



BOX 1447, OAK BLUFFS, MASSACHUSETTS, 02557, 508-693-3453
FAX 508-693-7894 INFO@MVCOMMISSION.ORG WWW.MVCOMMISSION.ORG

**Minutes of the Commission Meeting
Held on August 24, 2006
In the Tisbury Senior Center
33 New York Avenue, Oak Bluffs, MA**

IN ATTENDANCE

Commissioners: (P = Present; A = Appointed; E = Elected)

- | | |
|---|---------------------------------------|
| P James Athearn (E – Edgartown) | P Ned Orleans (A – Tisbury) |
| - John Best (E – Tisbury) | - Megan Ottens-Sargent (E – Aquinnah) |
| P John Breckenridge (A – Oak Bluffs) | P Deborah Pigeon (E – Oak Bluffs) |
| P Christina Brown (E – Edgartown) | - Jim Powell (A – West Tisbury) |
| P Carlene Condon (A – Edgartown) | - Doug Sederholm (E – Chilmark) |
| P Martin Crane (A – Governor Appointee) | P Linda Sibley (E – West Tisbury) |
| - Mimi Davisson (E – Oak Bluffs) | P Paul Strauss (County Comm. Rep.) |
| P Chris Murphy (A – Chilmark) | - Andrew Woodruff (E – West Tisbury) |
| P Katherine Newman (A – Aquinnah) | |

Staff: Mark London (Executive Director), Christine Flynn (Affordable Housing & Economic Planner), Paul Foley

The meeting opened at 7:38 p.m.

1. MARTHA'S VINEYARD HOSPITAL

Linda Sibley explained that the meeting was informational and was not a public hearing. The Commission wanted to give summer residents an opportunity to participate and make remarks. Counsel has suggested that if residents want to have remarks incorporated in the public record, they should give Commission staff their name and contact information. She asked that Commissioners not interrupt the presentation; questions should be later addressed to staff and will be answered during the public hearing.

1.1 Hospital Board Presentation

Tim Sweet, Vice-Chairman of the Hospital board, said, after three years and significant planning and architectural fees, he is pleased to be in front of the Commission with their plan. The process began in 1998 when the hospital finally emerged from bankruptcy. A change in management and medical plans helped them get to the present position. They have talked to many people to formulate the current plan.

- In 2003 the hospital hired Thomas, Miller & Partners LLC to do a program and facilities study of the hospital to give them direction; the conclusion drawn was that the hospital was at the end of its useful life. From that point forward the board has been very active and very resolute. They have done a full planning process for a new hospital and they've solicited and received a lot of input.

- The original plan was to tear down and replace the existing hospital at a cost of between \$55 and \$60 million. There was support for the hospital but not for the price.
- The new plan is to build new clinical space and reuse existing space as administrative and office space bringing the cost down to \$42 million.
- They are confident that the plan is well thought out and will serve the Island for many, many years. The Board of Trustees that has been very clear in its vision; Tim and his management staff are dedicated to good financial stewardship; the entire staff of the hospital is committed to executing the vision of the Trustees; the community that has become unified around this and committed \$32 million dollars already.
- He encouraged people to support the big picture of the hospital and not get caught up in the small details.

Tim Walsh presented information on how the plan was developed and financial aspects of the hospital.

- The hospital has outgrown the building, which does not meet code for space, design, and services. It can't be brought up to code because of the wood-frame structure.
- Demographic data indicates a significant increase in demand for health care services; the new plan doubles the size of the emergency room.
- The current facility is approaching the end of its useful life. Over the years, maintenance suffered. The recently new roof and boiler will allow the existing facility to be used for administration and services.
- Health care is made up of cross subsidies. Private and inpatient services subsidize losses to government care and out patient services.
- To be a licensed emergency room, a hospital must have a full time physician and nursing staff, sophisticated equipment, and a surgical team available. The standby costs are high. During the summer the services are used, but they have to be available in February, too.
- From 1998 to 2002 there was a dramatic decline in inpatient admissions and there were not enough primary care physicians. The hospital has tried to fill the void with new physicians and primary care physicians. The result has been an increase in inpatient admissions since 2003.
- Emergency room visits run around 15,000 a year.
- The hospital has made significant increases in radiology and other services; technology has become more advanced with connections to Mass General. Lab services have increased along with inpatient rehab.
- In 2002 the hospital showed a loss of \$1 million; since then it has showed slow gains with this year showing a profit from operations of \$1.5 million.
- The hospital believes that volume will increase, primarily because the over-65 population is increasing. Statistics predict a 17% increase in the over-65 population over the next ten years in Massachusetts, 30% in the next 20 year. He predicts more people will be retiring to the Vineyard, increasing the Island's over-65 population.
- The price tag on the original plan was 55 to 60 million and they knew that was too much.
- He outlined details of the layout, which will include the consolidation of primary care physicians and patient services.
- The new facility will allow storage of medical records on site.
- In-patient rooms will be private.

