

PROPERTY ADDRESS:  
1220 KELLER PARKWAY, KELLER, TX 76248

PARKING:  
REQUIRED: 52 SPACES (1 / 200 GSF)  
PROVIDED: 61 SPACES (3 ADA SPACES)  
PER TAS TABLE 208.2

ZONING:  
TC - TOWN CENTER

- SITE GENERAL NOTES**
- ALL WORK AND MATERIALS SHALL COMPLY WITH ALL STATE, LOCAL, DOT AND OSHA STANDARDS. THE CONTRACTOR SHALL OBTAIN FINAL APPROVALS/PERMITS AND INSPECTIONS AS NECESSARY PRIOR TO CONSTRUCTION.
  - ALL SIGNAGE SHALL COMPLY WITH THE MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES (M.U.T.C.D.)
  - ALL PAVEMENT MARKINGS AND STRIPING SHALL COMPLY WITH THE DOT, MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES (M.U.T.C.D.), AND TEXAS ACCESSIBILITY STANDARDS
  - REPAIR AND REPLACE ANY DAMAGED PAVEMENT AND CURBING TO MATCH ADJACENT EXISTING PAVEMENT, CURB AND GUTTER.
  - ALL MATERIALS AND STRUCTURES DESIGNATED AS "TO BE REMOVED" SHALL BE DISPOSED OF OFF SITE AND AT THE COST OF THE CONTRACTOR.



**CESO**  
WWW.CESOINC.COM

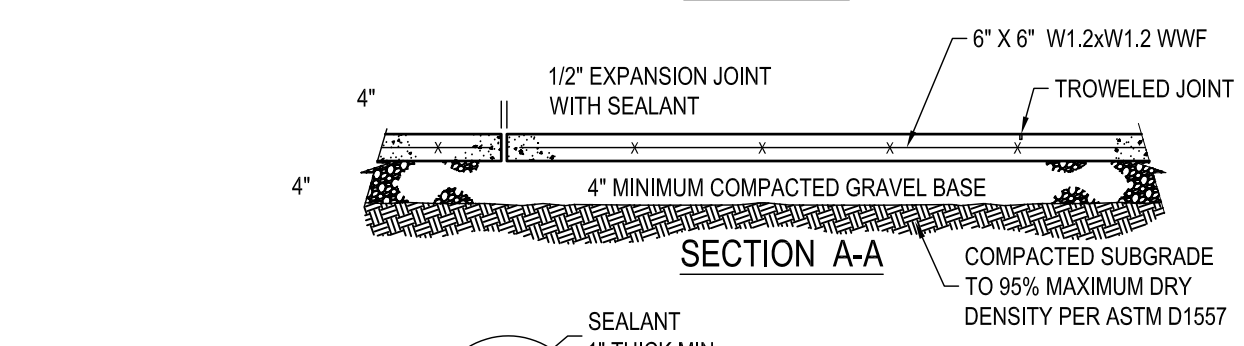
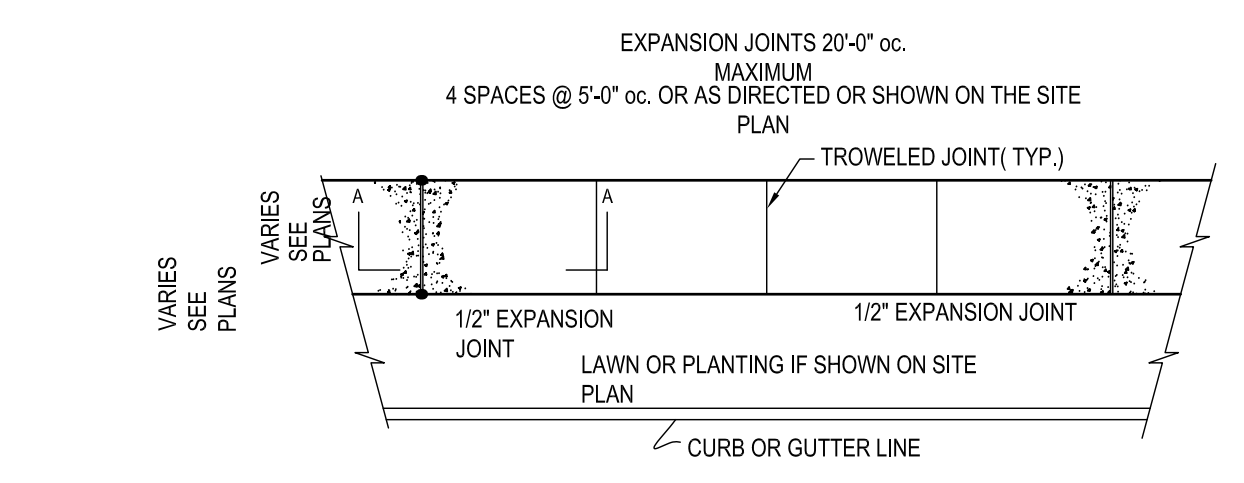
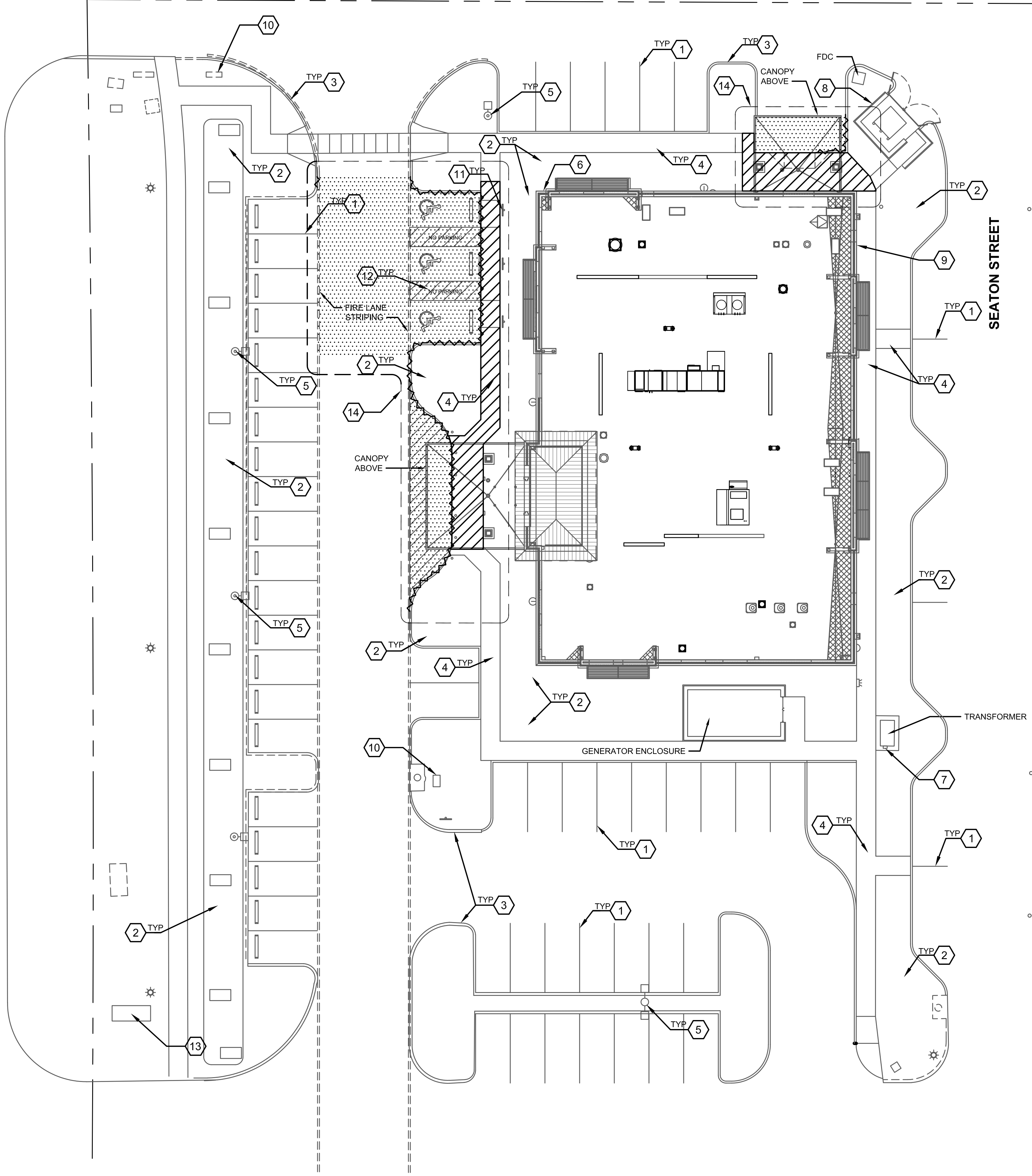
1305 NE McClain Road, Suite 7  
Bentonville, AR 72713-3839  
Phone: 479.271.8658 Fax: 479.271.8520

