

APPROVED 08/03/09

COMMISSIONERS OF POOLESVILLE
MEETING OF JULY 20, 2009

PRESENT: LINK HOEWING, JIM BROWN, JERRY KLOBUKOWSKI, LORI GRUBER AND EDDIE KUHLMAN. ALSO PRESENT WAS TOWN MANAGER, WADE YOST, AND TOWN ATTORNEY, ALAN WRIGHT.

Call to Order

Mr. Kuhlman: All right we will call the July 20th Commissioners Meeting to order. For the record all Commissioners are present as well as Town Manager Mr. Yost and we do expect the Town Attorney here right?

Mr. Yost: Yes we do.

Mr. Kuhlman: First order of business will be the Pledge of Allegiance, Mr. Klobukowski please.

Pledge of Allegiance

All: I pledge allegiance to the flag of the United States of America and to the republic for which it stands one nation under God indivisible with liberty and justice for all.

Mr. Kuhlman: All right thank you everybody for that.

Presentation – Cancer Study

Mr. Kuhlman: All right our first agenda item will be our presentation on the cancer study from Dr. Tillman and Mitchell if they would please come forward. We will listen to their presentation and then afterwards we will be opening up to orderly questions and answers and try to keep that going as long as feasibly possible but we do have some items on our agenda tonight that we have to cover so we may have to cut it off a little bit so please try to keep your questions direct and to the point and on the subject. Thank you Drs. Tillman and Mitchell whoever wants to go first.

Dr. Tillman: Ok I will start. Is this already on?

Mr. Brown: Its good.

Dr. Tillman: Its good ok. Good evening Commissioners and Town Manager Wade Yost and residents of Poolesville and other attendees. We wanted to take this opportunity tonight to return to your meeting to give you an update in terms of what we have found. We were last before you back in January I believe it was January 26 with the concerns that we had received in terms of various cancers in the Town of Poolesville and we had received concerns that were sent directly to the Montgomery County Department of Health and Human Services with various cancers and with some environmental links and we began an investigation in partnership with the Department of Health and Mental Hygiene of Maryland and in terms of those preliminary analysis first we really did not see any evidence of a problem or a pattern when we looked at the Maryland Cancer Registry then some additional calls had come in which we took a look at and then we did have some concerns and with those concerns particularly in not finding all that information that was received to the County Department of Health and Human Services not finding that information in the Maryland Cancer Registry we did a lot of discussions, we presented to you, we had made a decision that we needed to reach out to the federal

centers for disease control and prevention for assistance in terms of what was going on in the Town. At that Town Hall meeting we collected a number of questions from the audience and we responded to those questions and that came to you around March and it is probably about 13 pages that is on your local website. Since that time CDC has come they worked with us they reviewed what was happening not only in the Maryland Cancer Registry but also with the District of Columbia Cancer Registry and other information that we have available and that is basically what we would like to provide to you tonight, highlights of that report, it came in roughly about 1 week not more than 10 days ago with the information and I am actually relieved and pleased to tell you that the Centers for Disease Control looked at the information that was available and the reports that had come in that they did not and were not able to establish evidence of the cancer cluster for the Town of Poolesville and that is really the overwhelming message that I would leave tonight that in their inability to detect a cancer cluster meant that there was no need to go forward and do personal interviews and collect more information but Dr. Mitchell is also here to provide information about those findings and those highlights and then we will also be here to answer questions. So that is it in a nutshell but Dr. Mitchell if you would like to add some more things feel free now.

Dr. Mitchell: Thank you Dr. Tillman and what I can do is I can give you just a little bit of background as to how the CDC conducted its investigation with filling in what Dr. Tillman said and also a little bit more about the findings because it is absolutely true what the CDC did not find and remember this goes back to our discussion in January was we were looking for evidence that there was some kind of cluster meaning that a group of similar cancers suggested some similar exposure or some common cancers that were unusual compared with what were expected. No one has ever accused me of being quiet before...

Mr. Kuhlman: I just want to make sure everybody can hear you.

Dr. Mitchell: No that is fine and if anybody can't hear me please just throw something in my general direction at the back of my head. So what we are looking for and what the CDC was looking for with both the State Health Department and with Montgomery County Department of Health and Human Services was some evidence that an unusual number of cancers of either a certain type or a group of types had occurred in a common area or a common place in time so they weren't establishing that there was no cancer in Poolesville that was certainly not what happened there is certainly cancer in Poolesville and they weren't trying to establish that there was no reason to be interested in cancer in Poolesville in fact one of the things they said in terms of following up was that this does represent an opportunity and a chance for both the State and the County to pay attention to what is happening in Poolesville in terms of this because clearly there is awareness of cancer in Poolesville, there is a need to reach out and talk about screenings for common types of cancers in Poolesville because one of the things that has happened is we were able to show that cancer in Poolesville does occur and does occur similarly both to Montgomery County and to the State and in fact in terms of looking at the cancer rate, the cancer rate is not lower here than it is in the State or the County and there is therefore an opportunity to talk about screening for prostate cancer for breast cancer for all the other cancers that do occur here. But one of the concerns that had been raised principally was were there unusual cancers here occurring in space and time in a way that suggested there was some common environmental exposure or some common factor that might suggest

that something really out of the ordinary was happening here and so the way the CDC EIS Officer Dr. Fran Martino worked with us and Dr. Pollack who is her Supervisor working very closely with me with Dr. Dwyer at the Maryland Cancer Registry was to first of all figure out exactly which cancers were occurring here and to supplement what data was available in the Maryland Cancer Registry with additional information as Dr. Tillman said from the District of Columbia Cancer Registry so then we had a more complete picture. In addition epidemiologists at the County Health Department were able to go out and supplement from people who contacted them directly information about cancer that had not yet made it into either the D.C. Cancer Registry or the Maryland Cancer Registry. Now I do want to say a couple of things about this it is important to recognize that we were not allowed, we are not allowed nor is the Maryland Cancer Registry allowed, nor is in fact the CDC allowed to take 3rd party reports and contact people independently so for example if somebody called and said to Montgomery County Department of Health and Human Services well I know a couple of people who had X and Y types of cancer the state is not allowed to go out and contact people for reasons that I am sure that everyone in the audience and you can all appreciate, that kind of information that kind of secondhand information, actually third hand information raises a whole host of confidentiality issues and the Maryland Cancer Registry for example is not allowed by law to go out and contact people independently to say oh do you have such and such a cancer because we heard that from somebody else, Montgomery County as I am sure Dr. Tillman will verify this also will not sort of start calling people just to say we heard that you had or somebody in your family had such and such a cancer so the data that we have to base our judgment was the most complete data that we had available to us and I don't want to suggest in fact the report doesn't want to suggest that we exhaustively know every single that ever occurred in Poolesville but I think we are pretty darn close and I think that we now have a pretty good picture better than we have from any other parts of the State in fact about exactly what is happening in Poolesville. What that is allowing us to do now is to put that together along with the environmental data that we have and to look at as Dr. Tillman said the overall totality of what is happening in Poolesville and I think from that basis what we can say is while the cancer rate overall in Poolesville is not lower than the State as a whole, not lower than the County as a whole, and therefore we shouldn't say that there is no reason to be concerned about cancer in Poolesville in fact it argues very strongly that we should continue our strong screening efforts for cancers that do occur commonly in Poolesville. What we did not find was any evidence that there is some kind of unusual clustering of cancer types or cancers in particular groups of individuals by age or other factors that would suggest that there is something unusual in terms of an exposure or a series of exposures that is out of the ordinary leading to cancers that are out of the ordinary. It is important to say that for cancer overall unusual cancers do occur in the population as a whole, they occur in people of every age group and so when we look we look and we try to look at what we'd expect in a population compared with what we actually observed and so one of the things that the report did was calculate what are so called Standardized Incidents Ratios or SIR's these are calculations where we look at the number of cancers that are expected in a population for its age, sex, and place in time based upon what we would expect for given if that population were the same as say Montgomery County population as a whole or the State as a whole, when we start talking about that in detail when you look at the final

