 2	C. Forde



Type 1



Type 2



Type 3



Type 4



Type 5



Type 6

Remarks: Final Discharge Time 2:53pm

Test Methods: Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.

Conformance: Work is in conformance with contract drawings, specifications, and NYC BC.

Respectfully Submitted,
L.M.C. Materials Testing LLC

James Patterson, Laboratory Director



Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: E. Aguiyi

Inspection Date: 01/28/2020
Revised Date: 03/25/2020
Time In: 09:30 am Time Out: 12:36 pm
Report No: 1068-CON-20200128-3K-56
Weather: Cloudy
Page 1 of 2

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	US Concrete	Total Yardage Placed:	40	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good
Location of Pour: Mud Slab between line D to D.5 - G/1.5 - 6					

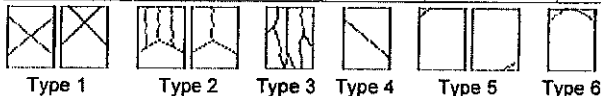
Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft ³):	141.7-147.7

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3195	676145	9:35 am	10:31 am	10:57 am	8.5	4.8	43 °F	64 °F	146.7	3,000	8 of 8	1 of 1

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-7758	7	02/04/20	4.00	12.566	51,770	4,120	4,120	2	C. Forde / ACI #: 01379001
20-7759	14	02/11/20	4.00	12.566	66,020	5,250		2	C. Forde / ACI #: 01379001
20-7760	14	02/11/20	4.00	12.566	71,020	5,650	5,450	2	C. Forde / ACI #: 01379001
20-7761	28	02/25/20	4.00	12.566	86,200	6,860		2	C. Forde / ACI #: 01379001
20-7762	28	02/25/20	4.00	12.566	80,310	6,390		2	C. Forde / ACI #: 01379001
20-7763	28	02/25/20	4.00	12.566	83,840	6,670	6,640	2	C. Forde / ACI #: 01379001
20-7764	56	03/24/20	4.00	12.566	95,590	7,610		Type 2	C. Forde
20-7765	56	03/24/20	4.00	12.566	90,940	7,240	7,420	Type 2	C. Forde



Remarks: Final Discharge Time 12:28PM.

Test Methods: Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.

Conformance: Work is in conformance with contract drawings, specifications, and NYC BC.

Respectfully Submitted,
L.M.C. Materials Testing

James Patterson, Laboratory Director



Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: A. Ahmed / ACI #: 01381507

Inspection Date: 01/30/2020
Revised Date: 03/27/2020
Time In: 10:00 am **Time Out:** 01:30 pm
Report No: 1068-CON-20200130-3K-56
Weather: Sunny

Page 1 of 2

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	USC	Total Yardage Placed:	7	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good

Location of Pour: 3" south west sheff rat slab

Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft³):	141.7-147.7

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3328	677968	10:40 am	12:15 pm	12:38 pm	7.0	6.6	34 °F	50 °F	146.0	3,000	8 of 8	1 of 1

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-8600	7	02/06/20	4.00	12.566	67,830	5,400	5,400	3	C. Forde / ACI #: 01379001
20-8601	14	02/13/20	4.00	12.566	79,770	6,350		2	C. Forde / ACI #: 01379001
20-8602	14	02/13/20	4.00	12.566	81,310	6,470	6,410	2	C. Forde / ACI #: 01379001
20-8603	28	02/27/20	4.00	12.566	99,530	7,920		3	C. Forde / ACI #: 01379001
20-8604	28	02/27/20	4.00	12.566	92,470	7,360		4	C. Forde / ACI #: 01379001
20-8605	28	02/27/20	4.00	12.566	92,830	7,390	7,560	4	C. Forde / ACI #: 01379001
20-8606	56	03/26/20	4.00	12.566	122,670	9,760		Type 3	C. Forde
20-8607	56	03/26/20	4.00	12.566	119,320	9,500	9,630	Type 4	C. Forde



Remarks: Final Discharge Time 12:38PM. *NO NCR NECESSARY DUE TO POUR BEING NON-STRUCTURAL*
Test Methods: Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.

Conformance: Work is in conformance with contract drawings, specifications, and NYC BC.

Respectfully Submitted
L.M.C. Materials Testing, LLC

James Patterson, Laboratory Director



Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: A. Fadipe

Inspection Date: 02/10/2020
Revised Date: 04/07/2020
Time In: 12:00 pm Time Out: 04:50 pm
Report No: 1068-CON-20200210-3K-56
Weather: Rain

Page 1 of 2

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle industries
Supplier:	USC	Total Yardage Placed:	18	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good
Location of Pour: Phase 2 mud slab on the south side					

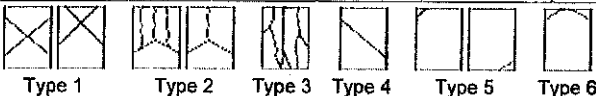
Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft³):	141.7-147.7

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3278	161213	12:51 pm	1:59 pm	2:20 pm	7.75	5.6	46 °F	60 °F	144.4	3,000	8 of 8	1 of 1

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-13354	7	02/17/20	4.00	12.566	65,240	5,190	5,190	2	C. Forde / ACI #: 01379001
20-13355	14	02/24/20	4.00	12.566	84,600	6,730		2	C. Forde / ACI #: 01379001
20-13356	14	02/24/20	4.00	12.566	90,200	7,180	6,960	3	C. Forde / ACI #: 01379001
20-13357	28	03/09/20	4.00	12.566	103,350	8,220		2	C. Forde / ACI #: 01379001
20-13358	28	03/09/20	4.00	12.566	101,430	8,070		2	C. Forde / ACI #: 01379001
20-13359	28	03/09/20	4.00	12.566	102,670	8,170	8,160	2	C. Forde / ACI #: 01379001
20-13360	56	04/06/20	4.00	12.566	113,590	9,040		3	C. Forde / ACI #: 01379001
20-13361	56	04/06/20	4.00	12.566	114,710	9,130	9,080	3	C. Forde / ACI #: 01379001



Remarks: Final Discharge Time 4:08PM.