**SITE PLAN KEYNOTES**

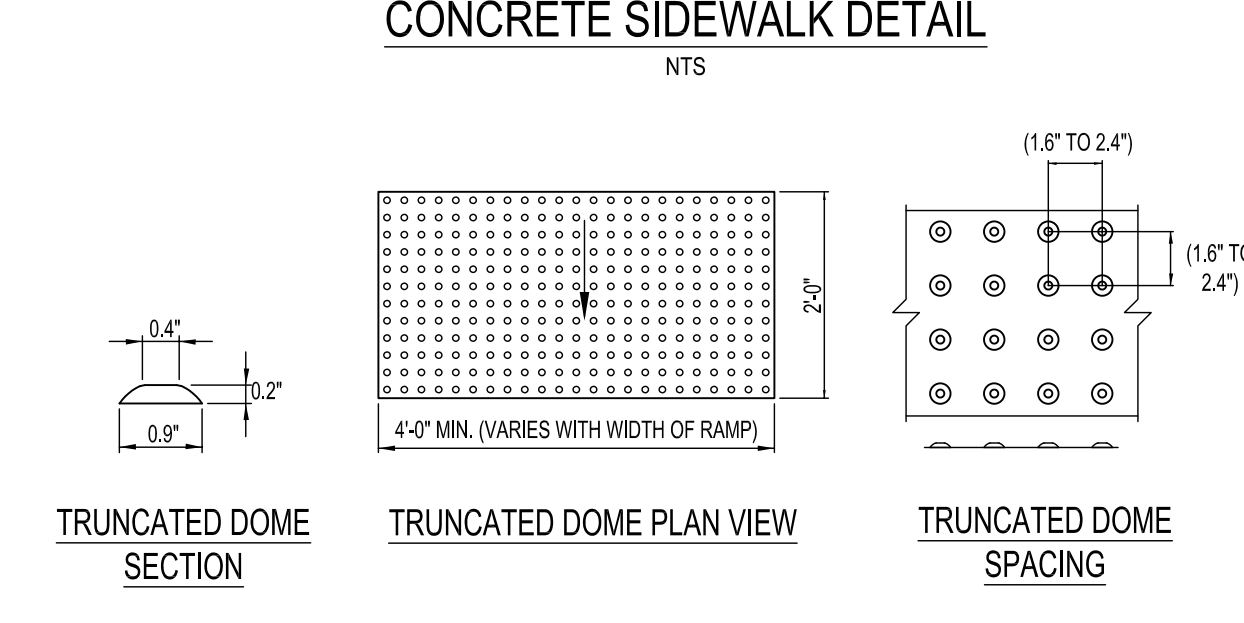
1	EXISTING PARKING STALLS TO REMAIN.
2	EXISTING LANDSCAPE AREA TO REMAIN - REPLACE ANY DEAD/DYING LANDSCAPING WITH LIKE KIND. PROVIDE NEW MULCH COVERAGE FOR THINNED AREAS. CONFIRM FUNCTIONALITY OF EXISTING LANDSCAPING IRRIGATION AND REPAIR/REPLACE WITH NEW AS REQUIRED. PROVIDE NEW IRRIGATION CONTROLLER AND ANTI-SIPHON AND/OR CONTROL VALVES. REPLACE EXISTING LANDSCAPE LIGHTING PER ELECTRICAL PLANS.
3	EXISTING CURB AND GUTTER TO REMAIN - TYP.
4	EXISTING CONCRETE WALK TO REMAIN. PRESSURE WASH WALKS AS REQUIRED - TYP.
5	EXISTING SITE LIGHTING. CONFIRM FUNCTION AND REPLACE AS NEEDED REFER TO ELECTRICAL PLANS. REPAIR POLE AND FIXTURE TO MATCH ORIGINAL COLOR.
6	EXISTING GAS METER
7	EXISTING ELECTRICAL METER AND PANEL
8	EXISTING TRASH ENCLOSURE. REMOVE ALL TRASH AND DEBRIS FROM WITHIN THE ENCLOSURE. PATCH AND REPAIR MISSING OR BROKEN BRICKS, WITH LIKE KIND. PRESSURE WASH ENTIRE AREA. REPAIR/REPLACE ENCLOSURE GATES AS REQUIRED. PAINT TO MATCH EXTERIOR MAIN DOORS ON BUILDING.