report which we will issue you will see that in fact one of the things that is significant about Poolesville is that Poolesville does not look exactly like Montgomery County as a whole nor does it look like the State as a whole so that when we try to calculate what are so called expected values one of the things that you should take into account is that the comparison population that we are looking at is Montgomery County and the State of Maryland so we may see some unusual changes from what is expected given that we have these comparison populations it is not a perfect comparison but it is a pretty good one so using that as the basis the CDC and we did these calculations where we looked at for different cancer types what was expected, what was observed for different kinds of cancers and again looking through the more sophisticated detailed statistical analysis we didn't find ratios out of the ordinary that would suggest again that there is this kind of unusual grouping or clustering of cancers so looking overall at the cancers, looking in terms of the types of cancers, using this method of what is called Standardized Incidence Ratios or calculating what is observed versus what is expected in a population through these various methods we tried to build a complete a picture as we could of what we think is happening in Poolesville versus what is observed and again when all is said and done the good news after that entire analysis was that it was nothing that jumped out and said there are cancers here that make it look as though there is something very unusual in terms of an environmental exposure or some other kind of exposure that we really need to follow up on and I think so the 2 messages that are key here are first of all that we did not find any of these unusual clusters and the second thing is and I think the CDC again would sort of will emphasize this, we still did find there is cancer in Poolesville and it argues very strongly for continuing our strong efforts or continuing the efforts to reduce cancer overall through a combination of education, screening and the other things that we are using in general in the State as a whole to try to deal with what is still a significant problem in terms of cancer in Maryland as a whole, Dr. Tillman.

Dr. Tillman: And actually in conclusion both the County Department of Health and Human Services along with the Maryland Department of Health and Mental Hygiene, we will be finalizing a report which will incorporate some of the other environmentally related concerns that have been raised in the past and we will then be sharing that draft final report with our Montgomery County Department of Environment, with the Maryland Department of Environment and all of the participating entities so that we do have an agreement in terms of that final report that then would be submitted and that will take some time but we don't have an exact timeframe for that but we definitely wanted to make sure that we give you an update in terms of where we are, I view this as good news but I also acknowledge and recognize just as Dr. Mitchell has said you know cancer is the 2nd leading cause of death in the United States, certainly in Maryland and Montgomery County. I know that the Town of Poolesville is rather small but it is obviously a leading cause of death so that does mean that there is still work to be done but we at least wanted to give you this update tonight and then answer any questions that you or the audience have.

Mr. Kuhlman: Ok questions from the Commissioners?

Mr. Klobukowski: How long will this study take to conclude, a year, 2 years, 5 years, is there any sort of expectation, is there any sort of normal definitive period of time in which you are able to reach the more definitive conclusion?

Dr. Mitchell: I can perhaps answer that, I think that what we are doing now basically the CDC was doing the bulk of the work to try to deal with us with specific questions related to cancer to be sure we really understood what was happening with cancer, what we are doing now and I am in the process of drafting this is a final report which will include as Dr. Tillman said not only the results of the investigation conducted by us and the CDC but also to try to flesh that out by providing more detail about the environmental issues and some of the other questions that have been raised in the context of the concerns about cancers so we are not looking at years here we are looking at just simply finishing that final report and then sharing it with our sister agencies at the State level and the County level to make sure everybody signs off on it and returning it to the community. So no this is not a question of years this is a question of at most months I would say.

Mr. Klobukowski: Will the CDC Report be an addendum to your report or be the report?

Dr. Mitchell: And again I think what we are intending is the reason we are not releasing the CDC Report at this time is the CDC Report does contain some detailed information about cancer which we are still looking at to make sure it doesn't identify any individuals or violate confidentiality in any individuals, our expectation is that the report itself once we are confident that it doesn't identify any individuals or make it possible to violate confidentiality policies of the Maryland Cancer Registry would be released as a component of the final report.

Mr. Kuhlman: Jim anything?

Mr. Brown: No first of all I want to say on behalf of all the residents and everybody that has been touched by cancer that is in this room which I am sure is the vast majority the people here I truly appreciate the amount of depth and study that went into what you have done I mean it is good news, it is a relief it may not aid the suffering of those that are out there suffering right now but what you have done is meaningful and appreciated and really my only question is, in terms of you said keeping an eye on things as time goes on in what methodology do you plan on doing that, how do you plan on accomplishing that specifically regarding our Town and our residents.

Dr. Tillman: You know primarily in terms of how we would continue to follow this would be building on what we've already begun at this point in time and as Dr. Mitchell had mentioned we now probably have a greater analysis on the Town of Poolesville than other places but we will continue as additional information comes in to the Maryland Cancer Registry if we get additional reports at the County Department of Health and Human Services to look each year at the same similar fashion in terms of is it staying about the same is it changing are we picking up anything new so that is what we would call the surveillance of monitoring the information that is received. You know when we were here back in January it was explained and we had a few questions about why is the data so far behind, it is generally 2 years behind any year but that really allows the time to have as complete information as possible from various sources and providers and to look at that complete set, code it, and then see where it falls, we will continue to do that for the Town of Poolesville.

Mr. Brown: Ok thank you.

Mr. Kuhlman: Link?

Mr. Hoewing: Have you done similar studies to this one on any towns or localities in Montgomery County in the past?

Dr. Tillman: We receive concerns about suspected cancer clusters probably maybe 1 or 2 a year and we evaluate each concern that comes in, I will say that I have been here for 6 years this is the first that has gone to the point that we reached out to the CDC for additional assistance but generally we get about 1 or 2 a year and the vast majority of those concerns really just fall into this is what you would see with the wide array of cancers that have the high prevalence or presence in our community so that they are not unusual. So I cannot say since I have been here as County Health Officer that we have done anything to this depth but we certainly do get the concerns and we look into each one.

Mr. Hoewing: It sounds like what happens is you initiate these when you get a complaint or a concern expressed but you do have data from the Cancer Registry which caught something comes into the Registry, do you on a normal basis look at this on a yearly basis and see if there is anything anywhere to raise concerns?

Dr. Tillman: Yes and I know that Dr. Mitchell could probably speak to it in more detail but its really from time to time that all the Health Officers in the state receive information in terms of their respective counties and we get an overall State review of what has been found and then we get things by our respective counties as well so that we have a sense of how we look to the rest of the State and actually ultimately in terms of how Maryland looks to the rest of the Country in other similar places.

Mr. Hoewing: I might be --- residents because I am not exactly sure I understood what you are referring to but I thought you said that it cancer in Poolesville is not lower than the rest of the County, does that mean its higher, when you say it does it mean the total number of cases or what does that mean?

Dr. Mitchell: And this is one of those this we will actually talk about this in the final report because depending upon again this is one of those funny things about statistics that if you do enough tests you will find some slightly above slightly below so it depends which type of cancer you are looking at and which comparison population you are looking at so overall there was not a concern that when we looked at the cancer rates overall and I will have to go back to the CDC report to remember exactly which year, you can see fluctuations year to year in terms of whether you are above the average or below the average and there are some in which we looked at it and the SIR was slightly higher than the average expected for the County or the County but not the State or the State but not the County so again one of the things about this is this is a problem with statistics and doing a lot of different tests which is the more tests that you do the more these calculations you do the more likely that you are likely to find some above slightly below slightly above slightly below, so yes in some individual years or some groups of years if we looked at the tests the cancer rate might have been slightly higher than expected for either the County or the State. The question of how that happens though because it wasn't consistent from year to year or amongst cancers as a whole over time suggests that its probably it may be partly due to doing a lot of tests and just the fact that we were doing a lot of different comparisons, it may be partly due to the population is not exactly the same as Montgomery County as a whole and I think that is one of the things that the CDC also recommended in its report which is again it is not saying that the cancer problem is solved here in Poolesville, it is that if you look at it overall it doesn't look a lot different when you take the whole vista and that I think the probably with taking any one comparison is that we are likely to find one that is a little above normal, one that is a little

below normal so no overall there was not a suggestion that the cancer rate in Poolesville is a lot higher than you would expect, what it does suggest though is that there is still a need to be vigilant about cancer, does that answer the question.