Test Methods: Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.

Conformance: Work is in conformance with contract drawings, specifications, and NYC BC.

Respectfully Submitted,
L.M.C. Materials Testing / LC

James Patterson, Laboratory Director



Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: J. Obisesan

Inspection Date: 02/12/2020
Revised Date: 04/08/2020
Time In: 10:25 am **Time Out:** 10:35 am
Report No: 1068-CON-20200212-3K-56
Weather: Cloudy

Page 1 of 2

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle industries
Supplier:	U.S Concrete	Total Yardage Placed:	10	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good
Location of Pour: Rat Slab					

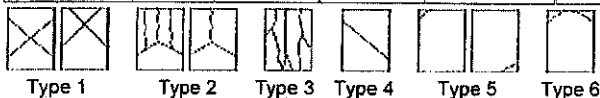
Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft³):	141.7-147.7

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3078	685669	2:28 pm	3:49 pm	4:00 pm	9.0	5.1	46 °F	57 °F	143.1	3,000	8 of 8	1 of 1

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-14124	7	02/19/20	4.00	12.566	47,680	3,790	3,790	3	C. Forde / ACI #: 01379001
20-14125	14	02/26/20	4.00	12.566	61,890	4,930		2	C. Forde / ACI #: 01379001
20-14126	14	02/26/20	4.00	12.566	63,580	5,060	4,990	3	C. Forde / ACI #: 01379001
20-14127	28	03/11/20	4.00	12.566	80,120	6,380		2	C. Forde / ACI #: 01379001
20-14128	28	03/11/20	4.00	12.566	78,000	6,210		2	C. Forde / ACI #: 01379001
20-14129	28	03/11/20	4.00	12.566	84,790	6,750	6,440	2	C. Forde / ACI #: 01379001
20-14130	56	04/08/20	4.00	12.566	93,720	7,460		2	C. Forde / ACI #: 01379001
20-14131	56	04/08/20	4.00	12.566	90,450	7,200	7,330	2	C. Forde / ACI #: 01379001



Remarks: Final Discharge Time 4:00PM.

Test Methods: Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.

Conformance: Work is in conformance with contract drawings, specifications, and NYC BC.

Respectfully Submitted,
L.M.C. Materials Testing LLC

James Patterson, Laboratory Director



Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: A. Fadipe

Inspection Date: 02/21/2020
Revised Date: 04/29/2020
Time In: 10:30 am **Time Out:** 03:45 pm
Report No: 1068-CON-20200221-3K-56
Weather: Sunny

Page 1 of 2

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle industries
Supplier:	USC	Total Yardage Placed:	10	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good
Location of Pour: Mud slab elevator pit and grease trap					

Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft³):	141.7-147.7

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3255	25285	1:12 pm	1:55 pm	2:41 pm	7.25	6.2	29 °F	51 °F	146.8	3,000	8 of 8	1 of 1

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-19691	7	02/28/20	4.00	12.566	79,100	6,290	6,290	2	C. Forde / ACI #: 01379001
20-19692	14	03/06/20	4.00	12.566	88,510	7,040		2	C. Forde / ACI #: 01379001
20-19693	14	03/06/20	4.00	12.566	90,130	7,170	7,110	2	C. Forde / ACI #: 01379001
20-19694	28	03/20/20	4.00	12.566	112,920	8,990		Type 3	C. Forde
20-19695	28	03/20/20	4.00	12.566	111,100	8,840		Type 2	C. Forde
20-19696	28	03/20/20	4.00	12.566	110,090	8,760	8,860	Type 2	C. Forde
20-19697	56	04/17/20	4.00	12.566	127,440	10,140		3	C. Forde / ACI #: 01379001
20-19698	56	04/17/20	4.00	12.566	127,750	10,170	10,150	3	C. Forde / ACI #: 01379001



Type 1 Type 2 Type 3 Type 4 Type 5 Type 6

Remarks: Final Discharge Time 2:41PM.

Test Methods: Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.

Conformance: Work is in conformance with contract drawings, specifications, and NYC BC.

Respectfully Submitted,
L.M.C. Materials Testing LLC

James Patterson, Laboratory Director

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, NY
Project ID: DOMINS1068
Inspector(s): Akinkunle Fadipe

Inspection Date: Monday, February 24, 2020
 Time In/Out: 11:30 AM 3:30 PM
 Report Number: 1068 - CON - 20200224
 Site Weather: 58 F sunny Set Report:

Laboratory Compression Test Data

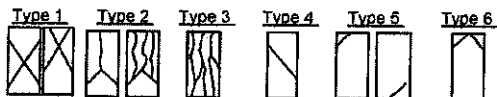
Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	USC	Total Yardage Placed:	10 cy	Site Contact:	-
Site:	Yes	Curing Box On Site:	Yes	Conditon of CB:	Fair

Location of Pour: Mud slab phase 4.

[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



Type 1: Reasonably well formed cones on both ends, <1" of cracking through caps

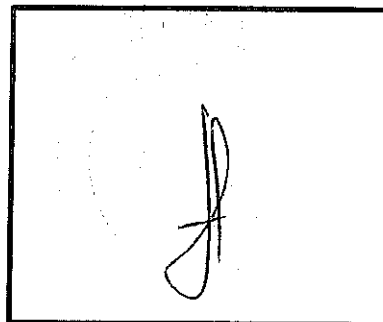
Type 2: Well formed cone on one end, vertical cracks running through caps

Type 3: Columnar vertical cracking through both ends, no well formed cones

Type 4: Diagonal fracture with no cracking through ends

Type 5: Side fractures top and bottom

Type 6: Similar to type 5 but end of cylinder is pointed



Reviewed By: James M. Patterson P.E.

