

SHEET 1 LTPP TRAFFIC DATA SUMMARY TRANSMITTAL FORM	*STATE ASSIGNED ID [_ _ _ _]
	*STATE CODE [05]
	*SHRP SECTION ID [0200]

0213
0214
0215
0216
0217
0218
0219
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0221
0222
0223
0224

(See Const Data) *Saline 10/13/2004*

STATE OR PROVINCE Arkansas COUNTY Hot Springs

HIGHWAY ROUTE NO. IH-30 MILEPOST# 110

NEAREST CITY/TOWN Benton NEAREST INTERSECTION US 70

FUNCTIONAL CLASS 1 NO. LANES EACH DIRECTION 2 TOTAL NO. LANES 4

DIRECTION OF TRAVEL GPS LANE WB -2 DATE OPENED TO TRAF. 11-01-95

FIPS COUNTY CODE 59 FHWA STATION IDENTIFICATION NO. _____

HPMS SAMPLE NO. _____ HPMS SUBDIVISION NO. _____

TYPE OF PAVEMENT: AC _____ PCC ☒ OTHER _____

CONTROL OF ACCESS: YES ☒ NO _____ MEDIAN: YES ☒ NO _____

CURRENT SURROUNDING DEVELOPMENT:
 URBAN _____ SUBURBAN ☒ RURAL _____

HAS INTENSITY OF ROADSIDE DEVELOPMENT INCREASED OVER PAST 10 YEARS?
 YES _____ NO ☒
 IF YES, DESCRIBE CHANGES _____

ENTERED JUL 18 2000 D

Entered 10/13/2004

NOTE: ATTACH ALL RELATED FORMS AND COUNT DATA AND SUBMIT TO THE SHRP REGIONAL OFFICE. ATTACH MAP INDICATING THE LOCATION OF EACH TRAFFIC COUNT, VEHICLE CLASSIFICATION COUNT, OR WEIGHT STATION RELATIVE TO THIS GPS TEST SECTION.

NAME OF PREPARER <u>Timothy Martin</u>	PHONE # <u>346-0870</u>
DATE PREPARED <u>5/26/00</u>	

SHEET 1

LTPP TRAFFIC DATA
SUMMARY TRANSMITTAL FORM

*STATE ASSIGNED ID [_ _ _ _]

*STATE CODE [05]

*SHRP SECTION ID [0200]

STATE OR PROVINCE Arkansas COUNTY Hot springsHIGHWAY ROUTE NO. I-30 MILEPOST# 110NEAREST CITY/TOWN Benton NEAREST INTERSECTION US 270FUNCTIONAL CLASS 1 NO. LANES EACH DIRECTION 2 TOTAL NO. LANES 4DIRECTION OF TRAVEL GPS LANE WB-2 DATE OPENED TO TRAF. 12-01-95FIPS COUNTY CODE 59 FHWA STATION IDENTIFICATION NO. _____

HPMS SAMPLE NO. _____ HPMS SUBDIVISION NO. _____

TYPE OF PAVEMENT: AC _____ PCC 1 OTHER _____CONTROL OF ACCESS: YES ☒ NO _____ MEDIAN: YES ☒ NO _____

CURRENT SURROUNDING DEVELOPMENT:

URBAN _____ SUBURBAN _____ RURAL _____

HAS INTENSITY OF ROADSIDE DEVELOPMENT INCREASED OVER PAST 10 YEARS?

YES _____ NO _____

IF YES, DESCRIBE CHANGES _____

NOTE: ATTACH ALL RELATED FORMS AND COUNT DATA AND SUBMIT TO THE
SHRP REGIONAL OFFICE. ATTACH MAP INDICATING THE LOCATION OF
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STATION RELATIVE TO THIS GPS TEST SECTION.

NAME OF PREPARER _____	PHONE # _____
DATE PREPARED _____	

ENTERED NOV 07 2000 D M