



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) 249-27 Street Name 51 AVENUE

Borough QUEENS Block 8237 Lot 12 BIN 4171125 CB No. 411

Work on Floor(s) Apt/Condo No(s)

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

Director Last Name LANGER Director First Name GLEN Director Middle Initial J

Business Name S & S CONCRETE AND SOIL TESTING Business Telephone 718-961-1000

Business Address 20-39 129th STREET Business Fax 718-961-1002

City COLLEGE POINT State N.Y Zip 11356 Mobile Telephone

E-Mail ssc2039@gmail.com

Director's Lic. Number 070976 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 000082

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)

GLEN J. LANGER, P.E.

Signature

Date

04-22-19

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



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

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

Name (please print)

Signature

Date

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

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

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

Name (print)

Title

Signature

Date

STOP HERE PRIOR TO PERMIT

Specified Concrete Str. (f'_c): 4000

PSI

Required Test Age (days): 28

Licensed Concrete Lab Director Name (please print)

Glen Langer/P

Signature

Date _____

12-21-20



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)

Glen Langer, P.E.

Signature

Date

12-21-20

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)

XIAOHONG ZHANG, P.E.

Signature

Date

12/21/2020

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)

G. Todd

Title

Manager

Signature

Date

12/21/20

NRMCA/CIB Expiration Date (BC 1905.8.2)

8-1-21

Business Name

Best Concrete

Business Telephone

718-463-5500

Business Address

3510 College Point Blvd.

Business Fax:

718-762-0804

City

Flushing

State

NY

Zip

11354

S&S CONCRETE & SOIL TESTING

20-39 129TH STREET, COLLEGE POINT, NEW YORK 11356

PHONE: (718) 961-1000 FAX: (718) 961-1002

Email: SSC2039@gmail.com

N.Y.C. D.O.B. License #82

CONCRETE FIELD TEST REPORT – ASTM C39

CLIENT: AIGUO WANG		DATE CAST: 07/10/19	DATE RECEIVED: 07/11/19
PROJECT: 249-27 51 AVENUE, QUEENS		REPORT NO: SSC-249-01	JOB NO: 249-07-19
CONTRACTOR: VISION		TOTAL CUBIC YARDS: 44	WEATHER: 80 °F
CLASS / DESIGN: 4000 PSI		CURING BOX: ☒ YES ☐ NO	PAGE: 1 OF 1
TR3 ON SITE: ☒ YES ☐ NO		CONCRETE SUPPLIER: BEST CONCRETE	
BATCH TICKET: ☒ YES ☐ NO		BATCH PLANT INSPECTION: ☐ YES ☒ NO	

PLACEMENT LOCATION: FOOTING

TIME SAMPLED	TRUCK / TICKET NO:	YARDS PLACED	CYLINDERS MOLDED	SLUMP (IN.)	AIR CONTENT BY VOL. (%)	CONCRETE TEMP. (°F)	DENSITY (LB/FT³)
8:30 am	30	11	12	8.00	7.00	89	148.64

COMPRESSIVE STRENGTH TEST RESULTS

Cylinder No.	Test Date	Age (days)	Dia. (in)	Area (in²)	Maximum Load (lb)	Compressive Strength (psi)	*Type of Fracture	Attain Req'd f'c
94949	07/17/19	7	4.00	12.56	63,220	5,030	4	YES
94950	08/07/19	28	4.00	12.56	76,220	6,065	1	YES
94951	08/07/19	28	4.00	12.56	74,260	5,910	3	YES
94952	08/07/19	28	4.00	12.56	73,200	5,825	1	YES

NOTES:

- Cylinders molded and cured according to ASTM C31, prepared per ASTM ☐ C617 or ☒ C1231, and tested according to ASTM C39. Nominal cylinder 4" x 8" within ASTM tolerances.
- Field tests performed according to ASTM C172 (sampling), ASTM C1064, (concrete temp.), ASTM C143 (slump), ASTM ☐ C173 (LW) or ☒ C231 (PUMP) (air content) and ASTM C138 (unit weight).
- * Type of Fracture (1 – Cone), (2 – Cone & Split), (3 – Columnar), (4 – Shear), (5 – Side Fracture).
- These results are for only the items tested and MAY NOT be reproduced without the consent of the agency.