9	EXISTING KNOX BOX
10	EMERGENCY DIRECTIONAL SIGN TO BE REMOVED
11	INSTALL SIGN 4" BELOW EXISTING ACCESSIBILITY SIGN STATING "VIOLATORS SUBJECT TO FINE AND TOWING" IN 1" HIGH LETTERS. BOTTOM EDGE OF SIGN SHALL BE NO LOWER THAN 48" ABOVE GRADE (TAS 68.104)
12	PAINT "NO PARKING" IN CENTER OF ACCESS AISLE. ALL CAPS. MIN. LETTER HEIGHT 12", AND MIN. STROKE WIDTH 2". (TAS 68.104)
13	EXISTING MONUMENT SIGN TO REMAIN. NEW SIGNAGE TO BE REVIEWED AND INSTALLED UNDER SEPARATE PERMIT.
14	REMOVE AND REPLACE ALL ADA PARKING STALLS, WHEEL STOPS, ADA SIGNAGE, RAMPS, ADA COMPLIANT PATHS (SIDEWALKS), AND CURBING TO ENSURE COMPLIANCE. CONTRACTOR TO FIELD VERIFY PRIOR TO REMOVAL AND PROVIDE DEDUCT IN CONTRACT PRICE FOR ANY AREAS WITHIN ADA COMPLIANCE.

**SITE LEGEND**

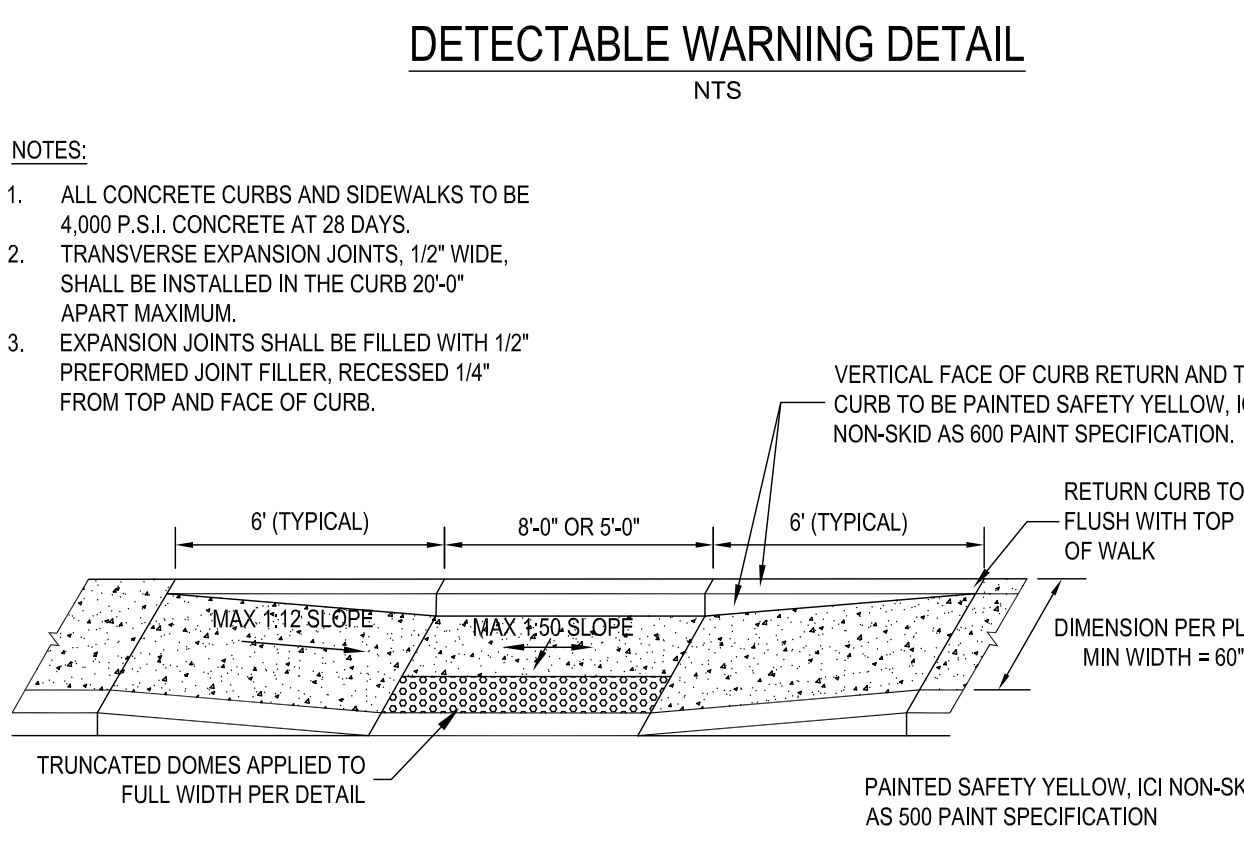
- SIDEWALK LIMITS TO BE REMOVED AND REPLACED
- PAVEMENT LIMITS TO BE REMOVED AND REPLACED
- CURBING TO BE REMOVED



