



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

☒ Orient and affix B/S job number label here ☒

Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 10 Street Name BEDFORD AVENUE
 Borough QUEENS Block 16350 Lot 300 BIN 4464881 CB No. 414
 Work on Floor(s) OSP, 001, 002, ATT Apt/Condo No(s)

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

Director Last Name Hallahan Director First Name Richard Director Middle Initial T
 Business Name HAKS Business Telephone 212.747.1997
 Business Address 47 Hudson Street Business Fax 212.320.0369
 City Ossining State NY Zip 10562 Mobile Telephone
 E-Mail
 Director's Lic. Number 058487 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 066

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 for 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.

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

Name (please print)
 Richard T. Hallahan
 Signature

Date

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

James Boulet

Signature

Date

02-25-16



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

6 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) ARTHUR LIGHTHALL

Title VICE PRESIDENT

Signature

Date 02-01-2016

STOP HERE PRIOR TO PERMIT

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

Specified Test Age (days): 28

[illegible]

Licensed Concrete Cab Director Name (please print)

Richard Halgham

Signature _____

Date _____

10-05-17

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)
Richard Hallahan

Signature

Date

10-05-17

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 1905.6.3.3)

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

Name (please print)
James Bouler

Signature

1/12/18

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)	JOSEPH DILEMMA	Title	Pres
Signature	<i>[Signature]</i>	Date	10/1/17
Business Name	SOUTH SHORE READY MIX	NRMCA Expiration Date (BC 1905.82)	9/05/2017
Business Address	116 E HAWTHORNE AVE	Business Telephone	516-872-3049
City	WIS	Business Fax:	516-872-4028
State	NY	Zip	11580



SI-MT-C

CONCRETE TESTING LAB

NYC LICENSE NO: 066

Rev. 09/2013

HAKS Material Testing Group

47 Hudson Street

Ossining NY

T: 914 -945-9010 F: 914 -945-9012

www.haks.net

REPORT ON COMPRESSIVE STRENGTH OF CONCRETE CYLINDERS**TESTED AS PER ASTM SPECIFICATION C39 & C1231**

NYC DOB #:	66	Report #:	01
Client:	CDM Smith	Cast By:	Sabiel khan
Project Name:	Build It Back	Inspectors ACI #:	01298963
Project Address:	10 Bedford Avenue, Breezy Point.	Truck #:	3
HAKS Project #:	NI 13-269	Date Cast:	01/17/17
Mix Class:	4000 psi	Date Received:	01/18/17
Slump (in):	7.5" (ASTM C143)	Concrete Temp. (°F):	68°F (ASTM C1064)
Air Content:	4.5% (ASTM C231)	Volume (YD³):	36.0 cy
Density (lbs/ft³):	148.1(ASTM C138)	Weather:	40°F (Cloudy)

Marking or Bar Code (Cylinder No.)	Diameter of the Cylinder (in.)	Area of the Cylinder (sq. in.)	Test Date	Test Age (Days)	Load (lbs)	Compressive Strength (PSI)	Type of Fracture
100301	4.00	12.57	01/24/17	7	61380	4880	2
100302	4.00	12.57	01/24/17	7	56950	4530	2
100303	4.00	12.57	02/14/17	28	70930	5640	2
100304	4.01	12.62	02/14/17	28	72160	5720	2
100305	4.00	12.57	02/14/17	28	72470	5770	2
100306	3.99	12.50	03/14/17	56	85355	6830	2
100307	4.00	12.57	03/14/17	56	87420	6950	3

Specific Location: Foundation footings.

Note(s):

Lab Technician: Muhammad Waqas
ACI Certification #: 01256162
Date: 03/14/17



Submitted by HAKS Engineers PC
Lab Director: Richard Hallahan P.E.



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www.haks.net**REPORT ON COMPRESSIVE STRENGTH OF CONCRETE CYLINDERS****TESTED AS PER ASTM SPECIFICATION C39 & C1231**

NYC DOB #:	66	Report #:	02
Client:	CDM Smith	Cast By:	Liland Ademu-John
Project Name:	Build It Back	Inspectors ACI #:	01298963
Project Address:	10 Bedford Avenue, Breezy Point.	Truck #:	15
HAKS Project #:	NI 13-269	Date Cast:	01/25/17
Mix Class:	4000 psi	Date Received:	01/26/17
Slump (in):	7.25" (ASTM C143)	Concrete Temp. (°F):	73°F (ASTM C1064)
Air Content:	4.0% (ASTM C231)	Volume (YD³):	35.0 cy
Density (lbs/ft³):	143.2(ASTM C138)	Weather:	39°F (Sunny)

Marking or Bar Code (Cylinder No.)	Diameter of the Cylinder (in.)	Area of the Cylinder (sq. in.)	Test Date	Test Age (Days)	Load (lbs)	Compressive Strength (PSI)	Type of Fracture
10958A	4.00	12.57	02/01/17	7	53310	4240	3
10958B	4.00	12.57	02/01/17	7	54770	4360	3
10958C	4.00	12.57	02/22/17	28	66750	5310	2
10958D	4.01	12.62	02/22/17	28	66640	5280	2
10958E	4.00	12.57	02/22/17	28	68710	5470	3
10958F	3.99	12.50	03/22/17	56	69540	5560	3
10958G	4.00	12.57	03/22/17	56	68560	5450	2

Specific Location: Wall & pier foundation.

Note(s):

Lab Technician: Muhammad Waqas
ACI Certification #: 01256162
Date: 03/22/17



Submitted by HAKS Engineers PC
Lab Director: Richard Hallahan P.E.



BOULTER PFLUGER
ARCHITECTS, P.C.

James Boulter, R.A., A.I.A. -- Nicholas Pfluger, R.A., A.I.A.
bpalift@bparchs.com www.bparchs.com

Bayshore Office: 12 West Main St.,
Bayshore, N.Y. 11706
Ph: (631) 969-3335

Brooklyn Office: 254 36th Street , Suite
C257 , Brooklyn, N.Y. 11232
Ph: (347) 796-8808

Certification Letter

Date: Feb. 7th, 2017

Build it Back Applicant Number: APP-000158

Address: 10 Bedford Ave, Queens, N.Y. 11697

Subject: Certification Letter_RFI-1486490544707

At the above mentioned property, concrete test cylinder reports have been reviewed by this office. It has been determined that the compressive strength of the concrete is sufficient to sustain the implied loads. The excess time over 90 minutes it took to pour the concrete on 01-25-2017 as indicated on the NCR, to the best of my knowledge, did not affect the overall strength of the concrete. If there are any questions, please contact this office.

Regards,

James M. Boulter, R.A., A.I.A.

Nicholas J. Pfluger, R.A., A.I.A.