Mr. Hoewing: Yes on that last point though does that suggest that if you, take a town like Mt. Airy and you did a study on it, would it have the same kind of issues in terms of comparisons because it's a smaller jurisdiction compared to a large jurisdiction is that what you are saying?

Dr. Mitchell: Well what I am saying is that if you take any jurisdiction in Montgomery County and you look at all the different types of cancer you are inevitably going to find some that are above expected because its just the nature of statistics that and the nature of these comparisons you will always find some that are slightly above some that are slightly below and over the long run they turn out to be average but they are never average just for a single slice, they are always a little above or a little bit below so I guess what I am saying to you is that overall there was nothing that jumped out that said that Poolesville was a lot unusual, but even being usual means that there is still a concern about cancer.

Mr. Hoewing: Ok.

Mr. Kuhlman: Lori did you have a question?

Ms. Gruber: No thank you.

Mr. Kuhlman: Ok well I would like to thank both of you very much your Staffs and everything for working on this and helping us and I would also be remiss if I did not recognize our Montgomery County Council Representative Mike Knapp is in attendance this evening and our State Senator Rob Garagiola has a Staff Member here if you would like to raise your hand, so they are concerned they have talked to me periodically about this issue. Also the only question I really have for both of you doctors is for the going forward is there anything that the Town and the Staff can do to continue to help this research to educate the people so forth and so on, to take a proactive approach in this.

Dr. Tillman: You know actually to be proactive what I would strongly recommend for each individual is to consider and ask about when is it appropriate to be screened for say breast cancer, prostate cancer, for those common cancers, to continue to learn about behaviors and lifestyles that can increase risk, I find it interesting that overall researchers are saying that environmentally caused cancers probably only account for about 10% of all cancers but that is really when you exclude the impact of tobacco, tobacco use so that is something that does tend to drive increases in cancer risk so that is also something for each person to think about whether it is individually using tobacco products or having it in the home and putting children and other family members or household members at risk, so the emphasis that I would recommend is in terms of the screening following periodic examinations for cancers, I know it is a difficult topic and it can be a painful topic but it is not something that one wants to run away from or try to ignore because that is actually if you delay diagnosis than it makes it harder to treat so I do encourage everyone in terms of doing the prevention aspects about cancer and then if there is a diagnosis again coming to grips with it and following recommendations learning as much as you can about any particular cancer if you are diagnosed with it, but that is my recommendation at this time and if you are working with your providers around these issues we will continue to do the other labor about the analysis and looking to see if there is anything unusual that has happened.

Dr. Mitchell: And I couldn't agree more with Dr. Tillman that really my title is the Environmental Health Coordination Director for the State Health Department and so I am obviously interested in environmental issues and I don't want to discount the importance for example looking for things that we know do cause cancer like Radon in homes etc., so I think that that is important to take those environmental prevention steps but I think again that for many people we know that behavior plus genetics lifestyle plus genetics is a very important factor and so knowing your family history, and getting screened, talking to your doctor about cancer and about the things that you can do and getting your kids and your friends to stop smoking and quit smoking obviously those are all very basic public health messages which we continue to stress.

Mr. Kuhlman: Ok since he mentioned it I will make the opportunity to announce to the Town we still have the Radon Test Kits available here at Town Hall for anybody that wants to do their home and test it and get the results. Any more questions from the Commissioners? All right questions from the audience, yes Ma'am please come forward to give your name and address for the record please.

Mr. Brown: Just stand up, you are good.

Speaker: (Inaudible).

Dr. Mitchell: The answer and let me just say first of all I hope things are going well and I can sympathize with your question. The answer depends not so much on whether they are clinical trial patient as where they received their diagnosis and it gets to be and this is one of the reasons that this is a tough thing to do, so one of the things that we found when we went to the D.C. Cancer Registry is that the D.C. Cancer Registry gets diagnosis that are done in D.C. hospitals for Maryland residents and then passes those forward after a certain length of time to the Maryland Cancer Registry, its not a flawless process it does take some time, if somebody were diagnosed for example in another state all together it would depend really on a number of factors, often times they end up appearing in the Cancer Registry of the place where they were diagnosed rather than in the place where they reside so it gets to be a very complicated question and for reasons that I am sure that you can appreciate the Maryland Cancer Registry does not ordinarily go out and cannot go out ordinarily and contact individuals, what it does is goes back to the institution the hospital the health care provider where the diagnosis comes from so if the provider doesn't take the initiative to send in a record to begin with it is possible for that diagnosis to escape the registry, it may show up in another registry someplace else, it is not perfect from that point of view but it generally doesn't have to do with the clinical trial or the care of the patient it generally has to do with where the diagnosis first took place, sometimes somebody if somebody gets a secondary diagnosis or something else happens then it will subsequently get into the registry but it really depends much more on where that first diagnosis took place, does that answer your question.

Mr. Hoewing: So if you got treated, if you went to the Mayo Clinic and that is the first time they spotted the cancer in Minnesota that might be where it gets registered then?

Dr. Mitchell: That might be although generally speaking remember most people will go to the Mayo Clinic once they have the diagnosis.

Mr. Hoewing: Right.

Dr. Mitchell: Because otherwise why would they have gone to the Mayo Clinic. So most of the time, 99% of the time it ends up being a diagnosis that is done locally and then if for example you went to the Mayo Clinic and they did definitive diagnosis where they

did a biopsy that record would still get back to the Cancer Registry because the first record was initiated in Maryland.

Mr. Hoewing: Oh ok.

Mr. Kuhlman: Yes Sir.

Speaker: Thank you for doing this I am very appreciative. What year are we talking about Poolesville was higher in cancer, the last year or is that 2 years.

Dr. Mitchell: No and I apologize because this was a whole series of comparisons and so I can't off the top of my head remember where there may have been one that was above the expected but again the question we were looking for was consistency in terms of that so one above expected does not necessarily in fact it usually doesn't make a cluster it is simply some fluctuation and when we get the final report out you will be able to see year by year but I cannot for the life of me remember exactly which whether it was the State versus the County or the County versus the State but again we did literally dozens of comparisons and so its not unusual to find that happening.

Speaker: Another question was there any prevalent cancers that you found in the State of Maryland and D.C. that compares with other states that are more prevalent here that is concerning.

Dr. Mitchell: Well the one thing I will say about that is you know we looked at the cancers that are the most common cancer types and they are the most common cancer types here as well so breast, lung, prostate, colon, all look here the way they look pretty much in the rest of the state and the rest of the country for that matter.

Speaker: How bout renal cell?

Dr. Mitchell: Renal cell as you know is not one of the more common cancer types it is one of the less common cancer types, we actually we did look at certain types including that for example and again didn't find anything suggesting an unusual pattern. I can talk to you more about that in detail because when you start talking about small numbers that becomes a more difficult thing and often times when you start dealing with very small numbers we have the same problem that we talked about the last time which is that when you start talking about very small numbers you really can't use an incidence ratio because it has to do with what is called the stability the rate which means simply that if you had one cancer it might look lower than normal, if you had two cancers it might look much higher than normal and that is not because its much higher than normal it is because you are dealing with such small numbers that even one additional cancer using a rate calculation of that sort just makes the rate comparison unusable so when you start talking about very small numbers what you are talking about as much as looking at the statistics is getting a feel for is there a pattern there and one of the things we did was to look for these unusual patterns and we did not find those unusual patterns. But again if you are looking for a perfect statistical test that can tell you definitively absolutely statistically with a numerical score yes this is out of the ordinary or no this is not out of the ordinary we haven't gotten to that point with small number analysis of this kind so it is a difficult comparison to do. That is unfortunately the best answer I can give you, which is not a completely satisfactory one but it's the best that we have scientifically at this point.

Mr. Kuhlman: Doctors were there copies of this made available for the public?

Dr. Tillman: Yea I brought about 50 copies that I have placed at the back and we also sent that to Wade Yost so that it can be placed on your website as well.

Mr. Kuhlman: Very good thank you.

