

RECEIVED JUL 13 2000

<p align="center">SHEET 1</p> <p align="center">LTPP TRAFFIC DATA</p> <p align="center">SUMMARY TRANSMITTAL FORM</p>	<p>*STATE ASSIGNED ID [_ _ _ _]</p> <p>*STATE CODE [<u>35</u>]</p> <p>*SHRP SECTION ID [<u>0500</u>]</p>
--	--

0501
0502
0503
0504
0505
0506
0507
0508
0509

STATE OR PROVINCE New Mexico COUNTY Grant

HIGHWAY ROUTE NO. IH-10 MILEPOST# 53

NEAREST CITY/TOWN Deming NEAREST INTERSECTION SH 146

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

DIRECTION OF TRAVEL GPS LANE EB -1 DATE OPENED TO TRAF. 09-16-96

FIPS COUNTY CODE 17 FHWA STATION IDENTIFICATION NO. 21165

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 _____

ENTRIED JUL 18 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>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 [<u>35</u>] *SHRP SECTION ID [<u>0500</u>]
---	---

STATE OR PROVINCE New Mexico COUNTY GRANT
 HIGHWAY ROUTE NO. IH-10 MILEPOST# 53
 NEAREST CITY/TOWN DEMING NEAREST INTERSECTION SH 146
 FUNCTIONAL CLASS 1 NO. LANES EACH DIRECTION 2 TOTAL NO. LANES 4
 DIRECTION OF TRAVEL GPS LANE EB-1 DATE OPENED TO TRAF. 09-16-96
 FIPS COUNTY CODE 17 FHWA STATION IDENTIFICATION NO. _____
 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 _____

ENTERED NOV 07 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 _____	PHONE # _____
DATE PREPARED _____	