DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

[FHWA Docket No.96–22]

National Highway System Route Marker Study; Request for Comments

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice; request for comments.

SUMMARY: This is a request for information to assist the Secretary of Transportation in responding to section 359(b) of the National Highway System Designation Act of 1995 (NHS Act) which requires a study be conducted to determine the cost, need, and efficacy of establishing a highway sign for identifying routes on the National Highway System. The study results must be submitted to Congress by March 1, 1997. All the responses and comments will be fully considered before the study report is submitted.

DATES: Responses to this request must be received on or before October 21, 1996.

ADDRESSES: Submit written, signed comments to FHWA Docket No. 96–22, Federal Highway Administration, Room 4232, HCC–10, Office of the Chief Counsel, 400 Seventh Street SW., Washington, D.C. 20590. All comments received will be available for examination at the above address between 8:30 a.m. and 3:30 p.m., e.t., Monday through Friday, except Federal holidays. Those desiring notification of receipt of comments must include a self-addressed, stamped postcard/envelope.

FOR FURTHER INFORMATION CONTACT: Mr. Peter J. Hartman, Office of Highway Safety (HHS–10), (202) 366–8977, or Ms. Gloria Hardiman-Tobin (HCC–32), Office of the Chief Counsel (202) 366–1397, Federal Highway Administration, 400 Seventh Street, SW., Washington, D.C. 20590. Office hours are from 7:45 a.m. to 4:15 p.m., e.t., Monday through Friday, except Federal holidays.

SUPPLEMENTARY INFORMATION: Section 359(b) of the National Highway System Designation Act of 1995 directs the Secretary of Transportation to conduct a study to determine the cost, need, and efficacy of establishing a highway sign for identifying routes on the National Highway System. This section also specifies that the Secretary shall make a determination concerning whether to identify National Highway System route numbers. The Secretary is required to submit a report to Congress on the results of the study not later than March 1, 1997.

Background

A proposed NHS was submitted to Congress by the Department of Transportation in December 1993 in response to a legislative mandate contained in the Intermodal Surface Transportation Efficiency Act of 1991. On November 28, 1995, President Clinton signed the National Highway System Designation Act of 1995. This Act designated a 161,108-mile National Highway System (NHS).

The NHS consists of the most important rural and urban roads and streets in the country, including the Interstate System and other principal arterials. Although the system includes only 4 percent of total rural and urban highways, it serves about 42 percent of total highway vehicle travel and nearly 70 percent of commercial vehicle travel. Ninety-eight percent of NHS routes are under the jurisdictional control of the State transportation agencies. In addition to the Interstate System, the NHS includes some, but not all, U.S. numbered routes, important State routes and, in urban areas, some unnumbered roads and streets. In effect, the system cuts across the full spectrum of existing route numbering systems—Interstate, U.S. numbered routes, and State, county and city routes.

Under existing Federal law, FHWA's role in route numbering is limited to the Interstate System. Although the American Association of State Highway and Transportation Officials (AASHTO) plays an important role in Interstate route numbering actions, the final approval authority rests with the Federal Highway Administrator.

The U.S. numbered system does not have any basis in Federal law. The States adopted the system in November 1926 and AASHTO (formerly AASHO) has since handled the numbering without involvement by FHWA.

For many years, routes on the U.S. numbered highway system were considered the most important in the country. This gradually changed with the completion of segments of the Interstate System and, in some cases, the construction of major State routes. This change in the relative importance of U.S. numbered routes as a national system is also reflected in Federal laws and regulations related to the operation of commercial motor vehicles. The Surface Transportation Assistance Act of 1982 required the States to identify routes for use by larger-dimensioned vehicles without regard to numbering system. The resulting network (called the National Network) includes all of the Interstate System, as well as many U.S. numbered highways and State routes.

Federal law does not require compatibility between the National Network and the NHS although they are compatible to a large extent in many States.

A work group from the Federal Highway Administration was formed to conduct the study and prepare the report to Congress. The following list of signing options was developed by the work group. It is not intended to be comprehensive. Minor variations could be applied to any of the options, but the FHWA position is that these options capture the basic alternatives.

Options

1. Status Quo. Maintain the existing route numbering systems. No action is taken. This option would cost nothing. This option would not change the current route numbering systems, so there should be no driver confusion associated with a name/number change. There would be no costs to businesses related to a change in name/numbering (advertising, letterheads, etc.).

2. Add a sticker to existing route markers. Maintain the existing route numbering systems and place some type of marker on the existing route number signs which are on highway segments that are part of the NHS. The marker could be as simple as an asterisk, a logo of some type, simply a letter, or other unique symbol. The presence of the identifying marker on the route number shield would indicate that this highway section is part of the NHS. The cost to implement this option, if it is mandatory, would be approximately 8 to 12 million dollars. If it were an optional feature, like the use of the Eisenhower Sign on the Interstate or the National Network Sign, the cost could be lower. This option would not change the current route numbering systems. Therefore, there should be no driver confusion which often accompanies a name/number change. Additionally, there would be no costs to businesses (advertising, letterheads, etc.) related to a change in name/numbering. There may be a problem with the location of such a sticker because the useable area on a sign face is restricted. There may be a potential benefit to a community located on the NHS as a result of the recognition gained from being connected by the NHS.