Ms. Khalil: Hi my name is Donna Khalil and my son is a Leukemia patient and so my question actually is going back to --- question that kind of brought up some concerns that we are trying to get, a lot of the kids seem to have are getting cancer here in Poolesville but more than likely those kids are either getting treated at Georgetown or Children's which are not in Maryland and I think when I called they said they would have the results through 2006 which doesn't include any of the kids that I now know who are in that so from what I understood it almost sounds like all those kids weren't counted in any kind of Maryland number because they were probably diagnosed in D.C.

Dr. Mitchell: And thank you and again let me express...

Ms. Khalil: So we called so I was wondering to if since we called...

Dr. Mitchell: So if you called the Montgomery County Department of Health and Human Services and spoke with Colleen Lyons Smith the Epidemiologist there, we did actually take those into account, not and again this gets to be a statistical question we did actually look at those additional cases, we didn't necessarily include them in our statistical analysis because we don't have complete statistics yet for 2007, 2008, and 2009 at the time that we did this, we actually had updated the statistics through 2006 one of the things that the CDC recommended and that Dr. Tillman talked about which we are committed to doing is updating those moving forward so that we can continue to look as we get new information like this once the Cancer Registry has updated total numbers for 2008 and 2009. So that is one of the things that we are going to be doing moving forward but in answer to your question though we did look where people called and said you know we have a case we want to talk about this, we did include that in the information that was passed on to the CDC and that we looked at, it was not necessarily included in the part that I talked about which was the Standardized Incidence Ratio of that statistical analysis because that depends on having complete data for the Maryland Cancer Registry for the years in question, so you are right it was not included in that part of the statistical analysis but it is something that we are taking note of and that we are including in terms of the data in moving forward.

Ms. Khalil: But will they make their way into the Maryland Registry if they are all getting diagnosed in D.C.

Dr. Mitchell: Yes and that is again one of the things the CDC has addressed is the need and the value and the importance of including that transfer of data from the D.C. Registry to Maryland Cancer Registry so that is actually one of the things that the Maryland Cancer Registry has taken as an important lesson from the CDC as well, that transfer was happening anyway but this will emphasize the importance of doing that when looking at this kind of situation or this concern about cancer, so it is one of the things that actually the Cancer Registry has taken note of because of recommendations from the CDC and because of reports of the sort that you mentioned.

Mr. Kuhlman: Mr. Pearce did you have your hand up?

Mr. Pearce: I did thank you. Robert Pearce, two questions for you, one you said there is going to be a draft report that you are going to circulate to the different governmental entities to look at, will that be available to the public also?

Dr. Mitchell: I think the answer to that and this is an agency question but draft reports are ordinarily are full of inaccuracies because I am doing the one, I am the one doing the writing and we have got to make sure that the facts are actually correct. So having a draft circulated before the agencies have signed off on it means that they haven't had a chance

to verify information that I am putting in there which I am collecting from them but also needs to be vetted by them, so I think in general you know I don't know what the legal people say about this and I am not a lawyer so I will stay far away from what they say about that but in general the procedure is a draft report needs to be vetted by the agency from which the data comes first just to make sure that the data is accurate and then once the agencies have signed off then it will be as I understand it presented by both the Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services to the community of Poolesville but it contains information that for example is not our information it is MDE's information or Montgomery County Department of Environmental Protection so they need to look at it first to make sure that the data are accurate.

Mr. Pearce: Well I suggest then that after you do your draft that everybody vets that you submit a public a draft final report as its done in many --- so that the public can add to the number of eyes that are looking at it to see whether you missed something or whether there is something so I would appreciate an intermediate step in there. The other thing I am wondering is you mentioned that some cancers certain years were higher than normal were any of them statistically significantly above the...

Dr. Mitchell: No and again we did dozens of these but as I recall the answer is no.

Mr. Pearce: Ok then will in the final report will you be --- environmental conditions that vary from year to year against the years when there's higher versus lower to see if there is any pattern between environmental conditions and higher incidences of cancer.

Dr. Mitchell: Well I guess the question is, is what environmental conditions are you talking about?

Mr. Pearce: Well I think one that a lot of the community here is concerned about is the concentrations of constituents in the water supply, Radon is at the same target level an order of magnitude, we have got wells that have Uranium in them, the last time you were here the statement was made we have the highest Uranium rating, we have levels of disinfection by products above cancer levels and mixing that all together and those vary from year to year the fluctuation so I am wondering if you will be taking things like water which is reported year to year and see if there is any relationship between that and the high years of some cancers.

Dr. Mitchell: So this is when I wish I had a chalkboard or a white board but let me see if I can walk through this with you because it is a very good question and so I apologize for turning my back...

Mr. Kuhlman: That is fine.

Dr. Mitchell: But I am going to so when you talk about cancer and about an environmental exposure one of the things that you have to recognize is that the exposure that causes the cancer doesn't happen when the cancer occurs, it happens way back in time, so that part of the challenge of doing what you are talking about is that if you take for example you talk about lung cancer and smoking just for example the --- there may be 20 years so if you looked at cancer today, lung cancer today and smoking rates today that really wouldn't be any kind of indication of why the lung cancer rate was occurring so the challenge that you are posing is how do we go about and look at environmental exposures year to year against cancer year to year and one way you could do it if you had the data which we don't is to go back, lets assume for the moment and this is only speaking hypothetically which is going to get me in trouble but I'm going to do it

anyway, lets suppose that you had an environmental exposure from a combination of radon, uranium and something else volatile organic compounds occurring in solvents occurring in the water, lets suppose that you had the data for that well in order to see whether or not there is a relationship what you ought to do is go back 10 to 15 maybe 5 to 15 years and look and see whether or not you could compose some index of exposure for a certain individual and look at those specific individuals who have cancer and compare that cumulative exposure with people in a similar community who do not have cancer and look at there cumulative exposure and the problem with that is simply in Poolesville we don't have the data to be able to do that, sure we would like to, we don't know enough about people's individual exposures, we don't know enough about what the concentrations were for the most part 10 to 15 years ago and so if we look at simply what are the concentrations of radioactivity today against the cancers that are occurring today you know they might be high together and it wouldn't mean anything because a year to year variability isn't going to tell you what you need to know about that.

Mr. Pearce: Well 2 suggestions, 1 is you could look at the children first of all that produces the period of exposure and secondly you could look to them and find out rates of cancer versus concentrations and constituents and see if there is a similar pattern although off step, but if you start getting a similar pattern than it suggests that they might be related.

Dr. Mitchell: Right and that is exactly the kind of research that is being done although it is being done basically with tens of thousands of people because in general you will not even if you see it in a small population it is much more likely to occur as a fluke than statistically but its exactly the kind of analysis that epidemiologists are interested in doing although you really need large numbers because these are rare cancers in order to actually show the association. So and I really do appreciate the spirit in which that is offered and I have actually been thinking about ways with Colleen about doing this in Poolesville or in Montgomery County or the State as a whole. There is actually a project called Environmental Public Health Tracking which is something that it is a project that the principal investigator for it is the State Health Department which is actually trying to look at this question of environmental relationships between environment and different types of chronic health effects like cancer. But you really and again I am very sympathetic to the idea of trying to do this in a small community it is just not really very easy to do. So I appreciate the sentiment and it is something that we are very interested in doing but it is very difficult to make it work in a small population.

Dr. Tillman: And a case in point related to that Montgomery County has become one of the participating counties in the National Children's Study which is a will be a 20 year long study looking at children from birth and following them through at least 20 years and looking at their exposures as well as health conditions but that is something that is part of the national study and it does have a ton of strict sampling framework to get a large enough number to then be able to follow over time and see what is happening. That would be something that would be hard to do in one small jurisdiction but when they pool that information across the country they will be able to then generate and see if there are relationships particularly environmental relationships and other things that are happening.

Dr. Mitchell: That actually follows 100,000 mothers and children to give you a sense of the scope of the size of the study.

Mr. Kuhlman: Yes Ma'am.

Ms. McCollum: I am Robin McCollum, 17109 Butler Road in Poolesville. Based on what you told us your data is not (inaudible) because of confidentiality issues. (Inaudible) your numbers are less (inaudible) we had 3 cases of sarcoma a cancer that has no known cause and we have had 3 children in a span of 4 years and I am betting that you don't have (inaudible) that can't be --- because you were talking about (inaudible).

