

SHEET 1	*STATE ASSIGNED ID [_____]
LTPP TRAFFIC DATA	*STATE CODE [48]
SUMMARY TRANSMITTAL FORM	*SHRP SECTION ID [0001]

STATE OR PROVINCE TEXAS COUNTY TRAVIS

HIGHWAY ROUTE NO. Loop 1 MILEPOST# \_\_\_\_\_

NEAREST CITY/TOWN Austin NEAREST INTERSECTION Duval

\*FUNCTIONAL CLASS 11 NO. LANES EACH DIRECTION 3 TOTAL NO. LANES 6

\*DIRECTION OF TRAVEL LTPP LANE S [N S E W]

\*DATE OPENED TO TRAFFIC ~~10-01-1990~~ 4/1/1989 PM INV SLEET 04

FIPS COUNTY CODE 453 FHWA STATION IDENTIFICATION NO. \_\_\_\_\_

HPMS SAMPLE NO. \_\_\_\_\_ HPMS SUBDIVISION \_\_\_\_\_

\*TYPE OF PAVEMENT: 0 - AC X 1 - PCC 2 - OTHER \_\_\_\_\_

CONTROL OF ACCESS: YES X NO \_\_\_\_\_ MEDIAN: YES X NO \_\_\_\_\_

CURRENT (1990) SURROUNDING DEVELOPMENT:  
 URBAN \_\_\_\_\_ SUBURBAN X RURAL \_\_\_\_\_

DID INTENSITY OF ROADSIDE DEVELOPMENT INCREASE BETWEEN 1980 AND 1990?  
 YES \_\_\_\_\_ NO X  
 IF YES, DESCRIBE CHANGES \_\_\_\_\_

NEW FUNCTIONAL CLASS: \_\_\_\_\_ DATE FUNCTIONAL CLASS CHANGED: \_\_\_\_\_

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 LTPP SITE.

NAME OF PREPARER <u>JEROME F. DALETON</u>	PHONE # <u>(512) 346-0870</u>
DATE PREPARED <u>7/7/00</u>	rev. February 28, 2000

ENTERED JUL 13 2003 D M  
 Al ready Entered - DCM 7/12/00

TK  
 JUL 17 2008  
 ARCHIVED

<p align="center">SHEET 1</p> <p align="center">LTPP TRAFFIC DATA</p> <p align="center">SUMMARY TRANSMITTAL FORM</p>	*STATE ASSIGNED ID [ 420 ]
	*STATE CODE [ 48 ]
	*SHRP SECTION ID [ 0001 ]

STATE OR PROVINCE TEXAS COUNTY TRAVIS

HIGHWAY ROUTE NO. LOOP 1 (MOPAC) MILEPOST# \_\_\_\_\_

NEAREST CITY/TOWN AUSTIN NEAREST INTERSECTION .5 mi S Duval Rd.

FUNCTIONAL CLASS II NO. LANES EACH DIRECTION 3 TOTAL NO. LANES 6

DIRECTION OF TRAVEL GPS LANE SOUTH DATE OPENED TO TRAF. \_\_\_\_\_

FIPS COUNTY CODE 453 FHWA STATION IDENTIFICATION NO. \_\_\_\_\_

HPMS SAMPLE NO. 14 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 _____	

RECEIVED JUN 29 2000 D M