- The plan is to build-out for five years; if volumes continue to grow they will be able to expand. In the future they could take down the 1929 building and eventually the 1972 building.
- Windemere really has to stay with the hospital. Profit margins for nursing facilities are low. In 1995 when Windemere was built they were using a cost base reimbursement structure. By the time Windemere was finished, the reimbursement structure had changed. Windemere was bankrupt, and then the hospital went bankrupt.
- In Massachusetts, about a 1000 nursing home beds are closing each year. The hospital has worked really hard to get Windemere to break even which they have done through shared dietary and rehab services. Windemere would not make it if the hospital moved.

1.2 Architects'/Planners Presentation

Mark Rowland, architect, gave a brief explanation of the existing building.

- The wood structure makes it a very inflexible building.
- The building is not designed so that bearing walls can be moved.
- Nurses have to travel long distances within the building to serve patients; the nursing population is aging as well.
- The plan is to rework Hospital Road by moving it slightly so it doesn't have to go over wetlands and to add a dedicated Emergency entrance. The hospital will have a walk-in entrance and a diagnostic entrance.

Chris Akers, civil engineer; explained that the plan is to shift Hospital Road to the southwest and add a way to circulate around the whole campus.

- They will be defining parking better and adding a staff parking lot.
- They have tried to incorporate green and landscape, and will be offsetting impervious areas with the addition of the roof garden.
- The on-site sewer treatment will be removed and the hospital will hook up to the Island wastewater treatment plant.
- The parking plan meets demands for the next 20 years.

Mark Rowland described the proposed facility.

- The main level consists of ER surgery, imaging, admitting, and labs, which are designed in a circular pattern for an even better level of care. Nurses can adapt to any condition but when they are given better conditions, they can improve patient care.
- The second level is women's services, ICU, and acute care beds, and is designed to very efficient.
- The hospital is designed as a Plaintree facility which is centered around the type of patient care a patient receives with family space for family involvement, family kitchen and a patient/family library.
- In terms of risk assessment, the firm has done a lot of coastal hospitals. They opened a new hospital in Texas in April after Hurricane Rita hit in September. There are ways to mitigate the risk in terms of wind and storm surge.
- The 100-year flood level is 9 feet above sea level; the hospital is 17 feet above sea level. Of greater concern is earthquakes and snow loads.

- After 3 months, activities will be mainly in the front of the building. They are planning on an off-site storage location adequate for major trailers and trucks.
- They are planning the logistics of construction and don't intend to park on Eastville, etc.

Bernard Edelstein, 34 Windemere, requested his remarks go on record. He said he's not opposed to having the hospital in their area but they do have a number of concerns. He is concerned about traffic at the proposed new parking lot across the street; crossing the street for employees could be a problem.

Gene Downing 8 Hospital Lane, requested her statements go on record. She said she would like four parking spaces. She has two now. She is concerned that the bicycle path will be too close to her gate. She said the bicycle path at the corner of Litton Lane is filled with cars every day. **Mark Rowland** said the bike path would be a sufficient distance from her gate. The hospital is providing the land for the bike path and Mass DOT will build it.

Sylvia Thomas, Edgartown, asked that her comments be on the record. She is concerned about all the traffic going to the hospital. She wondered if, in a very bad storm, there would be an alternate route for getting into the emergency room. She said cars are parked everywhere which is very inconvenient and asked how many spaces when construction is done. The presentation was very good but nothing addressed emergency evacuation. **Mark Rowland** said that the short answer is that they've created a loop road and have tried to address emergency access.

Connie Edelstein, Windemere Road; said her concern is that three entities use the driveway: the public, the emergency vehicles and Windemere people. She is concerned that emergency vehicles will use the same entrance as the hospital, which seems like a dangerous situation.