Dr. Mitchell: Let me just say first of all I am very sorry about your son. Actually I am aware of those reports and I don't want to discuss the details here but I guess we are aware of those (inaudible) investigation so but for reasons again I would be happy to discuss it with individuals. A) You are right there is no screening for that and that and B) I can appreciate your frustration and when we say that in cases where cancer has been raised as --- going all the way back to leukemia then and lung now and a bunch of other cases, the --- are not perfect and I would not claim that I don't think Dr. Tillman would claim that none of us would claim to be perfect just that legitimately I think the best answer would be (inaudible) and it is not because we don't want to find something its because we want to give you the best answer that we can and I understand the frustration that you feel for me I think the Department and I think for Montgomery County this is not closure, this is not saying we are done with Poolesville, we are going away and not coming back, I think part of the message is we absolutely recognize that we can't give a perfect answer and that therefore it is incumbent upon us to keep on working, but we are going to try to keep on working with the best science that we can because frankly and I am sure you can appreciate this if we simply came out and said the evidence didn't tell us this but we still think that there is a huge problem with cancer in Poolesville it is not necessarily very comforting for people not to have anything to hang their hats on simply to say that is sort of where we leave it so it is not a perfect answer it is not a perfect time but it is what we want to do is give you the best answer that we can with the data that we have recognizing A) that we are not going to finish here; and B) that we are going to have to keep looking.

Mr. Kuhlman: All right any further questions yes Ma'am.

Speaker: Again where do people who are going to get included in Poolesville where are they being treated, how far can you go, you were saying that you likely (inaudible) wherever you are diagnosed, so like I mean obviously there is no cancer clinic or anything like that but the people who are going to Georgetown or Children's I don't know where adults go, is it Shady Grove, where do you go to get included in the Poolesville ---.

Dr. Mitchell: Well in fact someone can talk about this from the annex of the Montgomery County but generally the Registry gets data from a bunch of different sources, they get them from personal physicians first of all, so if your personal physician makes a diagnosis it may come through the personal physician working with another provider or hospital where the physician referred the patient for definitive diagnosis. Secondly and again this sort of goes back to the D.C. question, D.C. continues to submit data on a regular basis to the Maryland Cancer Registry so it is not that you get treated in D.C. and it never shows up in Maryland it may take a while because they have to verify the diagnosis do all the things that the Cancer Registry in Maryland does but once they do that they do forward that information on to the Maryland Cancer Registry so in general if you are diagnosed in Maryland you are going to end up in the Maryland Cancer Registry, if you are diagnosed in D.C. you are going to end up in the Maryland Cancer Registry

and even if you end up in some place like Pittsburgh in the western part of the state if you end up in Pittsburgh or West Virginia because often times those are the big medical centers that people go to, there is still data exchanged across the states so I don't want to leave you with the impression that the cancer registry is flawed in this way it takes a while for the system to catch up but there is that kind of exchange. Now if you are in Hawaii and you get diagnosed in Hawaii and stay in Hawaii for your treatment the cancer registry is likely not going to find out that you had cancer, even if you lived in Maryland.

Speaker: But it eventually if the person lives in Poolesville (inaudible).

Dr. Mitchell: Yea in general if you lived in Poolesville and you moved to Wyoming it would be far enough away that it is going to be where your place of residence is so if you are living in Wyoming even if you spent your entire life in Poolesville, if you get diagnosed in Wyoming because you happen to be living in Wyoming and you stayed there for treatment it will stay in Wyoming it won't end up in Maryland because that is the way Registry's operate.

Speaker: But I think the biggest concern has come up because right now there is a lot of people with relatively new diagnosis that raised the concern as a flag and since a lot of us are probably getting treated in D.C. it could be years before what we are really concerned about and seeing now comes into play, so is there going to be I mean you talked about this continuing going on and some talked about before you get the final thing you have to put out a draft well if the final thing comes --- and you said oh not years it could be in 6 months then probably those people who are here now who are throwing off their red flag thing, something has gotten off kilter recently I mean that is what our concern is we are not, sure there are people who have lost loved ones and it is sad that it happened, but if there was a big flag now (inaudible) practically happening now you don't know what it is but I don't know where you get on the Registry if your specific primary doctor (inaudible) to do this particular study maybe 5 years from now.

Dr. Mitchell: Well 2 things first of all it is not a study per se I mean it is continuing to follow through normal surveillance what is happening here in Poolesville, secondly I do think that the Maryland Cancer Registry has an awareness of the importance of getting data exchange particularly with D.C. because of and that in fact was noted in the CDC report that there is valuable data that you don't want to miss when you are talking about what is happening particularly in Montgomery County and places like Prince George's County is sort of in the same position which is that a lot of people who live in Prince George's County will end up being treated in the District so it is again very important to try to establish a very quick timely relationship between the D.C. Cancer Registry and the Maryland Cancer Registry but I guess again this sort of goes back to what the sense is that the sense is overall looking even through 2006, 2007 and we even looked at 2008 data although we didn't have complete data even with those data we did not see anything jumping out looking like it was an unusual pattern it is not the same thing as saying that that is done therefore we are going away, what we are saying is we recognize the importance of continuing to monitor with Montgomery County what is happening.

Dr. Tillman: And I guess what I would like to stress and emphasize again when I was referring to a final report I am talking about a report based on the inquiries that were made at the end of 2008 that led to the January meeting and then the questions in this meeting but it doesn't mean that we stop as Dr. Mitchell says we do not stop what we call our surveillance or our looking to see and continuing to look at you know ok that is what

it was in 2009 or the beginning of 2009 now that we complete another year ok does it still look that way or are we seeing anything different and we will continue to do that and it actually provides a basis whether fortunate or not that the state and the county have information on the Town of Poolesville we will continue to look and see and build on that because it would be senseless to just say its finished and we will wait for somebody to complain again before we look at it again, that is not the way this is going to go forward, we have heard your concerns.

Speaker: (inaudible) with maybe a new set of people coming in all new with their cancer concerns is that something that maybe you could pre-address then or are you just going to look at it more or less and say well you know we did this study 3 years ago and found nothing.

Dr. Tillman: I think till we meet again think about is that cancer exposures tend to occur 10, 15 years before you see it and we are looking at the issues in terms of how long have individuals lived in Poolesville, who was living here 10 years ago, we are trying to do that kind of mapping to continue to track that but it does not mean that, it is a good question really in terms of what will the statistics look like 5 years from now, it is a good question, because that is another accumulation of data that needs to also be analyzed and even though there are these kinds of fluctuations that occur one does need to monitor and say wait a minute one year for whatever the reason that is way off and we need to look at that more closely so we will continue to look at those changes over time and not just for the next 2 years but we will continue to do that over time, I hope that is getting towards your question I know you are saying that there is a concern now and what I think you are also saying is something may have happened 5 or 10 years ago that is showing up now I understand that part but that is why we have to continue to monitor this and that is also why I will continue to rely on the resources of the Department of Health and Mental Hygiene's Dr. Mitchell and with his expertise in looking at environmental tracking along with public health issues to see what changes are occurring so no this we are not putting this away we are just responding to the immediate concerns but we must continue to monitor that.

Speaker: So how do we as a town know that 5 years from now someone is staying on top of it and that they didn't retire and it didn't get passed on and people 5, 10 years from now start this whole thing over where they get the same answers it was done several years ago.

Dr. Mitchell: Well I can tell you I will not be retired in 5 years actually I wonder if I will ever be retired at the rate that we are going so I will continue to be interested in this for as long as I am there and I am thinking that and frankly you are the biggest advocate for having us continue to monitor this and that is not rocket science on my part it is your recognition I have to tell you that I have 3 or 4 of these on my desk right now other communities where or other places where the --- in rates like Dr. Tillman was saying every county health officer has a number of these that come in from time to time I tend to get a fair number of them but I take them very seriously and she takes them very seriously we work very hard with the Maryland Cancer Registry to try to be sure that we can give a complete an answer as we can and there has been a fair amount of energy and effort trying to answer this question as best we can for this community but the truth is and I don't want to lie about this that other things will always come to the floor and its going to be partly your activeness of calling us and calling Montgomery County and saying

would you mind coming back and giving us an update that is not inappropriate and I don't consider that a bad thing I consider that a good thing.