Date:

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)

JAMES PATTERSON

Signature

Date

09/13/2021

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)

Jan Cermak

10/29/21

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) David Williams

Title

QA/QC

Signature

Date 1/28/22

NRMCA/CIB Expiration Date (BC 1905.8.2)

6/2/22

Business Name

US Concrete

Business Telephone

718-939-3030

Business Address

120-05 31st Avenue

Business Fax:

City

Flushing

State

NY

Zip

11354



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

✓ Orient and affix B18
job number label here

Sheet number 1

1 Location Information Required for all applications.

House No(s) 23-20	Street Name Jackson Avenue
Borough Queens	Block 85 Lot 5 BIN 4000708 CB No.
Work on Floor(s) OSP	Ap/Condo No(s)

2 Licensed Concrete Testing Lab Information Required for all applications.

Director Last Name PATTERSON	Director First Name JAMES	Director Middle Initial M
Business Name L.M.C. Materials Testing LLC	Business Telephone 516-825-2347	
Business Address 84 Whitehall Street	Business Fax	
City Lynbrook	State NY	Zip 11563
E-Mail	Mobile Telephone	
Director's Lic. Number 092183	☒ P.E. ☐ R.A.	Concrete Testing Lab Lic. Number 000099

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.

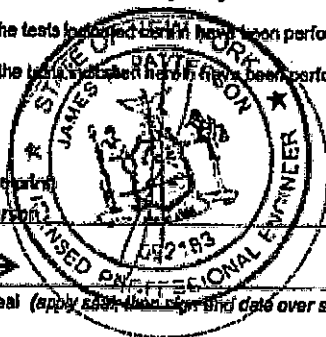
Change of Applicant: I am a newly designated individual responsible for the testing specified herein and I hereby state that:

- ☒ None of the tests specified herein have been performed to date by the previously designated individual.
☐ Some of the tests specified herein have been performed by the previously designated individual, as indicated in the attached report.

Name (please print)

James Patterson

Signature



Date

10/7/19

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

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)

JAN CERMAK

Signature

Date

P.E. / R.A. Seal (apply 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) PETER PAPAMICHAEL

Title owner's rep

Signature

Date

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): 5000 PSI USC Required Test Age (days): 28 DAYS

Sampling:

Test Report Number	Date of Placement	Cylinder I.D.	Slump	Air Content in %	Temperature F	Weight lbs/ft ³	Placement Location	Total Placement yd ³	Breaking Strength PSI
1	2/5/2020	20-11294	8	5	60	143.6	FDN mat	278	6790
		20-11295					slb		6410
		20-11296							6,690
2	2/5/2020	20-11302	9	7.5	55	137.6	" "	278	5380
		20-11303							5430
		20-11304							5,600
3	2/5/2020	20-11310	8.5	7	57	141.2	" "	278	7740
		20-11311							7,330
		20-11312							7430
4	2/5/2020	20-11318	8	5.1	65	146	" "	278	6,670
		20-11319							6680
		20-11320							6,340
5	2/5/2020	20-11326	8.25	5.5	60	144.8	" "	278	7060
		20-11327							7,060
		20-11328							7270
6	2/5/2020	20-11334	8.5	3	65	144.8	" "	278	7720
		20-11335							7,590
		20-11336							7540
7	2/18/2020	20-21251	8.5	5.5	58	142.9	36"FDN mat	120	7520
		20-21252					slb btw A-D		7390
		20-21253					.5, 5.5-7		7310
8	2/18/2020	20-21259	8.5	5.1	57	144	" "	120	7850
		20-21260							7870
		20-21261							8300

Licensed Concrete Lab Director Name (please print)

JAMES PATTERSON

Signature

Date

09/13/21

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

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

Specified Concrete Str. (f' c):		5000	PSI	USC	Required Test Age (days):			28 DAYS		
Sampling:										
Test Report Number	Date of Placement	Cylinder I.D.	Slump	Air Content	Temperature	Weight	Placement Location	Total Placement	Breaking Strength	
			in	%	F	lbs/ft³		yd³	PSI	
9	2/18/2020	20-21267	8	5	58	146	" "	120	8320	
		20-21268							8200	
		20-21269							8,240	
10	3/9/2020	20-23286	9	5.6	61	148	Elvtr pit slb	27	7270	
		20-23287							7570	
		20-23288							7,600	
11	3/9/2020 OT	20-23291	7.75	7.5	67	142.4	" "	27	5310	
		20-23292							5,310	
12	3/20/2020	20-26714	7.75	3.8	63	152.8	Mat slb	300	8110	
		20-26715					A-D.5/3.5-4.5		8,020	
		20-26716					B-D.5/3.5-2.5		8360	
13	3/20/2020	20-26722	8.25	3.4	61	152.4	" "	300	7,770	
		20-26723							7730	
		20-26724							8,190	
14	3/20/2020	20-26730	8.25	3.7	65	152.8	" "	300	8520	
		20-26731							8540	
		20-26732							8,420	
15	3/20/2020	20-26738	8	3.5	69	152	" "	300	9400	
		20-26739							9070	
		20-26740							9610	
16	3/20/2020	20-26746	8.5	3.2	62	151.2	" "	300	7720	
		20-26747							7850	
		20-26748							8110	

Licensed Concrete Lab Director Name (please print)

JAMES PATTERSON

Signature

Date

09/13/21

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

TR2

Sheet number 5 of 6 Sheets

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

Specified Concrete Str. (f' c):		5000	PSI	USC	Required Test Age (days):		28 DAYS		
Sampling:									
Test Report Number	Date of Placement	Cylinder I.D.	Slump	Air Content	Temperature	Weight	Placement Location	Total Placement	Breaking Strength
			in	%	F	lbs/ft³		yd³	PSI
17	3/20/2020	20-26754	8.25	3.7	61	152.4	" "	300	8150
		20-26755							7910
		20-26756							8,140

