

SHEET 1 LTPP TRAFFIC DATA SUMMARY TRANSMITTAL FORM	*STATE ASSIGNED ID	[]
	*STATE CODE	[48]
	*SHRP SECTION ID	[1183]

STATE OR PROVINCE TEXAS COUNTY GARZA

HIGHWAY ROUTE NO. US 83 MILEPOST# 3.53

NEAREST CITY/TOWN SOUTHLAND NEAREST INTERSECTION FM 211

*FUNCTIONAL CLASS 02 NO. LANES EACH DIRECTION 2 TOTAL NO. LANES 4

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

*DATE OPENED TO TRAFFIC ~~01-01-1988~~ 02/01/1975 (see INV sheet 04)

FIPS COUNTY CODE 169 FHWA STATION IDENTIFICATION NO. _____

HPMS SAMPLE NO. _____ HPMS SUBDIVISION _____

*TYPE OF PAVEMENT: 1- AC X 2- PCC _____ 3- OTHER _____

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

CURRENT (1990) SURROUNDING DEVELOPMENT:
 URBAN _____ SUBURBAN _____ RURAL X

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 JEROME F. DREIDEN PHONE # (512) 346-0870
 DATE PREPARED 7/7/00

rev. February 28, 2000

ARCHIVED JUL 17 2008
 ENTERED JUL 13 2000 D M

SHEET 1 LTPP TRAFFIC DATA SUMMARY TRANSMITTAL FORM	*STATE ASSIGNED ID [193] *STATE CODE [48] *SHRP SECTION ID [1183]
--	---

STATE OR PROVINCE TEXAS COUNTY GARZA
HIGHWAY ROUTE NO. US 84 MILEPOST# _____
NEAREST CITY/TOWN _____ NEAREST INTERSECTION 1.3mi N of FM 211
FUNCTIONAL CLASS 2 NO. LANES EACH DIRECTION 2 TOTAL NO. LANES 4
DIRECTION OF TRAVEL GPS LANE NORTH DATE OPENED TO TRAF. _____
FIPS COUNTY CODE 169 FHWA STATION IDENTIFICATION NO. _____
HPMS SAMPLE NO. 005304000000 HPMS SUBDIVISION NO. 1
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 _____	