Speaker: Ok I just was feeling weird calling.

Dr. Mitchell: I have to tell you it is part of what we do and it is what we are supposed to do so I have no problems doing that.

Mr. Kuhlman: Ok we need to bring this to a close anybody got a question that hasn't asked a question yet tonight, yes Ma'am and then you please.

Ms. Morgan: My name is Natalie Morgan a previous Poolesville person. When you were talking about this survey that you are going to be doing following 100,000 children from now till...

Dr. Mitchell: Not me...

Dr. Tillman: Yea that is a national study.

Ms. Morgan: National ok and Montgomery County will be participating, well as a transient a society as you have right now would it do any better if the people who are being diagnosed with cancer request to their doctor to go back to where they came from to make sure they are included in the Poolesville study.

Dr. Mitchell: I have talked to the Maryland Cancer Registry about that, it never hurts to ask your physician about what happens with reporting often times it is not the physician who does it but it is the hospital pathologist or the hospital tumor registry that does the report and it depends on what the particulars of the I wish I had the standard incidence report but in general where these things usually occur is in a hospital tumor registry that is where the reports typically come from and it is often difficult even for the physician to contact the Registry they can do that but often times the most effective thing for them is to go to the Tumor Registry to check and make sure that that report has been filed. Again I don't want to leave you with the impression that this system doesn't work, actually the system works remarkably well so most of the time we are aware the Cancer Registry is aware of where these things are happening. There are some times like any surveillance system it is not fool proof there are always glitches most of the time it works, it never hurts to talk to your doctor about it and ask, don't be surprised if your doctor is not aware of it however because often times it is invisible for even a physician it usually happens through the hospital or the medical center where the tumor registry where the physicians and laboratory technicians who read and make the definitive diagnosis where that takes place.

Mr. Kuhlman: Ok yes Ma'am you had a question real quick.

Speaker: Inaudible.

Dr. Mitchell: You have opened the inevitable can of worms and I say that because hair analysis which started off being done there are a bunch of labs that do this there is one called Rocky Mountain Lab which is out in Denver, there is another out in California that does this. I have very mixed feeling about both the quality and the laboratory interpretation of a lot of that data and it is not to say that it is inappropriate but it is to say that there is a lot of question about how good the testing is how valid it is how good the sampling is whether or not they are adequately processing the samples and there are questions also about what are used as standards so hair analysis has not been validated as a means of screening our population for exposure to for example Uranium. There are a number of not population screening tools but individual screening tools for people it has mainly occurred in the context of people who work in the atomic power industry or who

have been exposed to radiation, there are a number of techniques whole body irradiation, different kinds of spectrometers that can look at that. Hair analysis is probably not useful at this point as a population-screening tool.

Mr. Kuhlman: Ok for the final question of the evening Commissioner Gruber.

Ms. Gruber: I'm wondering if length of residency was taken into consideration when you collected the data that you are now reporting on.

Dr. Mitchell: In general the answer is we did not have complete information on length of residency, the Cancer Registry often doesn't get that data in fact in most cases it doesn't have that data at all because its where it had to come from, you have to go back to the medical records to determine that. We have talked amongst ourselves Montgomery County and the State about ways of figuring out about residency to start looking at it, in general if you don't include length of residency the tendency would be to identify a problem, let me go back because the question would be if you don't include length of residency are you being protective, are you looking for problems that might not be there, or are you ignoring the problem by not taking residency into account, so let me just walk you through for a second if I can the way to think about that I think which is if we took residency into account and we looked at people who had just moved into the community we looked at tumors for people who had just moved into the community the likelihood is that we would be looking at people for whom exposure took place outside of the community and therefore if anything by not taking residency into account what we are doing is trying to be a little bit more protective by saying lets even include in this people whose cancers might have occurred from exposures that occurred outside of the community, so the fact that we didn't see any unusual patterns even including people who might have moved in very recently we were basically trying to be as sensitive as possible, find as many cancers as we could, not strike them out, does that make sense?

Ms. Gruber: Ok yes it does thank you.

Mr. Kuhlman: Ok we need to draw this to a conclusion. The ladies comment in the back go along with what I was trying to ask about what can the town do and it sounds like maybe schedule an annual visit with you all or report to the community wouldn't be a bad idea and I would like you to talk to Staff about setting something up for a future date.

Mr. Klobukowski: How bout in 6 months.

Mr. Kuhlman: Well 6 months to a year.

Mr. Klobukowski: I mean going on 6 months we had an expectation that we would receive something more conclusive than what we had and they would like to see something in 6 months to how far along you have gotten with this if possible.

Dr. Mitchell: So let me just ask Dr. Tillman this because I think the expectation we are talking about 2 different things, 1 is the presentation of the final report would be whenever it is done as soon as it is done but then I think you are talking about something else...

Mr. Kuhlman: And a part B would be an annual meeting to continue addressing the community.

Mr. Klobukowski: You expect the report to be completed within 6 months I guess that is the...

Dr. Mitchell: I certainly hope so seriously and I mean that literally I would expect the answer to that is yes you know the one factor that I am painfully aware of is that flu season is coming and I have to tell you because the State Health Department can't control

the flu in the sense that we can't control when it comes back and it is going to change our lives dramatically in terms of the amount of time that we spend doing other things because there aren't that many of us, so my goal personally is to try to finish it within 6 months but I don't want to say absolutely yes for sure because I don't know what tomorrow is bringing but if things go as I think they ought to go the answer is yes.

Mr. Klobukowski: Ok thank you.

Mr. Kuhlman: Again we thank you very much.

Mr. Brown: Let me get one more. I just have a question to address the back too I just want to make sure that this was clear was that the resident call in information that came in was taken into account when making the determination where we stand as we stand right now, we are not just relying on the statistics that have developed and ended in 2006 or stopped being analyzed in 2006.

Dr. Mitchell: That is correct and I just want to be very clear about this because the one thing I want to make sure people understand is, if somebody calls in and says I know X and Y people who have different cancers but we didn't have any first hand information about that and I am sure Dr. Tillman and I talked with Colleen Ryan Smith about this, we did not blindly call people who were alleged to have cancer by somebody else and say oh by the way do you have cancer, A) we were not allowed to do it legally; and B) we would never do it ethically. But people who called in with direct first reports about cancer or in the family where we could verify that, that information was absolutely included.

Mr. Brown: Excellent thank you.

Mr. Kuhlman: All right again we would like to thank you all very, very much for your time and your work and we will be taking about a 5 minute recess and then the meeting will continue.

Dr. Tillman: May I also just add for those who are here if there are additional questions we will collect those 3x5 cards and we will follow up with the responses to those questions if they have not been addressed tonight.

Mr. Kuhlman: Thank you very much.

Announcements

Mr. Kuhlman: All right I call the Commissioners Meeting back to order, is there any announcements from any of the Commissioners?

Approval of Minutes

Mr. Kuhlman: Hearing none we will move on to approval of the minutes of July 6, is there a motion for approval?

Mr. Klobukowski: So moved.

Mr. Kuhlman: Is there a second?

Ms. Gruber: I second.

Mr. Kuhlman: All in favor.

Mr. Brown, Mr. Klobukowski, Ms. Gruber, Mr. Kuhlman: Aye.

Mr. Hoewing: Abstain I wasn't here.

Mr. Kuhlman: Very good.

Open Forum and Citizen's Comments on Agenda Items

Mr. Kuhlman: Open forum anybody have anything just in general? Seeing no hands any comments on the agenda items, we will be under new business we will be discussing the possibility of adopting a Blight Ordinance to try to cover some complaints we have been getting over the last year or so about certain properties that are falling in disrepair, any

comments there. All right second item will be speed cameras, the issue has been raised by some of the Commissioners and it is on the agenda because of the new Maryland law that would allow us to hire a Policeman and run our own system I believe is how it is phrased, any comments there? All right and the last item under new business will be Montgomery County adopted a set of parking regulations aimed at commercial trucks, boats, RV's and such and the Town will be discussing whether we want to join in and adopt that or not, is there any comments there?