Licensed Concrete Lab Director Name (please print)

JAMES PATTERSON

Signature

Date

09/13/21

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

**NON-CONFORMANCE REPORT**
Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: F. Orji

Inspection Date: 02/05/2020
Revised Date: 04/02/2020
Time In: 07:19 am **Time Out:** 06:34 pm
Report No: 1068-CON-20200205-5K-56-NCR
Weather: Cloudy

Page 1 of 7

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	Kings	Total Yardage Placed:	278	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good

Location of Pour: Foundation mat slab

Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft³):	142.3-148.3

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3231	681512	8:53 am	9:42 am	9:58 am	8.0	5.0	43 °F	60 °F	143.6	5,000	8 of 48	1 of 6

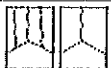
Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-11291	7	02/12/20	4.00	12.566	52,510	4,180	4,180	3	C. Forde / ACI #: 01379001
20-11292	14	02/19/20	4.00	12.566	62,360	4,960		2	C. Forde / ACI #: 01379001
20-11293	14	02/19/20	4.00	12.566	63,500	5,050	5,010	2	C. Forde / ACI #: 01379001
20-11294	28	03/04/20	4.00	12.566	85,300	6,790		2	C. Forde / ACI #: 01379001
20-11295	28	03/04/20	4.00	12.566	80,590	6,410		2	C. Forde / ACI #: 01379001
20-11296	28	03/04/20	4.00	12.566	84,050	6,690	6,630	2	C. Forde / ACI #: 01379001
20-11297	56	04/01/20	4.00	12.566	94,200	7,500		2	C. Forde / ACI #: 01379001
20-11298	56	04/01/20	4.00	12.566	92,610	7,370	7,430	3	C. Forde / ACI #: 01379001



Type 1



Type 2



Type 3



Type 4



Type 5



Type 6

Remarks: Final Discharge Time 4:39PM**Test Methods:** Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.**Non-Conformance Work:** Deficiencies noted in remarks with the following exception(s).

- TR3/Mix design provided on site was not approved.

Respectfully Submitted,
L.M.C. Materials Testing

James Patterson, Laboratory Director

**NON-CONFORMANCE REPORT**
Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: F. Orji

Inspection Date: 02/05/2020
Revised Date: 04/02/2020
Time In: 07:19 am **Time Out:** 06:34 pm
Report No: 1068-CON-20200205-5K-56-NCR
Weather: Cloudy

Page 2 of 7

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	Kings	Total Yardage Placed:	278	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good

Location of Pour: Foundation mat slab

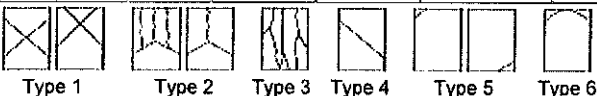
Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft ³):	142.3-148.3

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3186	681735	10:46 am	11:40 am	12:02 pm	9.0	7.5	43 °F	55 °F	137.6	5,000	8 of 48	2 of 6

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-11299	7	02/12/20	4.00	12.566	40,550	3,230	3,230	2	C. Forde / ACI #: 01379001
Comments: Cylinder below target strength									
20-11300	14	02/19/20	4.00	12.566	53,040	4,220		2	C. Forde / ACI #: 01379001
20-11301	14	02/19/20	4.00	12.566	52,610	4,190	4,200	2	C. Forde / ACI #: 01379001
20-11302	28	03/04/20	4.00	12.566	67,590	5,380		2	C. Forde / ACI #: 01379001
20-11303	28	03/04/20	4.00	12.566	68,260	5,430		2	C. Forde / ACI #: 01379001
20-11304	28	03/04/20	4.00	12.566	70,400	5,600	5,470	2	C. Forde / ACI #: 01379001
20-11305	56	04/01/20	4.00	12.566	75,630	6,020		2	C. Forde / ACI #: 01379001
20-11306	56	04/01/20	4.00	12.566	81,140	6,460	6,240	2	C. Forde / ACI #: 01379001

**Remarks:** Final Discharge Time 4:39**Test Methods:** Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.**Non-Conformance Work: Deficiencies noted in remarks with the following exception(s).**

- TR3/Mix design provided on site was not approved.
- TR3/Mix design requires unit weight to be 145.3lbs +/- 3lbs, test results for truck #3186 show unit weight to be out of tolerance.

Respectfully Submitted,
L.M.C. Materials Testing LLC

James Patterson, Laboratory Director



NYCDOB Concrete Testing Laboratory #000099

84 Whitehall Street
Lynbrook, NY 11563
P.516-825-2737**NON-CONFORMANCE REPORT**
Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: F. Orji

Inspection Date: 02/05/2020
Revised Date: 04/02/2020
Time In: 07:19 am **Time Out:** 06:34 pm
Report No: 1068-CON-20200205-5K-56-NCR
Weather: Cloudy

Page 3 of 7

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	Kings	Total Yardage Placed:	278	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good
Location of Pour: Foundation mat slab					

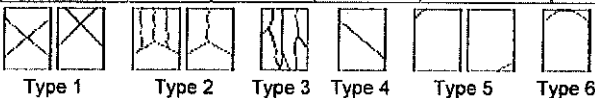
Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft ³):	142.3-148.3

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3185	681833	11:38 am	12:44 pm	12:58 pm	8.5	7.0	43 °F	57 °F	141.2	5,000	8 of 48	3 of 6

