



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

DEPT BLDGS Job No. 421060915



Scan Code ESHS4888849

Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 134-05 Street Name 60th avenue

Borough Queens Block 6369 Lot 36 BIN 4597170 CB No. 407

Work on Floor(s) FTG, FDN & Shear Wall Only Apt/Condo No(s)

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

Director Last Name Gonzales Director First Name Ian Jonathan Director Middle Initial P

Business Name City-Wide Testing Inc. Business Telephone (718) 326-5900

Business Address 59-25 Grand Avenue Business Fax (718) 326-5300

City Maspeth State NY Zip 11378 Mobile Telephone

E-Mail info@citywidetesting.com

Director's Lic. Number 091844 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 55

3 Licensed Concrete Testing Laboratory's Identification of Responsibilities *Required prior to Permit.*

Check all that apply below:

I certify that I am the director of the licensed concrete testing laboratory accepting responsibility for conducting the testing in accordance with BC 1905.6 and BC 1704.1. I further certify that I have read the applicable sections of the New York City Construction Codes in connection with the resting of concrete and licensed concrete testing laboratories as well as 1 RCNY §5-02 and 1 RCNY §101-07(c)(6), which specifies the qualifications and duties required of a licensed concrete testing laboratory and that this licensed testing laboratory meets those qualifications for the work which I take responsibility. I agree that both I and the licensed concrete testing laboratory will comply with all provisions of the New York City Construction Codes as well as 1 RCNY §5-02 and 1 RCNY §101-07(c)(6). I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

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

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

Name (please print)

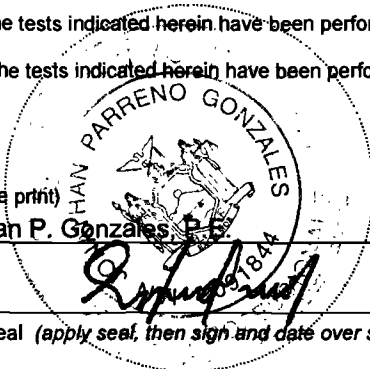
Ian Jonathan P. Gonzales, P.E.

Signature

Date

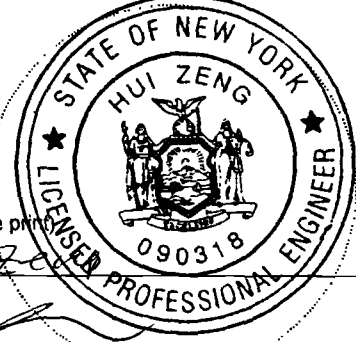
03-01-16

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



4 Design Applicant's Statement and Signature *P.E./R.A. Required prior to Permit.*

☒ I certify that the licensed concrete testing laboratory specified in section 2 above and engaged by the owner to perform tests on the work at the location specified in section 1 above is acceptable. (BC 1704.1)



 Name (please print) Hui Zeng

 Signature [Signature] Date 5/16/16

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

5 Building Owner's Statement and Signature *Required prior to Permit*

I certify that I have employed the licensed concrete testing laboratory specified in section 2 above in accordance with BC 1704.1. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by a fine or imprisonment, or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency. I may be barred from filing further applications or document with the Department.