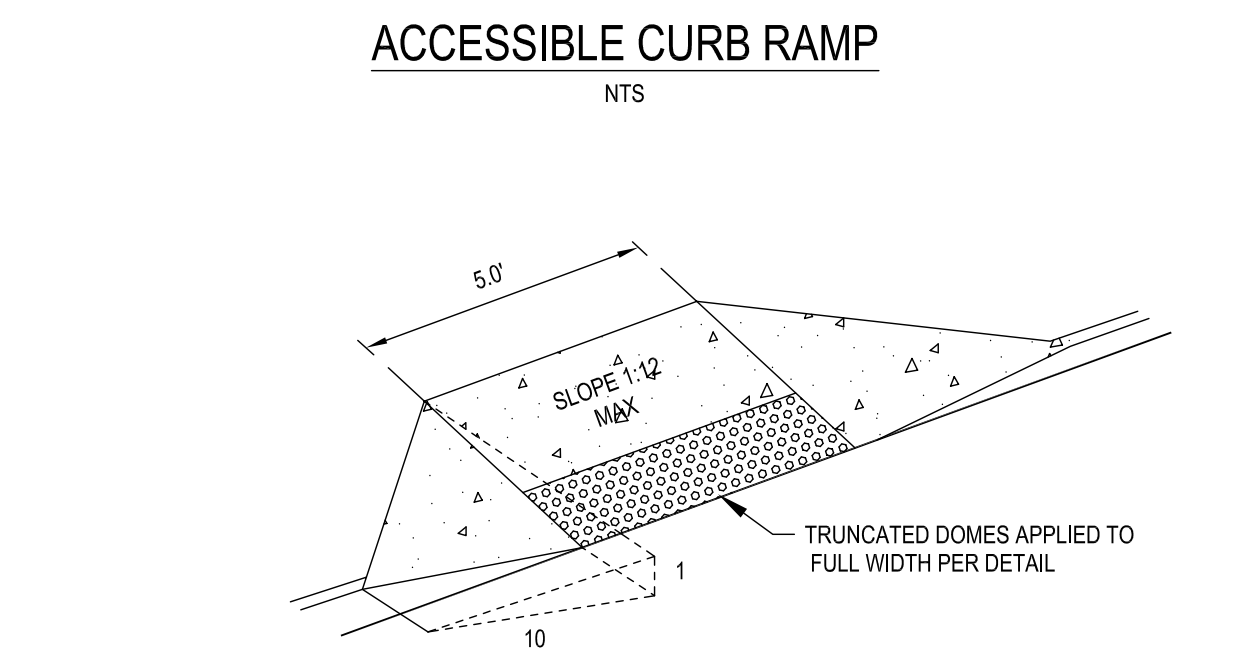
- CONCRETE SIDEWALK DETAIL**  
NTS
- NOTES:**
- ALL CONCRETE CURBS AND SIDEWALKS TO BE 4000 P.S.I. CONCRETE.
  - SIDEWALK TO BE SLOPED 2% MAX. AWAY FROM BUILDING.
  - ALL SIDEWALKS SHALL BE BROOM FINISHED.



- DETECTABLE WARNING DETAIL**  
NTS
- NOTES:**
- ALL DETECTABLE WARNING DEVICES USED IN NEW CONSTRUCTION SHALL BE OF RIGID PRECAST OR EMBEDDED PRODUCT APPROVED BY THE CITY ENGINEER. RETRO FIT MATS WILL ONLY BE ALLOWED ON EXISTING RAMPS WITH PRIOR APPROVAL OF THE CITY ENGINEER FOR MATERIAL TYPE AND INSTALLATION (IE RESURFACING).
  - WIDTH OF DETECTABLE WARNING AREA SHALL BE A MINIMUM OF 4 FEET AND VARY WITH WIDTH OF RAMP.
  - LENGTH OF DETECTABLE WARNING AREA SHALL BE 2 FEET REGARDLESS OF SECTION WIDTH.
  - DETECTABLE WARNING AREA CAN BE SQUARE WHERE USED IN A CURB RADIUS.
  - DETECTABLE WARNING DOMES SHALL BE ALIGNED ON A SQUARE GRID IN THE PREDOMINANT DIRECTION OF TRAVEL TO PERMIT WHEELS TO ROLL BETWEEN DOMES.
  - IF PAVERS ARE TO BE USED, PAVERS SHALL BE 6" THICK AND CAST FROM 5000 PSI CONCRETE.
  - MATS ARE TO BE RIGID WITH TURN DOWN EDGES EMBEDDED IN CONCRETE TO ELIMINATE TRIP HAZARD.
  - TRUNCATED DOMES TO BE RED IN COLOR, UNLESS OTHERWISE DIRECTED.