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-11307	7	02/12/20	4.00	12.566	55,260	4,400	4,400	3	C. Forde / ACI #: 01379001
20-11308	14	02/19/20	4.00	12.566	63,690	5,070		2	C. Forde / ACI #: 01379001
20-11309	14	02/19/20	4.00	12.566	66,460	5,290	5,180	2	C. Forde / ACI #: 01379001
20-11310	28	03/04/20	4.00	12.566	97,240	7,740		2	C. Forde / ACI #: 01379001
20-11311	28	03/04/20	4.00	12.566	92,050	7,330		2	C. Forde / ACI #: 01379001
20-11312	28	03/04/20	4.00	12.566	93,420	7,430	7,500	2	C. Forde / ACI #: 01379001
20-11313	56	04/01/20	4.00	12.566	104,540	8,320		2	C. Forde / ACI #: 01379001
20-11314	56	04/01/20	4.00	12.566	102,200	8,130	8,230	4	C. Forde / ACI #: 01379001

**Remarks:** Final Discharge Time 4:39**Test Methods:** Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.**Non-Conformance Work: Deficiencies noted in remarks with the following exception(s).**

- TR3/Mix design provided on site was not approved.
- TR3/Mix design requires unit weight to be 145.3lbs +/- 3lbs, test results for truck #3185 show unit weight to be out of tolerance.

Respectfully Submitted,
L.M.C. Materials Testing LLC

James Patterson, Laboratory Director

**NON-CONFORMANCE REPORT**
Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: F. Orji

Inspection Date: 02/05/2020
Revised Date: 04/02/2020
Time In: 07:19 am **Time Out:** 06:34 pm
Report No: 1068-CON-20200205-5K-56-NCR
Weather: Cloudy

Page 4 of 7

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	Kings	Total Yardage Placed:	278	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good
Location of Pour: Foundation mat slab					

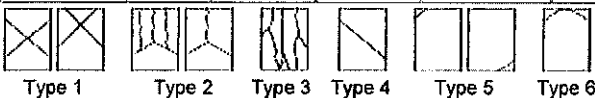
Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft ³):	142.3-148.3

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3225	681950	12:39 pm	1:31 pm	1:42 pm	8.0	5.1	43 °F	65 °F	146.0	5,000	8 of 48	4 of 6

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-11315	7	02/12/20	4.00	12.566	50,070	3,980	3,980	3	C. Forde / ACI #: 01379001
20-11316	14	02/19/20	4.00	12.566	64,440	5,130		2	C. Forde / ACI #: 01379001
20-11317	14	02/19/20	4.00	12.566	66,020	5,250	5,190	2	C. Forde / ACI #: 01379001
20-11318	28	03/04/20	4.00	12.566	83,830	6,670		2	C. Forde / ACI #: 01379001
20-11319	28	03/04/20	4.00	12.566	83,890	6,680		2	C. Forde / ACI #: 01379001
20-11320	28	03/04/20	4.00	12.566	79,670	6,340	6,560	2	C. Forde / ACI #: 01379001
20-11321	56	04/01/20	4.00	12.566	90,250	7,180		4	C. Forde / ACI #: 01379001
20-11322	56	04/01/20	4.00	12.566	95,880	7,630	7,410	2	C. Forde / ACI #: 01379001

**Remarks:** Final Discharge Time 4:39**Test Methods:** Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.**Non-Conformance Work:** Deficiencies noted in remarks with the following exception(s).

- TR3/Mix design provided on site was not approved.

Respectfully Submitted,
L.M.C. Materials Testing LLC

James Patterson, Laboratory Director

**NON-CONFORMANCE REPORT**
Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: F. Orji

Inspection Date: 02/05/2020
Revised Date: 04/02/2020
Time In: 07:19 am **Time Out:** 06:34 pm
Report No: 1068-CON-20200205-5K-56-NCR
Weather: Cloudy

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Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	Kings	Total Yardage Placed:	278	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good
Location of Pour: Foundation mat slab					

Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft³):	142.3-148.3

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3196	682084	1:52 pm	2:36 pm	2:54 pm	8.25	5.5	43 °F	60 °F	144.8	5,000	8 of 48	5 of 6

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-11323	7	02/12/20	4.00	12.566	54,990	4,380	4,380	3	C. Forde / ACI #: 01379001
20-11324	14	02/19/20	4.00	12.566	73,710	5,870		3	C. Forde / ACI #: 01379001
20-11325	14	02/19/20	4.00	12.566	70,890	5,640	5,750	2	C. Forde / ACI #: 01379001
20-11326	28	03/04/20	4.00	12.566	88,660	7,060		2	C. Forde / ACI #: 01379001
20-11327	28	03/04/20	4.00	12.566	88,760	7,060		2	C. Forde / ACI #: 01379001
20-11328	28	03/04/20	4.00	12.566	91,310	7,270	7,130	2	C. Forde / ACI #: 01379001
20-11329	56	04/01/20	4.00	12.566	96,280	7,660		3	C. Forde / ACI #: 01379001
20-11330	56	04/01/20	4.00	12.566	103,040	8,200	7,930	4	C. Forde / ACI #: 01379001



Type 1



Type 2



Type 3



Type 4



Type 5



Type 6

Remarks: Final Discharge Time 4:39

Test Methods: Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.

Non-Conformance Work: Deficiencies noted in remarks with the following exception(s).

- TR3/Mix design provided on site was not approved.