Mark Rowland said it would be built as a road not as a driveway. There is a dedicated drive for the ambulances.

Marilyn Dakato, representing abutters to the proposed staff parking area, asked that her comments be on the record. She wanted to mention that the staff parking lot, only 15 feet from their house, would have significant impact on them. This family has owned the house since the 1940s. They would like to have their concerns addressed by the traffic study. They are concerned about safety issues and would like to see impact on their property reduced.

Patrick King, an abutter, asked that his comments be on the record.

- He said when Windemere was built, he had the Windemere business plan analyzed; the analyst predicted that in two years Windemere would be bankrupt and it was.
- He would like to see an independent traffic study paid for by an entity other than the hospital. He would like to see a 3rd party expert analyze what happens when the bridge goes up during an emergency.
- He asked about water retention experts.
- He asked why no hospital representative was on the drawbridge committee, the hospital being the largest employer within 500 yards of the drawbridge.
- He would like to see some long-term planning issues be addressed by independent parties.

1.3 Traffic Analysis

Gary Hebert from Fay, Spofford, and Thorndike (FST) explained the traffic study and the hospital parking expansion:

- There is a proposed new staff parking lot, in gravel.
- He described proposed parking for staff and visitors, bikepaths and roadways around the hospital.
- Martha's Vineyard Transportation Authority will have two bus stops at the hospital.
- He described suggestions for possible modifications of Beach Road at Temahigan and Eastville Avenue. From a traffic level of service, the back-ups are on Eastville Avenue and the traffic analyzers suggest modifications of the intersection at Temahigan to improve safety.
- At the intersection at Eastville Avenue and County Road, most traffic flows from County Road to Eastville Avenue and they suggest a T-intersection rather than an island. This should be considered only in the longer term if it develops into a high hazard location.
- The key traffic issues are related to how access will occur during construction, trip generation before and after expansion, parking, pedestrian, bicycle, and transit access.
- Existing traffic operates at an acceptable level even during peak season. The drawbridge creates back-ups five times a day for about ten minutes
- The last couple of years show accident data as being lower than state average.
- Existing traffic is at 200 vehicle trips per hour; 3,000 trips or fewer are in or out of hospital per day.
- By 2026, the estimate is for about 25% more trips, about 1 trip per minute during peak mid-day.
- Increased traffic could be related to square footage, but increased traffic would probably be more related to staff increases.
- Analysis predicts a 2-3% increase at intersections around the hospital by 2026.
- There are currently 260 spaces official parking places; there are 282 spaces including spaces people fit into. The expansion to 338 spaces will be laid out differently and will make it easier for visitors to find spaces.
- He showed a slide of proposed parking areas, showing access for cars, pedestrians, bicycles, and MV Transit Authority.
- The traffic study considered a reworking of the Eastville/Temahigen/County Road intersection to improve safety. But the study suggests a couple of traffic recommendations if any of the intersections become more dangerous.

1.4 Landscaping

Chris Horiuchi described the landscape plan.

- A lot of the site is taken up by building and parking. Landscaping areas are buffers along roadways, parking areas and areas around the hospital such as the entry, courtyard garden, and roof garden.
- The plan will focus on native plant material; they do well with exposure; maintenance is low; the objective is to help the project fit in with the island and plant community. They are looking at hardy plants that will fit with seaside area.

- Plantings will be a year-round and seasonal with a mixture of evergreen and summer flowering plants.
- Windemere has a protected area for a courtyard garden.
- The hospital will have a roof garden for patients' families and staff; it will be a terrace with walkway and benches; celebrates and recognizes things that are very unique to the Vineyard and try to create a grassland meadow.

1.5 Lighting

Mark Rowland explained that hospitals have certain exterior lighting requirements. Exterior lighting will use bollards wherever possible; fixtures will be less than 12 feet in height; there will be accent lighting in limited locations with no spillover to adjacent properties. Lighting can be focused.

1.6 Building Design

Dan Cress explained the building design.

- The roof materials will be a standing-seam metal roof. Building materials focus on low maintenance and energy conservation with an energy-reflective roof surface. The pitch will complement the architecture of the island.
- Siding is fibrous cement siding shingles at the front, which is the closest they can get to cedar shakes; the material has to be non-combustible. The sides and back will be brick for durability and low maintenance.
- Windows will be insulated and designed to withstand the wind loads.
- The building envelope will be designed to meet Massachusetts code.
- The mechanical system won't be too complex, but will use technologically advanced equipment for energy conservation.
- He showed slides of the front elevation and side elevations; screening will be provided with trees and landscaping.

