

LONG TERM PAVEMENT PERFORMANCE PROGRAM DIRECTIVE



For the Technical Direction of the LTPP Program



Program Area: General Operations

Directive Number: GO-8

Date: April 27, 1998

Supersedes: n/a

Subject: Documentation of Reasons for Test Section Rehabilitation

Introduction

Rehabilitation Information Form RI-1, Cause for Rehabilitation, shall be submitted to the participating highway agency for completion for all LTPP test sections which are scheduled for rehabilitation. A separate form shall be completed for each test section, even when more than one test section located on the same project are rehabilitated at the same time. This form should be completed for all test sections whose rehabilitation is scheduled to occur after the issuance date of this directive. This form should be completed for all test sections scheduled for rehabilitation regardless of whether or not the test section will remain in the LTPP program after rehabilitation.

Within LTPP, rehabilitation is defined as any modification to the pavement structure which substantially changes its structural response. These activities include overlays and associated pretreatments, inlays (mill and fill), pressure relief joints in PCC pavements, subsealing or undersealing, retrofitted subdrainage, joint load transfer restoration, and some types of shoulder restoration.

Form RI-1

Form RI-1 was created to document the general reasons why a test section was scheduled for rehabilitation. The following information is requested on the form.

State Code

The state code is the number used to identify the state or Canadian province in which the pavement section is located. The codes presented in Table A.1 of the LTPP Data Collection Guide shall be used.

LTPP Section ID

The LTPP section ID is the four digit identification number assigned to the test section by the LTPP program. This number is used to facilitate the computer referencing and for field identification.

Date

Enter the date the form was completed.

1. Primary Reason for Rehabilitation

Place an X in the appropriate box which best describes the primary reason why the test section is being rehabilitated. Rehabilitation can be performed to address pavement condition problems or for other reasons. Since pavement condition problems may exist on the project in which the test section is located, and not due to conditions present on the test section, the first two boxes are provided to indicate whether or not a pavement condition problem leading to the rehabilitation is present on the test section. The last box is provided to signify that a non-pavement condition related problem is the cause for the planned rehabilitation.

2. General Pavement Related Rehabilitation Causes

If the reason for rehabilitation is due to a pavement condition problem, the **primary** general factor affecting the decision to rehabilitate the pavement section should be indicated. This response should be independent of whether or not the problem condition occurs on the test section. If the rehabilitation cause is not due to a pavement condition problem, do not enter a response. A single response indicating the most significant single factor leading to the rehabilitation decision is desired. A response is also provided if the agency uses a pavement condition index based upon combination of multiple pavement distresses and/or roughness attributes. If the pre-defined responses are not adequate to describe the primary reason for the planned rehabilitation, then an other response is provided in which a short explanation can be entered.

3. Contributing Pavement Condition Related Rehabilitation Causes

Since many contributing pavement condition factors can affect a rehabilitation decision, these can be indicated under this item. The intent is to indicate those pavement condition items that contributed to the rehabilitation decision, not to indicate all pavement distresses which may be present. Most of the pre-defined responses are pavement distress types as defined in the LTPP Distress Identification Manual. If the cause for the rehabilitation is not pavement condition related no response should be made.

4. Non-pavement Condition Related Reasons

If a non-pavement condition reason exists as the cause for the planed rehabilitation, mark the appropriate box or provide a short explanation under other.

5. Scheduled Date for Start of Construction Activities

Indicate the month and year that construction activities are scheduled to begin. When possible, indicate the date when construction activities on the portion of the project the test section is located are expected to begin.

Approved by

Monte Symons
LTPP Operations, Team Leader

Prepared by: Technical Support Services Contractor

LTPP Test Section Rehabilitation Rehabilitation Information Form RI-1 Cause for Rehabilitation	State Code [_ _] LTPP Section ID [_ _ _ _] Date (dd/mmm/yyyy) _ _ / _ _ _ / _ _ _ _
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1. Primary reason for rehabilitation: ☐ test section pavement condition ☐ non-test section pavement condition ☐ not related to pavement condition

2. General pavement related rehabilitation causes (check the one most important factor)

<input type="checkbox"/> pavement distress	<input type="checkbox"/> roughness	<input type="checkbox"/> friction	<input type="checkbox"/> agency condition index
Other _____			

3. Contributing pavement condition related rehabilitation causes (check all that apply)

<input type="checkbox"/> wheel path cracking	<input type="checkbox"/> rutting	<input type="checkbox"/> roughness	<input type="checkbox"/> surface friction
<input type="checkbox"/> non-wheel path cracking	<input type="checkbox"/> shoving	<input type="checkbox"/> faulting	<input type="checkbox"/> polished aggregate
<input type="checkbox"/> raveling	<input type="checkbox"/> bleeding	<input type="checkbox"/> scaling	<input type="checkbox"/> potholes
<input type="checkbox"/> joint spalling	<input type="checkbox"/> punchouts	<input type="checkbox"/> condition index	
Other _____			

4. Non-pavement condition related reasons (check all that apply)

<input type="checkbox"/> added lane	<input type="checkbox"/> route realignment	<input type="checkbox"/> adjacent land use changes
<input type="checkbox"/> political related causes		
Other _____		

5. Scheduled date for start of construction activities (mmm/yyyy) [_ _ _ / _ _ _ _]

Agency Contact Name _____ Employer: _____

Phone Number: _____ E-mail: _____