Respectfully Submitted,
L.M.C. Materials Testing LLC

James Patterson, Laboratory Director

**NON-CONFORMANCE REPORT**
Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: F. Orji

Inspection Date: 02/05/2020
Revised Date: 04/02/2020
Time In: 07:19 am **Time Out:** 06:34 pm
Report No: 1068-CON-20200205-5K-56-NCR
Weather: Cloudy

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Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	Kings	Total Yardage Placed:	278	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good

Location of Pour: Foundation mat slab

Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft ³):	142.3-148.3

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3388	682185	2:45 pm	3:21 pm	3:50 pm	8.5	3.0*	43 °F	65 °F	144.8	5,000	8 of 48	6 of 6

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-11331	7	02/12/20	4.00	12.566	62,630	4,980	4,980	3	C. Forde / ACI #: 01379001
20-11332	14	02/19/20	4.00	12.566	75,890	6,040		2	C. Forde / ACI #: 01379001
20-11333	14	02/19/20	4.00	12.566	75,180	5,980	6,010	2	C. Forde / ACI #: 01379001
20-11334	28	03/04/20	4.00	12.566	96,950	7,720		2	C. Forde / ACI #: 01379001
20-11335	28	03/04/20	4.00	12.566	95,430	7,590		3	C. Forde / ACI #: 01379001
20-11336	28	03/04/20	4.00	12.566	94,800	7,540	7,620	3	C. Forde / ACI #: 01379001
20-11337	56	04/01/20	4.00	12.566	109,550	8,720		3	C. Forde / ACI #: 01379001
20-11338	56	04/01/20	4.00	12.566	106,180	8,450	8,580	3	C. Forde / ACI #: 01379001



Type 1



Type 2



Type 3



Type 4



Type 5



Type 6

Remarks: Final Discharge Time 4:39

Test Methods: Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.

Non-Conformance Work: Deficiencies noted in remarks with the following exception(s).

- TR3/Mix design provided on site was not approved.
- TR3/Mix design requires air content to be 6% +/- 1.5%, test results for truck #3388 show air content to be out of tolerance.

Respectfully Submitted,
L.M.C. Materials Testing

James Patterson, Laboratory Director

**NON-CONFORMANCE REPORT**
Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: A. Akinnubi / ACI #: 01324148

Inspection Date: 02/18/2020
Revised Date: 04/14/2020
Time In: 07:30 am **Time Out:** 06:05 pm
Report No: 1068-CON-20200218-5K-56-NCR
Weather: Cloudy

Page 1 of 4

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	King ready mix	Total Yardage Placed:	120	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Fair
Location of Pour: 36" foundation mat slab between A-D .5, 5.5-7					

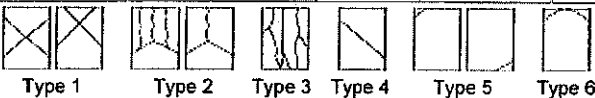
Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft ³):	142.3-148.3

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3002	161523	1:08 pm	2:16 pm	2:30 pm	8.5	5.5	43 °F	58 °F	142.9	5,000	8 of 24	1 of 3

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-21248	7	02/25/20	4.00	12.566	61,240	4,870	4,870	2	C. Forde / ACI #: 01379001
20-21249	14	03/03/20	4.00	12.566	79,070	6,290		2	C. Forde / ACI #: 01379001
20-21250	14	03/03/20	4.00	12.566	78,500	6,250	6,270	2	C. Forde / ACI #: 01379001
20-21251	28	03/17/20	4.00	12.566	94,560	7,520		2	C. Forde / ACI #: 01379001
20-21252	28	03/17/20	4.00	12.566	92,910	7,390		2	C. Forde / ACI #: 01379001
20-21253	28	03/17/20	4.00	12.566	91,890	7,310	7,410	2	C. Forde / ACI #: 01379001
20-21254	56	04/14/20	4.00	12.566	101,750	8,100		4	C. Forde / ACI #: 01379001
20-21255	56	04/14/20	4.00	12.566	102,450	8,150	8,120	3	C. Forde / ACI #: 01379001



Remarks: Final Discharge Time 4:45PM.

Test Methods: Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.

Non-Conformance Work: Deficiencies noted in remarks with the following exception(s).

- Curing box on site was not temperature controlled.
- TR3/Mix design was not approved.

Respectfully Submitted,
L.M.C. Materials Testing LLC

James Patterson, Laboratory Director

**NON-CONFORMANCE REPORT**
Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: A. Akinnubi / ACI #: 01324148

Inspection Date: 02/18/2020
Revised Date: 04/14/2020
Time In: 07:30 am **Time Out:** 06:05 pm
Report No: 1068-CON-20200218-5K-56-NCR
Weather: Cloudy

Page 2 of 4

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle industries
Supplier:	King ready mix	Total Yardage Placed:	210	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Fair
Location of Pour: 36" foundation mat slab between A-D .5, 5.5-7					

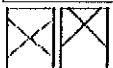
Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft ³):	142.3-148.3

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3344	161533	2:12 pm	3:10 pm	3:27 pm	8.5	5.1	43 °F	57 °F	144.0	5,000	8 of 24	2 of 3

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-21256	7	02/25/20	4.00	12.566	72,730	5,790	5,790	3	C. Forde / ACI #: 01379001
20-21257	14	03/03/20	4.00	12.566	89,250	7,100		2	C. Forde / ACI #: 01379001
20-21258	14	03/03/20	4.00	12.566	88,290	7,030	7,060	2	C. Forde / ACI #: 01379001
20-21259	28	03/17/20	4.00	12.566	98,670	7,850		2	C. Forde / ACI #: 01379001
20-21260	28	03/17/20	4.00	12.566	98,870	7,870		2	C. Forde / ACI #: 01379001
20-21261	28	03/17/20	4.00	12.566	104,270	8,300	8,010	3	C. Forde / ACI #: 01379001
20-21262	56	04/14/20	4.00	12.566	106,870	8,500		2	C. Forde / ACI #: 01379001
20-21263	56	04/14/20	4.00	12.566	112,660	8,970	8,730	2	C. Forde / ACI #: 01379001



Type 1

Type 2

Type 3

Type 4

Type 5

Type 6

Remarks: Final Discharge Time 4:45

Test Methods: Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.

Non-Conformance Work: Deficiencies noted in remarks with the following exception(s).

- Curing box on site was not temperature controlled.
- TR3/Mix design was not approved.