3. Delineate the NHS with a unique sign. Maintain the existing route numbering systems and erect a unique sign at various intervals along highway sections that are part of the NHS. The sign could also be included, optionally, with appropriate route markers at

junctions and intersections. A new sign may be more recognizable than a sticker or symbol. The cost to implement this option, if it were mandatory, would be approximately 10 to 30 million dollars. The cost is dependent upon sign spacing and whether or not the sign is included with existing route markers at intersections. If it were an optional feature, like the Eisenhower Sign or the National Network Sign, the cost could be lower. This option would not change the current route numbering systems. Therefore, there should be no driver confusion which often accompanies a name/number change. There would also be no costs to businesses related to a change in name/numbering (advertising, letterheads, etc.). There may be a potential benefit to a community located on the NHS as a result of the recognition gained from being connected by the NHS.

4. Delineate the NHS with a new route marker sign. Maintain the existing route numbering systems, but phase in a newly designed route marker sign, such as a new shape and/or color, to be used on those highway sections that are part of the NHS. NHS sections would then be identified by the new route marker sign. The cost of this option would depend on the length of time allowed for the phase-in. If a quick conversion is required, the cost would be approximately 30 to 40 million dollars. Since signs must be replaced periodically anyway, the cost of this option could be lowered through an extended phase-in period. This option would not change the current route numbering system. Therefore, there should be no driver confusion which often accompanies a name/number change. There could, however, be some driver confusion related to a new sign design, in the interim conversion period. There would also be no costs to businesses related to a change in name/numbering (advertising, letterheads, etc.). There may be a potential benefit to a community located on the NHS as a result of the recognition gained from being connected by the NHS.

5. Delineate the NHS with a new route marker sign and new numbering system. This numbering system would simply be added to the existing numbering systems. The cost of this option would be similar to option four with additional costs for the development of the numbering system and maintenance costs for more signs. The cost to develop and install a new route numbering system on the NHS would be approximately 40 to 50 million dollars.

Driver confusion is a potential problem because of the layering of routes. A roadway might be on many different systems in addition to the NHS. This option adds another layer. There are potential costs to businesses related to a change in name/numbering (advertising, letterheads, etc.), but since this is only another layer, a business would have the option of making changes if it so desired. There may be a potential benefit to a community located on the NHS as a result of the recognition gained from being connected by the NHS. Drivers might recognize that roadways marked as NHS routes are interconnected and that these roadways might be more capable of facilitating through-traffic than other local roadways.

6. Redesign route numbering systems to eliminate or minimize duplication of route marking systems. Identify the NHS with its own route numbering and marker. This new system would be coordinated to the extent possible with existing route numbering systems to minimize route duplication. For example, numbers for U.S. and State routes could be replaced by the NHS numbering system. The Interstate numbering would not be changed under this option. Any highways not on the NHS could retain their existing designations or be revised at a State's discretion. This would be the most expensive option. Ultimately, it may have the most benefits to the driver with regards to system continuity, but could be very confusing in the interim. Since the NHS does not have a specific standard, like the Interstate System, it could confuse the driver who is expecting a certain type of roadway. Drivers might recognize, though, that roadways marked as NHS routes are interconnected and that these roadways might be more capable of facilitating through-traffic than other local roadways.

The cost of this option would be approximately 50 to 80 million dollars. There could be substantial costs to businesses related to a change in name/numbering (advertising, letterheads, etc.). There may be a potential benefit to a community located on the NHS as a result of the recognition gained from being connected by the NHS. There could also be negative effects on communities that rely on recognition related to other systems, such as the U.S. Highway System, which could be changed by a renumbering effort. A variation on this option would be to include the Interstate System in the re-numbering process.

Questions

The FHWA invites comments on all aspects of the study requirements and is particularly interested in comments on the following questions:

1. Should highway segments that comprise the NHS be physically marked via trailblazers, unique route numbers or some other identifying symbol?

2. If your basic response is ''No,'' is it because you believe:

a. The anticipated benefits do not outweigh the costs involved? Please explain.

b. The existing guidance systems are adequate? Please explain.

c. The Federal government should not be involved in this issue? Please explain.

d. There are possible safety implications? Please explain.

e. There is another reason, which we have not identified? Please explain.

If your basic response is ''Yes,'' then please respond to the following questions.

3. Do you believe the anticipated benefits to drivers and communities outweigh the costs involved? Please explain.

4. Should marking the NHS be voluntary on the part of each State or local jurisdiction, or should all States and local jurisdictions be required to mark the system?

5. Of the options discussed, which would provide the greatest benefits relative to cost? Please explain.

6. Is there another option for marking the NHS, not covered above, that you feel has merit? If so, please describe the method.

7. What level(s) of government should bear the cost of marking of the NHS?

a. Federal Government at 100% of the cost.

b. Cost sharing between the Federal & State Governments at some predetermined percentage split, i.e., 50–50, 80–20, 90–10, etc.

8. If a marking system is ultimately selected and if it involves the development of a new numbering system, what agencies or groups should be responsible for its development?

a. The American Association of State Highway and Transportation Officials (AASHTO). (The AASHTO currently makes the decisions concerning U.S. routes.)

b. The Federal Government directly through the FHWA.

c. AASHTO and FHWA jointly.

d. Some other national group which focuses on transportation issues, not directly connected with either the Federal or State governments.

9. Is there another way to develop, install and maintain an NHS marking system not covered by the questions included above? If so, please describe the process.

10. Do you have any other thoughts on this issue?

Authority: 23 U.S.C. 315; 49 CFR 1.48; Sec. 359(b) of Pub. L. 104–59 (Nov. 28, 1995), 109 Stat. 626.

Issued on: August 14, 1996.

Rodney E. Slater,

Federal Highway Administrator.

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