1.7 Visual Impact

Mark Rowland talked about the impact of the building on its surroundings and showed projected visuals of the building with landscaping from a variety of angles.

1.8 Sustainability

Mark Rowland presented information about sustainability.

- The two companies working on the proposed building design are members of the US Green Building Council, which established LEED, Leadership in Energy and Environmental Design.
- LEED buildings are sustainable, give back to the environment and sip energy, using materials that can be recycled or have been recycled. This could be the first building on the Vineyard and the first hospital in Massachusetts to be a LEED certified.
- This project is an opportunity for people to help support energy sustainability. People can come forward and help the hospital pay for additional energy conserving measures such as solar panels or energy units.
- The builders and designers are stressing conservation by using mechanical systems that minimize energy and are within code of what is allowed for a health care facility.

Neil Lemieux, who has been involved in over 100 hospital constructions, explained the LEED point system and the design aspects that give them LEED points.

- Landscaped roof garden.
- Elimination of the wastewater treatment plant.
- Bike storage and showers.
- Metal roof high reflective rating to reduce heat load.
- Water efficient landscaping.
- Preferred parking for hybrid vehicles.
- Water use reduction.
- Light pollution reduction.
- Water use flushometer system and sensor faucets.
- High efficiency mechanical equipment, which is more expensive but offers a high pay back.
- Computerized energy management system.
- Commitment to purchasing wind power for 35% of their energy use.
- Strict construction waste management with recycling materials and using recycled materials.
- Indoor air quality program during construction and a post construction 2-week air flushout.
- No toxic materials.
- Green housekeeping programs.

1.9 Public Comment

Carol Slocum; 21-3 Beach Road across from the hospital requested her comments go on record. She said the presentation was very clear and informative. She is pleased that the secondary road has been removed from the plan; even though the main entrance has been moved about 30 feet to the south, she believes it and the parking area are in a wetland. **Mark Rowland** said that they have a certified survey with delineated wetlands and roadwork is outside the 100-foot buffer around the wetlands. Because an area may hold water, it doesn't necessarily qualify as a wetland. There is a rigorous delineation of wetland by the surveyor.

Victor Lint requested his comments go on record. He seconded Ms. Slocum's comment about the quality of the presentation. He noted that this is a massive construction project and he is concerned about parking during construction and the construction crew; he wondered whether there could be any provision written into the contract that says the gear has to be put away and not left on private property. Some of the abutters rent their properties and there will be a lot of noise and activity for 30 months. **Mike Chadwick**, senior project manager at Columbia Construction, said that the project would take approximately 30 months, with 3 months of site preparation work.

- New staff parking and the forced sewer main will be done before construction starts. They will clean up
- Back parking will be cleaned up and they will establish more uniform parking.
- The 1929 building needs work before it comes down.
- Access to the Windemere Road and to the front of the existing hospital will be maintained.

Jim Norton said his family has been associated with the hospital since 1929. He asked about the committee the Commission formed to suggest alternate locations on which the hospital would be more accessible and better serve the needs of the Island. The hospital ought to be one of the few all-island institutions and respond to all-island needs. He asked whether there would be any presentation by the committee and an opportunity to respond. **Linda Sibley** said it was the committee's charge to see if there were alternative sites; the committee did not explore whether alternative sites were economically feasible.

Mark London said the issues of the existing site would be addressed after the risk assessment is complete. The discussion of the site of the hospital will no doubt will be part of the review process. The hearing date will soon be finalized. He invited people to submit comments in writing, preferably two weeks prior to the public hearing.

Linda Sibley closed the information meeting.

2. GIRL SCOUT CAMP, CHILMARK:DRI NO.xx – PUBLIC HEARING

Commissioners present: J. Athearn, J. Breckenridge, C. Brown, C. Condon, M. Crane, C. Murphy, K. Newman, N. Orleans, D. Pigeon, L. Sibley, P. Strauss

For the applicant: Peggy Stevens, president, Girl Scouts of Southeastern Massachusetts; Pete Vincent; Doug Alwick, architect.