- ACCESSIBLE CURB RAMP**  
NTS
- NOTES:**
- CURB RAMP SHOWN IN DIAGRAM SHALL HAVE NON-WALKING SURFACE ON EITHER SIDE.
  - VERIFY SIZE AND STYLE (STRAIGHT, FLARED SIDES, OR BUILT UP) RAMP WITH SITE IMPROVEMENT PLAN.
  - CROSS SLOPE (ACROSS RAMP MAIN SLOPE) SHALL NOT EXCEED 1.5% DESIGN (2.0% CONSTRUCTION) SLOPE.



- FLARED RAMP IN SIDEWALK**  
NTS
- NOTES:**
- THE SURFACE OF EACH CURB RAMP AND ITS FLARED SIDES SHALL BE STABLE, FIRM AND SLIP-RESISTANT AND SHALL BE OF CONTRASTING FINISH FROM THAT OF THE ADJACENT SIDEWALK.

**1 ARCHITECTURAL SITE PLAN**  
Scale: 1/16" = 1'-0"

No.	Date	Revisions/ Submissions

**HSH KELLER**  
AMERICAN DEVELOPMENT PARTNERS  
1220 KELLER PARKWAY  
KELLER, TX 76248

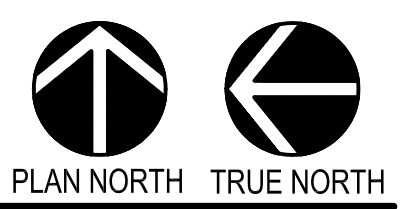
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05/07/21  
exp. 12/31/21  
Project number: 758654-01  
Scale: As indicated  
Drawn: TR/KR/JT  
Checked: MS/BB  
Date: 2021.05.07  
Issue: 1ST CITY SUBMITTAL  
Drawing Title:

**ARCHITECTURAL SITE PLAN**

**AS101**







WWW.CESOINC.COM  
 1305 NE McClain Road, Suite 7  
 Bentonville, AR 72712-3539  
 Phone: 479.271.9050 Fax: 479.208.4626

FLOOR PLAN GENERAL NOTES

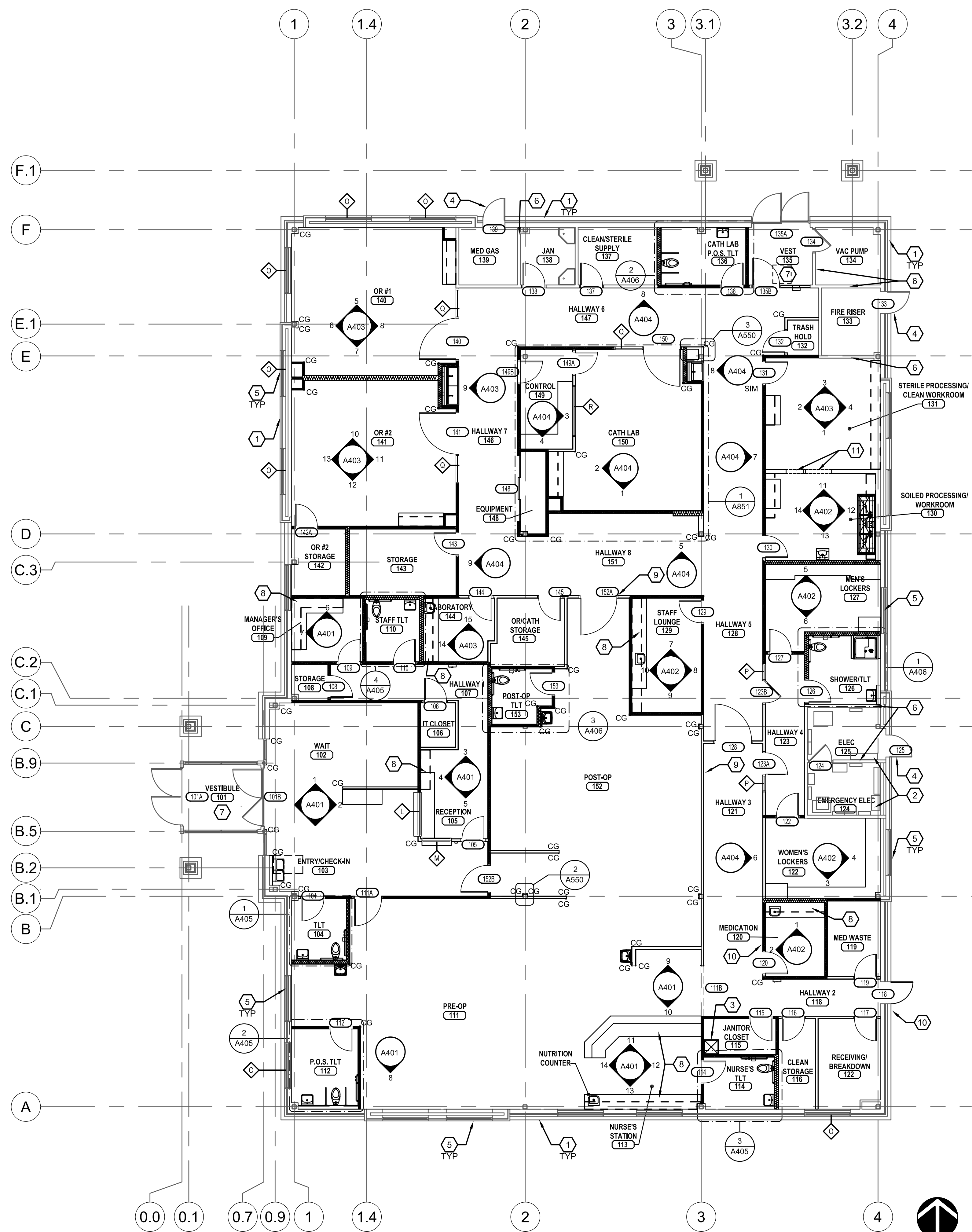
1. ALL GYPSUM BOARD BELOW FINISHED CEILING HEIGHT IS TO BE PREPARED FOR PAINTING OR WALL COVERINGS AS INDICATED ON INTERIOR ELEVATIONS AND FINISH SCHEDULE.
2. REFER TO FINISH SCHEDULE, FINISH PLAN AND ELEVATIONS FOR APPLIED FINISHES.
3. SEE STRUCTURAL PLANS FOR CONCRETE INFILL AT SEWER LINES.

