

SHEET 1 LTPP TRAFFIC DATA SUMMARY TRANSMITTAL FORM	*STATE ASSIGNED ID [_ _ _ _] *STATE CODE [13] *SHRP SECTION ID [0500]
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STATE OR PROVINCE GEORGIA COUNTY BARTOW
 HIGHWAY ROUTE NO. INTERSTATE 75 MILEPOST# 277.1
 NEAREST CITY/TOWN CARTERSVILLE NEAREST INTERSECTION GEORGIA STATE HIGHWAY 20
 FUNCTIONAL CLASS 01 NO. LANES EACH DIRECTION 3 TOTAL NO. LANES 6
 DIRECTION OF TRAVEL ^{SPS} GPS LANE SOUTH DATE OPENED TO TRAF. 06-23-93
^{- GPS 134119 NORTH (NOW OUT OF STUDY)}
 FIPS COUNTY CODE 015 FHWA STATION IDENTIFICATION NO. _____
 HPMS SAMPLE NO. _____ HPMS SUBDIVISION NO. _____
 TYPE OF PAVEMENT: AC X PCC _____ OTHER _____
 CONTROL OF ACCESS: YES X NO _____ MEDIAN: YES X NO _____
 CURRENT SURROUNDING DEVELOPMENT:
 URBAN _____ SUBURBAN _____ RURAL X
 HAS INTENSITY OF ROADSIDE DEVELOPMENT INCREASED OVER PAST 10 YEARS?
 YES _____ NO X
 IF YES, DESCRIBE CHANGES _____

ENTERED JUN 26 2000 D M

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>MICHAEL J. FARRELL</u>	PHONE # <u>(512) 346-0870</u>
DATE PREPARED <u>06/12/00</u>	

SHEET 1 LTPP TRAFFIC DATA SUMMARY TRANSMITTAL FORM	*STATE ASSIGNED ID [_ _ _ _] *STATE CODE <u>13</u> *SHRP SECTION ID [_ _ _ _]
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STATE OR PROVINCE Georgia COUNTY Bartow
 HIGHWAY ROUTE NO. 2H75 MILEPOST# 277.1
 NEAREST CITY/TOWN Marietta NEAREST INTERSECTION _____
 FUNCTIONAL CLASS 1 NO. LANES EACH DIRECTION 3 TOTAL NO. LANES 6
 DIRECTION OF TRAVEL GPS LANE SB DATE OPENED TO TRAF. 06-01-70
 FIPS COUNTY CODE 015 FHWA STATION IDENTIFICATION NO. 3(26)01 JV
 HPMS SAMPLE NO. _____ HPMS SUBDIVISION NO. _____
 TYPE OF PAVEMENT: AC 0 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 _____

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 _____	

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