

SHEET 12 LTPP TRAFFIC DATA CLASSIFICATION DATA TRANSMITTAL FORM	STATE ASSIGNED ID 0198 STATE CODE 45 SHRP SECTION ID 5035
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HIGHWAY RT. NO. (THIS SESSION) I-20 MILEPOST NO. (THIS SESSION) MP 139

LOCATION (THIS COUNT) 2.0 mile W. of I-95

FILENAME C455035.MT4 DISK ID

BEGINNING DATE 11-20-94 BEGINNING TIME 1600

ENDING DATE 11-22-94 ENDING TIME 1500

COUNT DURATION 47 [X] HOURS [] DAYS [] MONTHS

VEHICLE CLASSIFICATION METHOD: FHWA X OTHER #BINS

* NOTE: IF NOT PREVIOUSLY PROVIDED TO SHRP, PLEASE ATTACH SHEET 6 DESCRIBING THE VEHICLE CLASSIFICATION CATEGORIES AND ALSO ATTACH SHEET 7 DESCRIBING HOW THE SHA WOULD CONVERT ITS CLASSIFICATION SCHEME TO THE FHWA 13 CLASS SYSTEM.

* IF OTHER IS SELECTED PROVIDE NAME OF SHA CLASSIFICATION SCHEME

TYPE OF AVC EQUIPMENT: PORTABLE X PERMANENT

EQUIPMENT MAKE/MODEL # PAT Equipment / DAW 200

SENSOR TYPE Capacitive mat w/loops

ADJUSTMENT FACTORS FOR ESTIMATING AVERAGE ANNUAL VOLUMES BY CLASSIFICATION.

GENERAL FACTORS Factors not applied to data collected with DAW 200 WIM equipment.

CLASS SPECIFIC FACTORS (PROVIDE BY CLASS OR CLASS GROUPS)

See "General Factors"

COMMENTS TO TEXT

FILL OUT ONE TRANSMITTAL SHEET FOR EACH DATA FILE SUBMITTED.

NAME OF PREPARER <u>B. E. Manger</u>	PHONE # <u>803-737-1444</u>
DATE PREPARED <u>01-06-95</u>	

RECEIVED JAN 13 1995

SHEET 13	STATE ASSIGNED ID 0198
LTPP TRAFFIC DATA	STATE CODE 45
VEHICLE WEIGHT DATA	SHRP SECTION ID 5035
TRANSMITTAL FORM	

HIGHWAY RT. NO. (THIS SESSION) I-20

MILEPOST NO. OR LOCATION (THIS SESSION) MP 139

FILENAME W455035.MT4 DISK ID

BEGINNING DATE 11-20-94 BEGINNING TIME 1600

ENDING DATE 11-22-94 ENDING TIME 1500

COUNT DURATION 47 [X] HOURS [] DAYS [] MONTHS

WEIGHT SCALE TYPE: PORT. WIM X PERM. WIM OTHER

EQUIPMENT MAKE/MODEL# PAT Equipment / DAW 200

SENSOR TYPE capacitive mat w/loops

NAME OF SHA CLASSIFICATION SCHEME: FHWA 13 bin in Col. 18-19

METHOD OF CALIBRATION AND FREQUENCY: *

COMMENTS

* calibrated to static weights collected at Highway Patrol permanent weight enforcement site — twice per year.

FILL OUT ONE TRANSMITTAL SHEET FOR EACH DATA FILE SUBMITTED.

NAME OF PREPARER <u>B.E. Manger</u>	PHONE # <u>803-737-1444</u>
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