FLOOR PLAN KEY NOTES

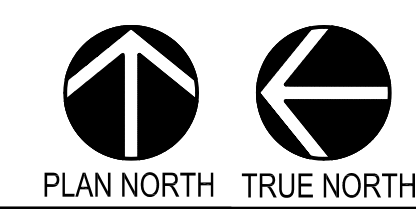
1. EXISTING EXTERIOR WALL.
2. EXISTING ELECTRICAL PANELS - SEE ELECTRICAL.
3. NEW MOP SINK. ADD FRP FROM TOP EDGE TO 96" AF.F. AT BOTH WET WALLS WITH WATER HEATER ABOVE - SEE PLUMBING AND STRUCTURAL DRAWINGS.
4. EXISTING MAN DOOR TO REMAIN - RESTORE TO LIKE NEW CONDITION AND REPAIR.
5. EXISTING WINDOWS TO REMAIN.
6. EXISTING WALL TO REMAIN.
7. EXISTING ENTRY TO REMAIN.
8. NEW BUILT-IN CASEWORK - TYP. SEE INTERIOR ELEVATIONS.
9. NEW PUSH BUTTON OPERATION
10. NEW KEY CARD READER ACCESS
11. GYP. BD. CASED OPENING W/METAL STUD BOX HEADER. VERIFY HEAD HEIGHT WITHROUGH-WALL EQUIPMENT

SYMBOL LEGEND

	DOOR MARK TAG REFER TO SHEET A651 FOR DOOR SCHEDULE
	WINDOW TYPE TAG REFER TO SHEET A675 FOR WINDOW SCHEDULE
	KEYNOTE
	TYPICAL ROOM NAME TAG REFER TO SHEET A701 FOR FINISHES

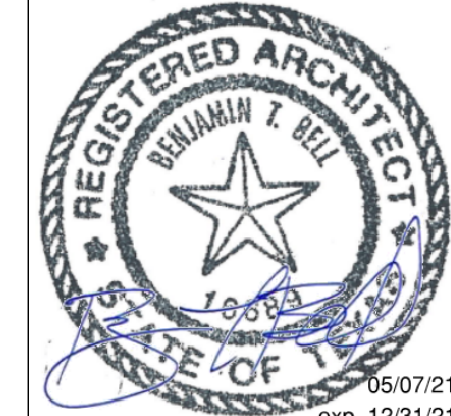


**1 FLOOR PLAN - NOTED**  
 Scale: 1/8" = 1'-0"



No.	Date	Revisions/ Submissions

**HSH KELLER**  
 AMERICAN DEVELOPMENT PARTNERS  
 1220 KELLER PARKWAY  
 KELLER, TX 76248  
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Project number:	758654-01
Scale:	As indicated
Drawn:	TR/KR/JT
Checked:	MS/BB
Date:	2021.05.07
Issue:	1ST CITY SUBMITTAL
Drawing Title:	NOTED FLOOR PLAN

## LEGAL DESCRIPTION

June 4, 2021

City of Keller  
1100 Bear Creek Parkway  
Keller, TX 76248  
Phone: 817-743-4110

**RE:** SARC by HSH Keller, LLC  
1220 Keller Parkway  
Keller, TX 76248

Dear City of Keller:

CESO is please to submit to you the **LEGAL DESCRIPTION** for the SARC by HSH Keller project located at 1220 Keller Parkway. Reference Parcel # 42065222.

PARCEL 42065222:

Lot 10, Block B, of KELLER TOWN CENTER, an addition to the City of Keller, Tarrant County, Texas, according to the Plat thereof recorded in Cabinet A, Slide 22+56, Plat records of Tarrant County, Texas.

Together with easement rights created in instrument executed by Keller TC Partners, LLC to ID1-Keller TC Ltd. Dated September 25<sup>th</sup>, 2000, filed October 4<sup>th</sup>, 2000, recorded in Volume 14552, page 128, real property records, Tarrant County, Texas.

We look forward to your review and feedback. Please feel free to reach me at (615) 928-5126 or [hiett@cesoinc.com](mailto:hiett@cesoinc.com).