New Business

Mr. Kuhlman: All right seeing no hands we will go back to the agenda, new business blight ordinance there are 2 models in front of you that Wade has produced.

Mr. Klobukowski: Well they are not a model, one of them in fact is our Blight Ordinance, which was adopted...

Mr. Kuhlman: Oh I am sorry you are right Jerry I am sorry, one is drawn up by Staff another one is that Wade found online out of a municipality in Connecticut. The thought being that we have and not with no intentions of announcing the separate properties but there have been complaints come into Town Hall I know several of the Commissioners have received private conversations from citizens about certain properties in Town that are falling in bad disrepair. In some cases construction projects have been started and sit stagnant for a year or two on the property and nothing being done and neighbors are calling and complaining. We have had the county out here on several issues for health issues, building code violations, we have had the Fire Department out and all say they don't have the authority to do things to repair or make these situations better so we are looking at this Blight Ordinance, any comments from the Commissioners?

Mr. Klobukowski: What is wrong with the existing Ordinance that we have that was adopted on 13th of October 1998, that we need to...

Mr. Yost: Ok if you take a look at the model...

Mr. Klobukowski: Well I would rather see something that would tell us more or less like...

Mr. Yost: I will tell you right here its paragraph D and E on the 2nd page of the model.

Mr. Klobukowski: Of the model D and E.

Mr. Yost: Which really speaks to damage, missing siding, gutters, structurally faulty ---, garbage, trash, which really, overgrown brush, our --- say building codes speak to you could have a hole in the wall or gutters falling down shutters falling off and there is nothing we could do about it, if the building was unsafe or uninhabitable or was going to collapse we could do something about it so.

Mr. Klobukowski: Without reading this is this basically go into well this is this one town's complete Ordinance and I guess what I would like to know is, is if we have got an Ordinance you are recommending we would just include D and E.

Mr. Yost: I think we can do that don't you Alan?

Mr. Wright: Well we would amend what we have got rather than pass a whole new Ordinance.

Mr. Klobukowski: Yea I mean I don't know there is definitions here dilapidated, legal occupancy, neighborhood vacant, etc., etc., that may need to be included but generally what I have seen like the Ordinance that Ocean City adopted for wind turbines basically just lists their sections in a few sentences that apply to that sentence just to be adopted to be included into the section vice a complete regurgitation.

Mr. Yost: No I think you are exactly right it is what we are doing with it too.

Mr. Wright: In fact our Ordinance is much better than this generally except that it only covers rather catastrophic situations. I am surprised that the County has said they can't do anything because the housing code by comparison goes into a very minor disrepair so but if they are not enforcing it than this is an option we could adopt some measures that would cover it.

Mr. Klobukowski: I thought as part of this maybe I am wrong that this was basically an addendum to the County Ordinance, that the Town Ordinance was just in addition to or to get powers to the town to implement part of the County or to adopt part of the County Ordinance as its own along with these changes or whatever. I may not be correct in that.

Mr. Yost: We wouldn't enforce the County's Code, the County would have to enforce their Code.

Mr. Wright: There is a provision in the Legislation that allows the County and Municipality to make an agreement for enforcement, I am not aware that anybody really utilizes that but we already have 15 ½ out of our own Code which I think is generally very well written it just needs to cover some additional things if we are going to, if the County is not covering them we can write that into our Ordinance.

Mr. Klobukowski: So are we looking for maybe I am jumping the gun here comments from the Commissioners as to what they would like to see included in the Code or should we just go with what the Town Manager recommends for inclusion with an add delete sort of...

Mr. Yost: I think it would definitely be an add delete but I think we wanted to have a whole discussion to make sure I mean like stacks of building material is not included in here and that is something that was not under construction and that is a big problem, we hear complaints about that all the time which would be something I would want to include in this since it is not listed.

Mr. Kuhlman: The purpose of this being on the agenda tonight Jerry was for an open discussion to see if the Commissioners were satisfied with Ordinance 138, whether they wanted to amend it, this was basically given out to show that there are other options we can include to Ordinance 138. If the Commissioners feel that Ordinance 138 is ample and they don't have a concern we can drop it right now, if they feel we can do a better job or put a better enabling legislation in then the idea is to amend Ordinance 138 and have a public hearing on it and go for adoption of the amendment.

Mr. Klobukowski: I guess what I would like to see is to take this one here if there is anything good in this one from Connecticut and stick into ours to see how it flows and go from there.

Mr. Kuhlman: Well that is the decision I am looking for tonight.

Mr. Klobukowski: Well the impression I am getting is, is we are going to reinvent the wheel and I don't want to do that.

Mr. Kuhlman: No.

Mr. Hoewing: Wade what I am not clear on though is that you talk about the County and the Fire Department and others and it really doesn't talk about any enforcement except by us right in this section.

Mr. Yost: Exactly.

Mr. Hoewing: So what by putting in these new clauses how does that give the County new authority to do anything?

Mr. Yost: Because that is our Code Enforcement Officer for that.

Mr. Hoewing: Who is our Code Enforcement Officer?

Mr. Yost: James Parise, he has been for about a year and a half.

Mr. Hoewing: Ok I thought he did building codes though we do this too?

Mr. Yost: No he does all the Code Enforcement.

Mr. Hoewing: So just Code violations that people report to you.

Mr. Yost: Yes exactly.

Mr. Hoewing: And there are provisions here we can take it to court too we don't always have to do it on our own.

Mr. Yost: There is a whole process, which is already outlined in...

Mr. Hoewing: And we have never had to do that before to anybody?

Mr. Kuhlman: Take people to court, yes. If you remember a few years back we took that one family to court over the dogs.

Mr. Hoewing: Oh the dogs yea I remember that. Are a lot of the problems with rental properties, a lot of rental properties now is increasing the...

Mr. Yost: It is not the rentals.

Mr. Brown: Wade is it possible that we could just get a summary of your actual what you are looking to potentially incorporate in, in the Town Manager's opinion what do we need to cover.

Mr. Yost: Absolutely I think that D and E where it says it is basically about a maintenance issue and its missing boards, windows, doors, collapsing or missing walls, roofs, serious damage or missing siding, gutters, just the whole language they have, overgrown grass, weeds, and they actually have overgrown brush at least 1 foot in length, and that brings up in my mind several properties that people complain about all the time, a substantial factor causing serious depreciation of the property values in the neighborhood.

Mr. Klobukowski: Now is it possible for someone to say I know one property where things are grown up but the fire department says he can get in and out, the person can get in and out so therefore it is not a safety violation as long as the person can get out, but on the same token the property looks terrible.

Mr. Yost: And that is exactly where we want to go.

Mr. Klobukowski: But could he then turn around and claim maybe this is a question for Alan, if the Fire Department says I don't have a problem, why are you telling me I have a problem.

Mr. Kuhlman: And that is what we are looking for Jerry is there a decision by the Commissioners that we are not happy with 138 and we want Staff to see...

Mr. Klobukowski: Well it is not that I am unhappy with 138 what I want to make sure is that whatever we do that the person isn't able to turn around and go cite some county Ordinance saying well the County says its fine, the Fire Inspector says its fine, so and so says its fine, what is your problem you are picking on me.

Mr. Hoewing: Well it looks like what you are saying Wade is that everything we have in there today basically relates to safety health issues primarily, not to property evaluation or appearance issues.

Mr. Yost: No I would say property evaluations are right up there with it.

Mr. Hoewing: No what I am saying what we have to date does not do that.

Mr. Yost: Oh I am sorry yes.

Mr. Hoewing: These add property value and appearance as two other factors which I think is a good idea, I think it is a hard thing to define but...

Mr. Wright: The property value section I think will be hard if that is one of the things we are dealing with that will be hard to, because if there is a depreciation in property values I'm sure you are going to be able to find some of these more specific items that you can focus on, you know downspouts or siding or roof collapse or whatever.

