

APP - 003795
DOB - 440331197



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

✓ Orient and affix BIS
job number label here

FINAL

Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 124 Street Name East 6 Road
Borough QUEENS Block 15454 Lot 15 BIN 4297363 CB No. 414
Work on Floor(s) 001, 002, 003 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 rhallahan@haks.net
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 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)

RICHARD HALLAHAN

Signature

Date

06-07-17

P.E. / R.A. Seal (affix seal, date 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)

Michael Kirschman

Signature



06/26/2017

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)

Michael Kirschman

Title

Owner's representative

Signature

Date 06/26/2017

STOP HERE PRIOR TO PERMIT

TR2

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
07-20-18

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 signature and sealed stamp must be attached to this document

Name (please print)
Michael Kirschman

Signature

11/1/2018

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) Frank Malachuk

Title Pres

Signature

Date 11/1/18

NRMCA Expiration Date (BC 1905.8.2) 12-31-18

Business Name Concrete Ready Mix

Business Telephone 516-371-3555

Business Address 14 Talt Ave

Business Fax:

City Muncie

State IN

Zip 47306



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:	Ifeoma Bellinger
Project Name:	Build It Back	Inspectors ACI #:	01398865
Project Address:	124 East 6th Road, Queens NY	Truck #:	166
HAKS Project #:	NL 13-269	Date Cast:	02/27/18
Mix Class:	4000 psi	Date Received:	02/28/18
Slump (in):	7.5" (ASTM C143)	Concrete Temp. (°F):	55°F (ASTM C1064)
Air Content:	5.6% (ASTM C231)	Volume (YD³):	45.0 cy³
Density (lbs/ft³):	145.6(ASTM C138)	Weather:	38°F

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
118244	4.00	12.57	03/06/18	7	84570	6730	3
118245	4.00	12.57	03/06/18	7	82760	6580	5
118246	4.00	12.57	03/27/18	28	95910	7630	2
118247	4.00	12.57	03/27/18	28	100600	8000	3
118248	4.00	12.57	03/27/18	28	89540	7120	2
118249	4.00	12.57	04/24/18	56	109410	8700	3
118250	4.00	12.57	04/24/18	56	97580	7760	2

Specific Location: Grade Beam.

Note(s):

Lab Technician: Muhammad Waqas
ACI Certification #: 01256162
Date: 04/24/18

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





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TESTED AS PER ASTM SPECIFICATION C39 & C1231

NYC DOB #:	66	Report #:	02
Client:	CDM Smith	Cast By:	Pamela Vassios
Project Name:	Build It Back	Inspectors ACI #:	01121719
Project Address:	124 Arcadia Walk, Breezy Point.	Truck #:	61
HAKS Project #:	NL 13-269	Date Cast:	03/02/16
Mix Class:	4500 psi	Date Received:	03/04/16
Slump (in):	8.0" (ASTM C143)	Concrete Temp. (°F):	65°F (ASTM C1064)
Air Content:	6.5% (ASTM C231)	Volume (YD³):	28.0 cy
Density (lbs/ft³):	146.3 (ASTM C138)	Weather:	30°F (Sunny+windy)

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
89957	4.00	12.57	03/09/16	7	39970	3180	5
89958	4.00	12.57	03/09/16	7	50260	4000	5
89959	4.00	12.57	03/30/16	28	86090	6850	3
89960	4.00	12.57	03/30/16	28	86270	6860	2
89961	4.00	12.57	03/30/16	28	81340	6470	3
89962	4.00	12.57	04/27/16	56	100520	8000	3

Specific Location: Foundation walls.

Note(s):

Lab Technician: Asgar Khan
ACI Certification #: 1197567
Date: 04/27/16

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