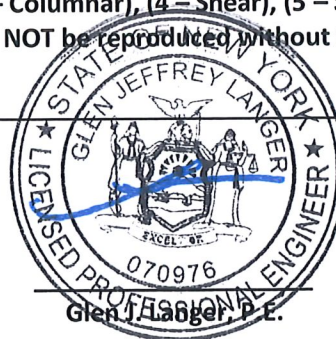
Remarks: _____

EMILIO IZZO / ACI# 01368360

Field Technician – Level / Certification No.

Jorge Lopez / ACI # 01208239

Lab Technician – Level / Certification No.



08/07/19

Date

S&S CONCRETE & SOIL TESTING

20-39 129TH STREET, COLLEGE POINT, NEW YORK 11356

PHONE: (718) 961-1000 FAX: (718) 961-1002

Email: SSC2039@gmail.com

N.Y.C. D.O.B. License #82

CONCRETE FIELD TEST REPORT – ASTM C39

CLIENT: AIGUO WANG		DATE CAST: 07/17/19	DATE RECEIVED: 07/18/19
PROJECT: 249-27 51 AVENUE, QUEENS		REPORT NO: SSC-249-02	JOB NO: 249-07-19
CONTRACTOR: VISION		TOTAL CUBIC YARDS: 61	WEATHER: 84 °F
CLASS / DESIGN: 4000 PSI		CURING BOX: ☒ YES ☐ NO	PAGE: 1 OF 1
TR3 ON SITE: ☒ YES ☐ NO		CONCRETE SUPPLIER: BEST CONCRETE	
BATCH TICKET: ☒ YES ☐ NO		BATCH PLANT INSPECTION: ☐ YES ☒ NO	
PLACEMENT LOCATION: FOUNDATION WALLS ALONG ALL SIDES INCLUDING MIDDLE WALL SECTION.			

TIME SAMPLED	TRUCK / TICKET NO:	YARDS PLACED	CYLINDERS MOLDED	SLUMP (IN.)	AIR CONTENT BY VOL. (%)	CONCRETE TEMP. (°F)	DENSITY (LB/FT³)
8:35 am	30	11	4	7.50	5.30	88	145.28
10:40 am	30	10	4	8.00	5.70	89	144.96

COMPRESSIVE STRENGTH TEST RESULTS

Cylinder No.	Test Date	Age (days)	Dia. (in)	Area (in²)	Maximum Load (lb)	Compressive Strength (psi)	*Type of Fracture	Attain Req'd f'c
99629	07/24/19	7	4.00	12.56	48,480	3,855	1	YES
99630	08/14/19	28	4.00	12.56	70,150	5,585	3	YES
99631	08/14/19	28	4.00	12.56	70,400	5,605	3	YES
99632	08/14/19	28	4.00	12.56	77,520	6,120	3	YES
99633	07/24/19	7	4.00	12.56	42,090	3,350	1	YES
99634	08/14/19	28	4.00	12.56	63,680	5,070	1	YES
99635	08/14/19	28	4.00	12.56	65,290	5,195	4	YES
99636	08/14/19	28	4.00	12.56	66,150	5,260	4	YES

NOTES:

- Cylinders molded and cured according to ASTM C31, prepared per ASTM ☐ C617 or ☒ C1231, and tested according to ASTM C39. Nominal cylinder 4" x 8" within ASTM tolerances.
- Field tests performed according to ASTM C172 (sampling), ASTM C1064, (concrete temp.), ASTM C143 (slump), ASTM ☐ C173 (LW) or ☒ C231 (PUMP) (air content) and ASTM C138 (unit weight).
- * Type of Fracture (1 – Cone), (2 – Cone & Split), (3 – Columnar), (4 – Shear), (5 – Side Fracture).
- These results are for only the items tested and MAY NOT be reproduced without the consent of the agency.

Remarks: _____

MIGUEL TORRES / ACI# 01148650

Field Technician – Level / Certification No.

Jorge Lopez / ACI # 01208239

Lab Technician – Level / Certification No.



08/14/19

Date