Christina Brown opened the public hearing of the Girl Scout camp project at 172 Middle Road, Chilmark, at the location of the existing Girl Scout camp. The proposal is to demolish the 900 square foot building and replace it with a 1900 square foot four-season building.

2.1 Applicants' Presentation

Peggy Stevens, president of Girl Scout of Southeastern Massachusetts, introduced herself, Pete Vincent, attorney; Doug Alwick, architect, other members of the board and volunteers from the island.

- The Girl Scout movement was founded in 1912 by Juliet Low who had a friend named Doris Hough from the Vineyard.
- The Vineyard property has been officially part of the Girl Scouts since 1958.
- The important aspect of this property is that girls on the Island have the opportunity for troop meetings and outdoor programming. The 3.4 acre site is particularly of value to girls who have grown up on the Island and may not otherwise have access to this kind of programming.
- The existing building is in very poor condition. The Girl Scouts emphasize safety and it's important that the building come up to code and be safe.

Doug Alwick, architect from Oak Bluffs and with an office in Hanover, said the current building is on one edge of the property line.

- Initially they looked at renovating the existing building.
- When they began considering rebuilding, they decided to locate the building at the beginning of the hill with a front to back meeting hall and a utility wing.
- There's a simple infirmary and handicapped accessible bathrooms.
- The kitchen is not a commercial kitchen; it has two refrigerators to store lunches.

- There is a crawl space for storage and attic space for tent storage.
- Neighbors thought it would be good to re-site the building to use the building as a noise barrier. Re-siting caused a few changes and may require a new septic and a more significant stairway for attic storage.
- The current site plan is 25 feet from the no-cut zone; there is a canopy that they'd like get approval for but may not have the funds to build in the first phase.

Tenney Lance addressed offers and conditions. She said the Girl Scouts are grateful to the Commission and staff for allowing them to have the kind of discussion they've had. She believes they've reached an agreement with the neighbors. Briefly the conditions they've offered are:

- Landscaping will include a 25 foot no-cut zone that extends toward the closest neighbors and on the easterly side to an expanded width of 50 ft.
- No herbicides or pesticides will be used.
- The Girl Scouts will share maintenance of the single lane access road with the neighbors.
- The electric lines to the new building will go underground.
- The only sign would be on Middle Road is the pink mailbox; they would put up their own mailbox if the pink mailbox would go away.
- They are planning very little downshielded exterior lighting for safety's sake, and they will use some agreed-upon mechanism so lights don't stay on.
- Activities on the site are limited to Girl Scout troops except for the AMC.
- The Girl Scouts already notify the Chilmark Board of Health when there are people on site. No more than 32 people will use the site at any one time, in accordance with the Board of Health septic permit.
- Users will be notified that there will be no noise on the site from 10 p.m. to 7 a.m.
- Site users will be notified with no school buses in accordance with the prohibition of buses on Middle Road.
- **Mr. Megan** was concerned with tents sites and those have been moved.

Debbie White, vice president of the Board of Directors, explained that the site is used for a day camp a few weeks of the year. It is also used for travel camp and for troop meetings or multiple troop meetings because it's large enough. It is used by AMC and they do work on the property. Weekends during the spring, summer, and fall, troops stay in tents.

The chair of the Girl Scout Property Committee explained that the building, originally a garage, is over 50 years old. It is quite a bit below standard; the objective is to provide the same quality Girl Scouts experience on the mainland.

Tenney Lance said the Girl Scouts have gone a long way. They have moved the building, they are losing play area, they have moved tents, and they will re-do the septic. She hopes these will be acceptable to the Commission; they seem to be acceptable to the neighbors.

2.2 Town Boards

Briggs Parker said this outcome is exactly what the Chilmark selectmen had hoped would happen.

2.3 Public Comment

Alice Robinson, director of the Girl Scout day camp, explained that there are 14 and 16 Vineyard girls in day camp.

- The camp is used for different purposes each of which has its own traffic/travel configurations. Transportation is always a challenge because each girl must have a seatbelt.
- There is no other outdoor education on the Island that goes throughout the year.

Amanda Murphy, junior at Northeastern, has been a Girl Scout, camping at the site since she was three. She has a lot of memories of the camp and she hopes other girls will be able to experience Girl Scouts and camping at the site.