Sincerely,

Kelly Hiett, P.E. (TN)  
Sr. Project Manager  
(615) 928-5126

# Trip Generation Data Form (Part 1)

Land Use/Building Type: <sup>1</sup>	ITE Land Use Code:		
Source:	Source No. (ITE use only):		
Name of Development: <u>Advance Care Medical</u>	Day of the Week:		
City: <u>Keller</u> State/Province: <u>TX</u> Zip/Postal Code: <u>76248</u>	Day:	Month:	Year:
Country: <u>United States</u>	Metropolitan Area:		

1. For fast-food land use, please specify if hamburger- or nonhamburger-based.

Location Within Area:				Detailed Description of Development: <sup>3</sup>			
<input type="checkbox"/> (1) CBD	<input type="checkbox"/> (3) Suburban (Non-CBD)	<input type="checkbox"/> (5) Rural					
<input type="checkbox"/> (2) Urban (Non-CBD)	<input type="checkbox"/> (4) Suburban CBD	<input type="checkbox"/> (6) Freeway Interchange Area (Rural)					
		<input type="checkbox"/> (7) Not Given					
Independent Variable: (include data for as many as possible) <sup>2</sup>		Actual	Estimated	Actual	Estimated		
<u>12-14</u> (1) Employees (#)	<input type="checkbox"/>	<input type="checkbox"/>	<u>53</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(9) Parking Spaces (% occupied: _____)	
<u>30-40</u> (2) Persons (#)	<input type="checkbox"/>	<input type="checkbox"/>	<u>6-8</u>	<input type="checkbox"/>	<input type="checkbox"/>	(10) Beds (% occupied: _____)	
<u>1</u> (3) Total Units (#) (indicate unit: _____)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	(11) Seats (#)	
<u>1</u> (4) Occupied Units (#) (indicate unit: _____)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	(12) Servicing Positions/Vehicle Fueling Positions	
<u>10260</u> (5) Gross Floor Area (gross sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	(13) Shopping Center % Out-parcels/pads	
(% of development occupied <u>100%</u> )						(14) A.M. Peak Hour Volume of Adjacent Street Traffic	
<u>10260</u> (6) Net Rentable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	(15) P.M. Peak Hour Volume of Adjacent Street Traffic	
<u>10260</u> (7) Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	(16) Other _____	
(% of development occupied <u>100%</u> )				<input type="checkbox"/>	<input type="checkbox"/>	(17) Other _____	
<u>1.70</u> (8) Total Acres (% developed: <u>100%</u> )	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		

2. Definitions for several independent variables can be found in the *Trip Generation, Second Edition, User's Guide Glossary*.

3. Please provide all pertinent information to describe the subject project, including the presence of bicycle/pedestrian facilities. To report bicycle/pedestrian volumes, please refer to Part 4 of this data form.

Other Data:		Transportation Demand Management (TDM) Information:		
Vehicle Occupancy (#): <u>65%</u> A.M. <u>35%</u> P.M. _____ 24-hour %		At the time of this study, was there a TDM program (that may have impacted the trip generation characteristics of this site) underway?		
Percent by Transit: _____ A.M. % _____ P.M. % _____ 24-hour %		<input type="checkbox"/> No		
Percent by Carpool/Vanpool: _____ A.M. % _____ P.M. % _____ 24-hour %		<input type="checkbox"/> Yes (If yes, please check appropriate box/boxes, describe the nature of the TDM program(s) and provide a source for any studies that may help quantify this impact. Attach additional sheets if necessary)		
Employees by Shift:		<input type="checkbox"/> (1) Transit Service	<input type="checkbox"/> (5) Employer Support Measures	<input type="checkbox"/> (9) Tolls and Congestion Pricing
First Shift: Start Time <u>6:00</u> End Time <u>2:00</u> Employees (#) <u>7</u>		<input type="checkbox"/> (2) Carpool Programs	<input type="checkbox"/> (6) Preferential HOV Treatments	<input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks
Second Shift: Start Time <u>1:00</u> End Time <u>7:00</u> Employees (#) <u>7</u>		<input type="checkbox"/> (3) Vanpool Programs	<input type="checkbox"/> (7) Transit and Ridesharing Incentives	<input type="checkbox"/> (11) Telecommuting
Third Shift: Start Time _____ End Time _____ Employees (#) _____		<input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements	<input type="checkbox"/> (8) Parking Supply and Pricing Management	<input type="checkbox"/> (12) Other _____
Parking Cost on Site: _____ Hourly _____ Daily _____				

Please Complete Form on Other Side



**ite** Institute of Transportation Engineers  
**Trip Generation Data Form (Part 2)**

Summary of Driveway Volumes

(All = All Vehicles Counted, Including Trucks; Trucks = Heavy Duty Trucks and Buses)

	Average Weekday (M-F)						Saturday						Sunday					
	Enter		Exit		Total		Enter		Exit		Total		Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks
24-Hour Volume																		
A.M. Peak Hour of Adjacent Street Traffic (7 - 9) Time (ex.: 7:15 - 8:15):	20	/	20	/	20	/												
P.M. Peak Hour of Adjacent Street Traffic (4 - 6) Time:	10	/	10	/	10	/												
A.M. Peak Hour Generator <sup>2</sup> Time:																		
P.M. Peak Hour Generator <sup>2</sup> Time:																		
Peak Hour Generator <sup>3</sup> Time (Weekend):																		

<sup>1</sup> Highest hourly volume between 7 a.m. and 9 a.m. (4 p.m. and 6 p.m.). Please specify the peak hour.

<sup>2</sup> Highest hourly volume during the a.m. or p.m. period. Please specify the peak hour.

<sup>3</sup> Highest hourly volume during the entire day. Please specify the peak hour.

Please refer to the *Trip Generation User's Guide* for full definition of terms.