Respectfully Submitted,
L.M.C. Materials Testing LLC

James Patterson, Laboratory Director

**NON-CONFORMANCE REPORT**
Laboratory Compression Report

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, New York
Project ID: DOMINS1068
ACI Technician: A. Akinnubi / ACI #: 01324148

Inspection Date: 02/18/2020
Revised Date: 04/14/2020
Time In: 07:30 am **Time Out:** 06:05 pm
Report No: 1068-CON-20200218-5K-56-NCR
Weather: Cloudy

Page 3 of 4

Concrete Field Data

Owner:	VOREA GROUP	General Contractor:	Vorea Construction	Sub Contractor:	Castle industries
Supplier:	King ready mix	Total Yardage Placed:	120	Site Contact:	
Mix Design On Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Fair
Location of Pour: 36" foundation mat slab between A-D .5, 5.5-7					

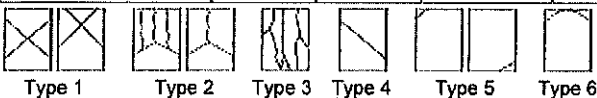
Specified Test Age:	28 days	Specified Slump (in.):	7-9
Break Schedule:	1@7, 2@14, 3@28, 2@56	Specified Air Content (%):	4.5-7.5
Sampled From:	Truck	Specified Unit Weight (lb/ft ³):	142.6-148.6

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Time Truck Finished	Slump (in.)	NW Air (%)	Air Temp.	Conc. Temp.	Unit Wt (lb)	Specified Design Strength (psi)	Number of Samples	Sample Set Number
3298	161536	3:15 pm	4:20 pm	4:45 pm	8.0	5.0	43 °F	58 °F	146.0	5,000	8 of 24	3 of 3

Laboratory Compression Data

Specimen (4"x8" cyl)

Sample ID#	Age	Date Tested	Avg. Diameter	Cross-Sect. Area (sq. in.)	Total Load (lbs)	Total Strength (PSI)	Average Strength (PSI)	Fracture Type	Tested By
20-21264	7	02/25/20	4.00	12.566	64,730	5,150	5,150	2	C. Forde / ACI #: 01379001
20-21265	14	03/03/20	4.00	12.566	83,330	6,630		3	C. Forde / ACI #: 01379001
20-21266	14	03/03/20	4.00	12.566	90,820	7,230	6,930	2	C. Forde / ACI #: 01379001
20-21267	28	03/17/20	4.00	12.566	104,520	8,320		2	C. Forde / ACI #: 01379001
20-21268	28	03/17/20	4.00	12.566	103,020	8,200		3	C. Forde / ACI #: 01379001
20-21269	28	03/17/20	4.00	12.566	103,530	8,240	8,250	3	C. Forde / ACI #: 01379001
20-21270	56	04/14/20	4.00	12.566	116,540	9,270		3	C. Forde / ACI #: 01379001
20-21271	56	04/14/20	4.00	12.566	109,980	8,750	9,010	4	C. Forde / ACI #: 01379001



Remarks: Final Discharge Time 4:45

Test Methods: Unless noted, concrete was sampled and tested in accordance with ASTM C172, C143, C231 or C173, C1054 and C138. Compressive strength tests per ASTM C39.

Non-Conformance Work: Deficiencies noted in remarks with the following exception(s).

- Curing box on site was not temperature controlled.
- TR3/Mix design was not approved.

Respectfully Submitted,
L.M.C. Materials Testing LLC

James Patterson, Laboratory Director

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, NY
Project ID: DOMINS1068
Inspector(s): Ajibola Obasa/Festus Omeke

Inspection Date:	Monday, March 9, 2020		
Time In/Out:	1:45 PM	5:07 PM	
Report Number:	1068 - CON - 20200309 - Rev1		
Site Weather:	55 F	Set Report:	2

Laboratory Compression Test Data

Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	U.S Concrete	Total Yardage Placed:	27 yds	Site Contact:	Tavor
Site:	SEE NCR	Curing Box On Site:	Yes	Conditon of CB:	Fair

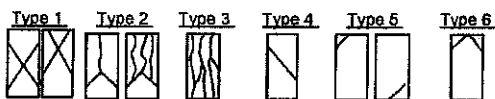
Location of Pour: Elevator Pit Slab

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Slump (C143) (in)	Air % (C231/C173)	Conc. Temp. (C1064)	Unit Wt. (C138) (lb)	Specified Design Strength (PSI)	Sample Set Number
3385	702453	1:21 PM	2:51 PM	7.75	7.5	67 F	142.4	5000	2

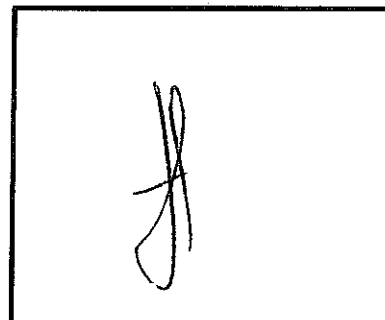
[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



- Type 1: Reasonably well formed cones on both ends, <1" of cracking through caps
Type 2: Well formed cone on one end, vertical cracks running through caps
Type 3: Columnar vertical cracking through both ends, no well formed cones
Type 4: Diagonal fracture with no cracking through ends
Type 5: Side fractures top and bottom
Type 6: Similar to type 5 but end of cylinder is pointed



Reviewed By: James M. Patterson P.E. Date:

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, NY
Project ID: DOMINS1068
Inspector(s): Olajide Abdulsalam

Inspection Date: Friday, March 20, 2020
Time In/Out: 6:50 AM 6:38 PM
Report Number: 1068 - CON - 20200320 - 5K
Site Weather: 50-68 F Cloudy **Set Report:**

Laboratory Compression Test Data

Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	USC	Total Yardage Placed:	300 cy	Site Contact:	John
Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good

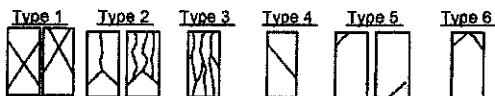
Location of Pour: Mat slab A-D.5/3.5-4.5; B-D.5/3.5-2.5.