Ralph Graves, president of Friends of Middle Road, asked how several troops would get to the site. Lines of bicycles are particularly dangerous.

- **Alice Robinson** said troops come in two 15 passenger vans. Day campers are dropped off by individual cars. The Girl Scouts don't encourage bikes. However, the AMC does use bikes.
- **Chris Murphy** asked whether Mr. Graves was suggesting that this was the time for bike paths on Middle Road.
- **Alice Robinson** said in the past when they've used buses to Menemsha, they've walked the girls out to Tea Lane. And they've always notified the Chief of Police. Recently, they've changed their practice and have kids dropped kids off at the beach.

Eric Peters, on behalf of Mr. Focus, the Meghans and Nitchies, reviewed the project after the Commission accepted it as a DRI.

- They developed a list of concerns and conditions and they are, for the most part, identical to everything the Commission has heard so far.
- They thanked the Girl Scouts for their responsiveness in terms of re-siting the building.
- If the power line needs to go underground, the Meghans would share the cost.
- They would like to see no parking on the driveway and the Girl Scouts are talking about no more than 8 cars in the parking lot.
- Lights will be on timers rather than motion detectors.

Billy Meghan, an abutter, complimented Tenney Lance, the Girl Scouts, and the Commission and staff. Everyone made a concerted effort to assuage the concerns of all the parties and he looks forward to a good working relationship.

Christina Brown said it's good to hear that the process works.

Tom Robinson asked whether the Commission has an interpretation of what a no-cut zone is. He suggested that in this specific case, there are a lot of invasive species. If those remain, the year round cover would be gone. He suggested trying to find a way of dealing with hazardous growth.

- **Eric Peters** suggested that it would be fine to remove poison ivy and bittersweet without taking away from the visual and audio buffer.
- **Chris Murphy** suggested wording not to exclude reasonable maintenance.
- For the purpose of the screening anything that's a long term threat to the screening should be removed.

- **Christina Brown** said she presumed that there are areas that will be cleared. **Tenney Lance** said they don't intend to remove trees unless they have to. The three trees on the hill banking are the ones they particularly want to keep.

Jim Athearn asked whether the relocation of the building is satisfactory. **Alice Robinson** said at first she wasn't positive, but, in reviewing it, the visual scan is very satisfactory. The Girl Scouts lose a little bit of play area, but it's satisfactory.

John Breckenridge asked Eric Peters about recommendations/suggestions. He said 95% of the neighbors' concerns have been dealt with. He asked whether the Girl Scouts have come to an agreement about parking; the Girl Scouts haven't agreed to limit parking the number of cars.

Eric Peters asked if Mr. Focus wanted to plant in the no-cut zone on Girl Scout property, could he. **Christina Brown** said that should be worked out with the Girl Scouts.

Christina Brown closed the public hearing.

2.4 Deliberation & Decision

Chris Murphy moved, and it was duly seconded, to waive referral to the Land Use Planning Committee. A voice vote was taken. In favor: 11. Opposed: 0. Abstentions: 0. The motion passed.

Christina Brown moved, and it was duly seconded, that the Commission approve the application as presented with the offered conditions.

Christina Brown said she doesn't want the Commission to deal with parking on a private way; it's a neighborly issue and they should be able to work it out themselves.

Mark London suggested language for a separate condition. **Christina Brown added the condition to allow minimum clearing of invasive species and minimal maintenance of hazardous trees, including specifically poison ivy, bittersweet, and dead trees and dangerous trees. Commissioners agreed to the added condition.**

Eric Peters said a more precise definition of the tent location as more than 100 feet from the property line would be helpful.

- **Linda Sibley** said that although the drawing was a rough sketch of the tent location, the testimony of the Girl Scouts was that the tent location would be agreed on at the site visit.

Kathy Newman said it was really nice to listen to everyone work through the issues and to come up with a plan that seems to pretty much address everyone's concerns.

A roll call vote was taken. In favor: J. Athearn, J. Breckenridge, C. Brown, C. Condon, M. Crane, C. Murphy, K. Newman, N. Orleans, D. Pigeon, L. Sibley, P. Strauss Opposed: None. Abstentions: None. The motion passed.

Christina Brown thanked the Girl Scout Council for paying attention to the Vineyard.

The meeting adjourned at 10:42 p.m.



3-15-07

Chairman



Clerk-Treasurer

Date

3/15/07

Date