Name (print) SHU BING CI Title Owner

 Signature SHU BING CI Date 4/18/2016

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): NW

PSI 4K

Required Test Age (days): 28, 56*

Test Report Number	Date of Placement	Cylinder I.D.	Sampling:					Total Placement	Breaking Strength
			Slump	Air Content	Temperature	Weight	Placement Location		
			in	%	F	lbs/ft ³		yd ³	PSI
15Q134-1	8/6/15	2534001	8 1/4	2.3	87	144.4	Foundation	24	4890
"	"	2534002	"	"	"	"	footings	"	5230
"	"	2534003	"	"	"	"	"	"	4870
"	"	2534004	"	"	"	"	"	"	5010
"	"	2534005	"	"	"	"	"	"	5030
"	"	2534006	"	"	"	"	"	"	5120
15Q134-2	8/12/15	2531073	7 3/4	1.5	71	143.0	Foundation	50	4720
"	"	2531074	"	"	"	"	Walls	"	4230
"	"	2531075	"	"	"	"	"	"	4280
"	"	2531076	"	"	"	"	"	"	4070
"	"	2531077	"	"	"	"	"	"	4810
"	"	2531078	"	"	"	"	"	"	4990
15Q134-3	8/19/15	2532195	9	2.4	84	147.0	Footings	20	3300
"	"	2532196	"	"	"	"	"	"	3550*
"	"	2532197	"	"	"	"	"	"	3360*
"	"	2532198	"	"	"	"	"	"	3440*
"	"	2532199	"	"	"	"	"	"	3410*
"	"	2532200	"	"	"	"	"	"	3430*
15Q134-4	8/20/15	8190	6	3.0	25	145.8	Shear	100	5590
"	"	8191	"	"	"	"	Wall	"	4790
"	"	8192	"	"	"	"	"	"	5400
"	"	8193	"	"	"	"	"	"	5400
"	"	8194	"	"	"	"	"	"	5280
"	"	8195	"	"	"	"	"	"	4910

Licensed Concrete Lab Director Name (please print)

Ian Jonathan P. Gonzales, P.E.

Signature

Date

03-01-16

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

7 Licensed Concrete Testing Laboratory's Certification of Completion *Required prior to Sign-off..*

- ☒ I certify that I have completed the testing specified herein and that the results reported in section 6 of this form are true and accurate in accordance with §28-406.3.2.

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

- ☐ **Withdrawal of Applicant:** I am withdrawing responsibility for conducting the tests indicated herein and herewith submit the results or status of the work performed to date.

Name (please print)

Ian Jonathan P. Gonzales, P.E.

Signature

Date

03-01-16

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

8 Design Applicant's Statements and Signatures *Required prior to Sign-off. P.E./R.A. responsible for plans, choose one and sign/seal.*

- ☒ I certify I have reviewed the test results reported by the licensed concrete testing lab in section 6 above and found them to be in compliance with the approved construction documents.

- ☐ I certify I have reviewed the test results reported by the licensed concrete testing lab in section 6 above and found them to be in compliance with the approved construction documents except as noted in the attached report (BC 1905.6).
Note: design applicant's signed and sealed report must be attached to this document

Name (please print)

Hui Tang

Signature

Date

2/24/16

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) GURDIAL SINGH

Title PRESIDENT

Signature *[Signature]* Date 04/19/2016

NRMCA/CIB Expiration Date (BC 1905.8.2)

Business Name GREEN READY MIX

Business Telephone 718-454-0800

Business Address 183-30 JAMAICA AVE

Business Fax: 718-454-8390

City HOLLS

State NY

Zip 11423



CONCRETE INSPECTED AT BATCH PLANT: Y ☐ N ☒



59-25 Grand Ave Maspeth, NY 11378 Tel:(718)326-5900 Fax:(718)326-5300
N.Y.C. D.O.B. Concrete Testing Laboratory License #: 55 - Technical Director: Benito P. San Pedro, P.E.



CONCRETE INSPECTED AT BATCH PLANT: Y ☐ N ☒

PLACEMENT LOCATION: foundation footings

WEATHER: sunny TOTAL CU. YDS PLACED: 20 cu/yds

Lab Technician/ A.C.I. ID #: C. Dizon/01261085

Cast-in-Place Inspector on Site: Yes ☒ No ☐

Name: J. Z.

Field Test Results and Deficiencies reported to: Name: _____ Title: _____

Curing Box on Site? Yes: No :x TR3 Report available on Site?: Yes: x No:

Client/Representative: Sign: Print: Date: 8/19/2015

CWT Field Technician: Sign: Print: Gerald Lazaro Date: 8/19/2015

N.Y. State P.E. Seal:

Time of Exit:

Form Rev. Date:
4/10/2015



CONCRETE INSPECTED AT BATCH PLANT: Y ☐ N ☒

PLACEMENT LOCATION: rear and right shear wall

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