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Slump (C143) (in)	Air % (C231/C173)	Conc. Temp. (C1064)	Unit Wt. (C138) (lb)	Specified Design Strength (PSI)	Sample Set Number
3385	26075	8:04 AM	8:49 AM	7.75	3.8	63 F	152.8	5000	1

[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



Type 1: Reasonably well formed cones on both ends, <1" of cracking through caps
Type 2: Well formed cone on one end, vertical cracks running through caps
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Type 5: Side fractures top and bottom
Type 6: Similar to type 5 but end of cylinder is pointed



Reviewed By: James M. Patterson P.E. Date:

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, NY
Project ID: DOMINS1068
Inspector(s): Olajide Abdulsalam

Inspection Date:	Friday, March 20, 2020		
Time In/Out:	6:50 AM		6:38 PM
Report Number:	1068 - CON - 20200320 - 5K		
Site Weather:	50-68 F Cloudy	Set Report:	2

Laboratory Compression Test Data

Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	USC	Total Yardage Placed:	300 cy	Site Contact:	John
Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good

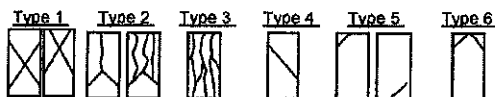
Location of Pour: Mat slab A-D.5/3.5-4.5; B-D.5/3.5-2.5.

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Slump (C143) (in)	Air % (C231/C173)	Conc. Temp. (C1064)	Unit Wt. (C138) (lb)	Specified Design Strength (PSI)	Sample Set Number
3280	26089	10:18 AM	11:09 AM	8.25	3.4	61 F	152.4	5000	2

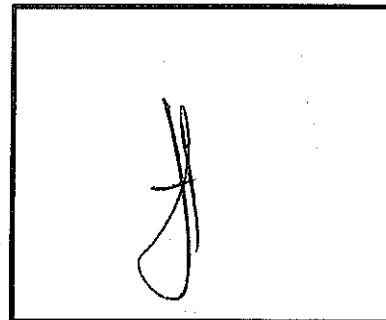
[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



- Type 1: Reasonably well formed cones on both ends, <1" of cracking through caps
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Type 3: Columnar vertical cracking through both ends, no well formed cones
Type 4: Diagonal fracture with no cracking through ends
Type 5: Side fractures top and bottom
Type 6: Similar to type 5 but end of cylinder is pointed



Reviewed By: James M. Patterson P.E. Date:

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, NY
Project ID: DOMINS1068
Inspector(s): Olajide Abdulsalam

Inspection Date:	Friday, March 20, 2020	
Time In/Out:	6:50 AM	6:38 PM
Report Number:	1068 - CON - 20200320 - 5K	
Site Weather:	50-68 F Cloudy	Set Report:

Laboratory Compression Test Data

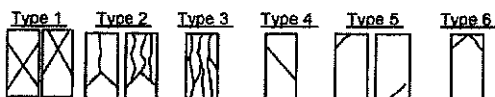
Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	USC	Total Yardage Placed:	300 cy	Site Contact:	John
Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good

Location of Pour: Mat slab A-D.5/3.5-4.5; B-D.5/3.5-2.5.

[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



Type 1: Reasonably well formed cones on both ends, <1" of cracking through caps

Type 2: Well formed cone on one end, vertical cracks running through caps

Type 3: Columnar vertical cracking through both ends, no well formed cones

Type 4: Diagonal fracture with no cracking through ends

Type 5: Side fractures top and bottom

Type 6: Similar to type 5 but end of cylinder is pointed

Reviewed By: James M. Patterson P.E.

Date:

Client: Domani Inspection Services, Inc.
Site Address: 23-20 Jackson Ave. Queens, NY
Project ID: DOMINS1068
Inspector(s): Olajide Abdulsalam

Inspection Date:	Friday, March 20, 2020		
Time In/Out:	6:50 AM		6:38 PM
Report Number:	1068 - CON - 20200320 - 5K		
Site Weather:	50-68 F Cloudy	Set Report:	6

Laboratory Compression Test Data

Owner:	Vorea Group	General Contractor:	Vorea Construction	Sub Contractor:	Castle Industries
Supplier:	USC	Total Yardage Placed:	300 cy	Site Contact:	John
Site:	Yes	Curing Box On Site:	Yes	Condition of CB:	Good

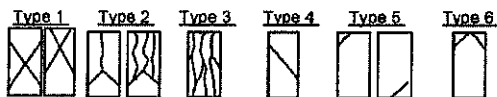
Location of Pour: Mat slab A-D.5/3.5-4.5; B-D.5/3.5-2.5.

Truck Number	Batch Ticket Number	Batch Time	Sample Time	Slump (C143) (in)	Air % (C231/C173)	Conc. Temp. (C1064)	Unit Wt. (C138) (lb)	Specified Design Strength (PSI)	Sample Set Number
3385	26119	2:14 PM	3:00 PM	8.25	3.7	61 F	152.4	5000	6

[illegible]

Laboratory Technician: Colvin Forde

ACI #: 01379001



- Type 1: Reasonably well formed cones on both ends, <1" of cracking through caps
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Type 5: Side fractures top and bottom
Type 6: Similar to type 5 but end of cylinder is pointed



Reviewed By: James M. Patterson P.E. Date:

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)

JAMES PATTERSON

Signature

Date

09/13/2021

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)

Jan Cermak

10/29/21

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)	David Williams	Title	QA/QC
Signature	Date	1/28/22	NRMCA/CIB Expiration Date (BC 1905.8.2) 6/2/22
Business Name	US Concrete	Business Telephone	718-939-3030
Business Address	120-05 31st Avenue	Business Fax:	
City	Flushing	State	NY
		Zip	11354