Hourly Driveway Volumes- Average Weekday (M-F)

A.M. Period	Enter		Exit		Total		Mid-Day Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
6:00-7:00	10				10		11:00-12:00	5		2		7		3:00-4:00	0		2		2	
6:15-7:15	0						11:15-12:15	0		2		2		3:15-4:15	0		0			
6:30-7:30	0						11:30-12:30	0						3:30-4:30	0		0			
6:45-7:45	0						11:45-12:45	0						3:45-4:45	0		2		2	
7:00-8:00	0						12:00-1:00	5		2		7		4:00-5:00	0		0			
7:15-8:15	0						12:15-1:15	0						4:15-5:15	0		0		2	
7:30-8:30	0						12:30-1:30	0						4:30-5:30	0		0			
7:45-8:45	0						12:45-1:45	0						4:45-5:45	0		0			
8:00-9:00	5		2		7		1:00-2:00	5		8		13		5:00-6:00	0		8		8	

Check if Part 3, 4 and/or additional information is attached.

Survey conducted by: Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please return to: Institute of Transportation Engineers  
 Technical Projects Division  
 1627 Eye Street, NW, Suite 600  
 Washington, DC 20006 USA  
 Telephone: +1 202-785-0060  
 Fax: +1 202-785-0609  
 ITE on the Web: www.ite.org



**Trip Generation Data Form (Part 3)**

Name/Organization: Advance Care Medical

Telephone Number: 615 818 6982

City/State: Keller, TX

Detailed Driveway Volumes: Attach this sheet to Parts 1 and 2 if you are providing additional information.

Day of the week: \_\_\_\_\_

(All = All Vehicles Counted, Including Trucks; Trucks = Heavy Duty Trucks and Buses)

A.M. Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
12:00-12:15							12:00-12:15	5		2		7	
12:15-12:30							12:15-12:30						
12:30-12:45							12:30-12:45						
12:45-1:00							12:45-1:00	5		2		7	
1:00-1:15							1:00-1:15						
1:15-1:30							1:15-1:30						
1:30-1:45							1:30-1:45						
1:45-2:00							1:45-2:00						
2:00-2:15							2:00-2:15						
2:15-2:30							2:15-2:30						
2:30-2:45							2:30-2:45						
2:45-3:00							2:45-3:00						
3:00-3:15							3:00-3:15						
3:15-3:30							3:15-3:30						
3:30-3:45							3:30-3:45						
3:45-4:00							3:45-4:00						
4:00-4:15							4:00-4:15						
4:15-4:30							4:15-4:30						
4:30-4:45							4:30-4:45						
4:45-5:00							4:45-5:00						
5:00-5:15							5:00-5:15						
5:15-5:30							5:15-5:30						
5:30-5:45							5:30-5:45						
5:45-6:00							5:45-6:00						
6:00-6:15							6:00-6:15	10			10		
6:15-6:30							6:15-6:30						
6:30-6:45							6:30-6:45						
6:45-7:00							6:45-7:00						
7:00-7:15							7:00-7:15						
7:15-7:30							7:15-7:30						
7:30-7:45							7:30-7:45						
7:45-8:00							7:45-8:00						
8:00-8:15							8:00-8:15	5		2	7		
8:15-8:30							8:15-8:30						
8:30-8:45							8:30-8:45						
8:45-9:00							8:45-9:00						
9:00-9:15							9:00-9:15						
9:15-9:30							9:15-9:30						
9:30-9:45							9:30-9:45						
9:45-10:00							9:45-10:00						
10:00-10:15							10:00-10:15						
10:15-10:30							10:15-10:30						
10:30-10:45							10:30-10:45						
10:45-11:00							10:45-11:00						
11:00-11:15							11:00-11:15	5		2	7		
11:15-11:30							11:15-11:30						
11:30-11:45							11:30-11:45						
11:45-12:00							11:45-12:00						




**Institute of Transportation Engineers**  
**Trip Generation Data Form (Part 4)**

**Summary of Bicycle Volumes**

	Average Weekday (M-F)			Saturday			Sunday		
	Enter	Exit	Total	Enter	Exit	Total	Enter	Exit	Total
24-Hour Volume									
A.M. Peak Hour of Adjacent Street Traffic (7 - 9) Time (ex.: 7:15 - 8:15):									
P.M. Peak Hour of Adjacent Street Traffic (4 - 6) Time:									
A.M. Peak Hour Generator <sup>1</sup> Time:									
P.M. Peak Hour Generator <sup>2</sup> Time:									
Peak Hour Generator <sup>3</sup> Time (Weekend):									

- <sup>1</sup> Highest hourly volume between 7 a.m. and 9 a.m. (4 p.m. and 6 p.m.) as defined in Trip Generation Data Form (Part 2). Please specify the peak hour.  
<sup>2</sup> Highest hourly volume during the a.m. or p.m. period. Please specify the peak hour.  
<sup>3</sup> Highest hourly volume during the entire day. Please specify the peak hour. Please attach supplemental hourly volumes.  
 Please refer to the *Trip Generation User's Guide* for full definition of terms.

**Summary of Pedestrian Volumes**

	Average Weekday (M-F)			Saturday			Sunday		
	Enter	Exit	Total	Enter	Exit	Total	Enter	Exit	Total
24-Hour Volume									
A.M. Peak Hour of Adjacent Street Traffic (7 - 9) Time (ex.: 7:15 - 8:15):									
P.M. Peak Hour of Adjacent Street Traffic (4 - 6) Time:									
A.M. Peak Hour Generator <sup>1</sup> Time:									
P.M. Peak Hour Generator <sup>2</sup> Time:									
Peak Hour Generator <sup>3</sup> Time (Weekend):									

Survey conducted by: Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
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