Mr. Yost: And I wouldn't want to be nitpicking like if somebody's downspout fell off and we write them up and charge them to fix it we are not a homeowner's association, its for the ones that are in serious disrepair.

Mr. Hoewing: I think what D does if you use that though, you would use some predominance of these factors so it is not maintained as evidence by the existing or the following conditions, you wouldn't have of those, you would have several I would suspect and you say this is a house that is not being maintained.

Mr. Yost: Right and I would want to add in there the stockpiling or piling up of old building materials and things like that, there are a lot of contractors who work in town that tend to stack up a lot of stuff and equipment and the neighbors complain about that all the time also.

Mr. Wright: Yea I think we could add a little more detail and maybe definitions as to trash because that's been a, I know for the County that is a difficult thing to enforce sometimes so they try to write a citation and the owners says well that is not trash I'm in the process of fixing that.

Mr. Klobukowski: I have a mulch pile in the back of my yard is that considered trash?

Mr. Wright: What do you have?

Mr. Klobukowski: I have a mulch pile in the back of my yard...

Mr. Hoewing: Depends on what you have in the mulch pile, if you can smell it yea.

Mr. Klobukowski: Well some days there is a little maybe odor coming out but other times there is not but could somebody say that is considered trash or whatever.

Mr. Hoewing: I don't think so.

Mr. Kuhlman: Depends on whether the Town Manager lives behind you or not. All right so what I am hearing is there is a desire to see Staff go ahead and put together some amendments and recommendations and stuff.

Mr. Yost: Did everybody see the first electives name on the last name, very close to Klobukowski.

Mr. Klobukowski: Houkolowski distant cousin 3 times removed.

Mr. Brown: So when you do this you are going to specifically spell out what in particular to Poolesville what we are asking for I mean obviously this --- can provide the basis of what we are looking for...

Mr. Yost: You don't want to do that.

Mr. Kuhlman: They will produce a redline document with italics and so forth and so on with it and then it will come back to us and once we are happy with it then we will set up for a public hearing, hearing comments from the public and then make changes based on public comment and move for adoption or failure.

Mr. Klobukowski: How did the County come into play then at all, if we have our own Ordinance than we can just do what we want and ignore the County or is there a point in time where if you don't work to remedy you call the County.

Mr. Yost: The County could come out also and work parallel with us a property if it was a problem that we couldn't or had a difficult time enforcing ourselves. Because they do come out if a house is in serious disrepair or unsafe and they can condemn it and go through that process which they have done.

Mr. Hoewing: Have you seen an increase in blighted houses or in houses that are not repaired lately?

Mr. Yost: It is the same ones really that have been around for years and they are not getting better they are getting worse.

Mr. Kuhlman: In some cases you are finding some seniors that are having trouble keeping up and hopefully we can find a way to help them in that, but I mean I know there is one house in town that I have received a couple of calls about where there is rotten holes in the side of the house and the birds are flying out of the cavity with insulation and dropping it all over the neighborhood.

Mr. Hoewing: I actually meant to go over to their house and see if I can get her to sign up for...

Mr. Kuhlman: We tried.

Mr. Hoewing: She wouldn't do it.

Mr. Kuhlman: No.

Mr. Yost: But I think it is worth trying again.

Ms. Gruber: Adding that enables us to go in and approach it in a more legal manner.

Mr. Hoewing: I think the husband died so I am not sure if there is anybody but her.

Mr. Kuhlman: There are several homes that fall into that category where it is seniors or they might be having some economic hardships, I think there is some of them where it is just the property owners aren't thinking about their neighbors and don't really care maybe I don't know and beauty is in the eye of the beholder.

Mr. Hoewing: This actually does have a special section for people who are disabled or low income.

Mr. Yost: Right and that is something we should consider also.

Mr. Hoewing: Yea that might be worth looking at.

Mr. Kuhlman: All right so if Staff can go ahead and see what we can do on this and then get it back to us.

Mr. Yost: Ok.

Mr. Kuhlman: All right speed cameras Mr. Brown you asked for this issue to be placed on the agenda.

Mr. Brown: Always my favorite subject. Really it came down to me having a I can't call it an epiphany because I think about them all the time well frankly because I see them all the time because they are right there and what it comes down to President Kuhlman is that as we progress through and watch the County make their moves regarding speed cameras and the evolving of the whole speed camera issue, I guess it got to the point where I was irked, frustrated, disappointed and I guess wanted to take some action because we have obviously pedestrian safety improvements that we would like to have take place in the town and the fact that the speed cameras have generated so much money retroactively not future money but money that has been generated over the past year plus when they went into effect, I just think it is wrong that we can't get our hands on some of that money in order to help them pay for our pedestrian improvements. I know that we have worked with hand in hand with the county, we have respected where they have been

a part of contributed toward stuff that we have done in town including this Town Hall and Parcel 840 etc., but now is the time that I would like to have us figure out a way that we could get our pedestrian improvements paid for by the unbelievable amount of money that has been generated by the speed cameras by mostly by our own residents. So I am open to suggestions.

Mr. Kuhlman: Well unfortunately Staff didn't make copies of he is going to now but as you may or may not remember I reported to you many months ago that I talked to Mike Knapp about this and it was unfortunately at the time when he was stepping down as Chairman and Mr. Andrews was assuming that role but there is a Bill at the County Council level and I believe it is 10% of the revenue would come to the Town for pedestrian safety. Now Lori says she has talked to Council Member Floreen today or within the past day or two with the idea of trying to get money retroactive since the program started but the County has already spent that money so you are not going to get it in my opinion, they have already spent it, their budget, they are now in the next year budget cycle that money is gone and I asked Mike tonight just before he left what was the status and he said he would have Staff checking on it but it is up to Mr. Andrews who is now the current President what to do with it, so he has advised me to call Bill's office tomorrow and talk to him.

Mr. Klobukowski: In other words it is up to Mr. Andrews to put it on the agenda at the County Council.

Mr. Kuhlman: Mr. Andrews unlike me he owns the agenda, he can refuse to put any item on the agenda that the President wants. Mike has suggested they deal with it in the last year in the upcoming budget that never got dealt with so now it is up to President Andrews to put it back on the agenda so I am going to place a call to him tomorrow and find out what is up with this. The other way as you said if we learn in Ocean City we could actually hire a Policeman to certify the tickets and run the program ourselves and pay that company and keep the residual money that is left over.

Mr. Klobukowski: When you say hire a policeman you mean like rent a cop?

Mr. Kuhlman: I don't know Jerry.

Mr. Klobukowski: According to what I have been reading it has to be someone who is certified to run the program you don't need your own police department which was the caveat originally of the Montgomery County's ability to get the speed cameras in fact that they had a police department but supposedly the new legislation is supposed to allow municipalities to do it but they have to have people certified but the problem is I don't recall at Ocean City that they didn't mention anything that anything greater than 10% of the operating budget you had to turn the rest over to the State.

Mr. Yost: Right.

Mr. Klobukowski: They didn't mention that in the one thing that I attended as I recall about speed cameras and which sort of I don't want Poolesville to be known as a speed trap but the same token it seems like we go out and we pay for the equipment we hire for the maintenance you have to have the stuff calibrated and you have to hire a Police Officer either rent one or whatever you have to pay his salary and everything and then they are going to tell you oh by the way after all your expenses come out you get to keep 10% additional money anything beyond that is the State's. Excuse me but that is slick that is really slick you are doing all the work and they get the majority of the benefit of the money, well I won't say the majority because it depends on how many tickets are

issued, how much money you collect, and the other thing to note is that this is sort of a regressive thing that you ramp up to a certain point where the cameras are getting a lot of people but as the cameras are known locations are known the amount that those cameras take in is less and what they were recommending in Ocean City was vans, mobile vans to go around municipalities, in and around municipalities to change the location so you keep people off guard.

Mr. Brown: Well I can just tell you this I guess where my ire comes from is now the horse has already been let out of the barn, the horse has ridden away it is in another county right now, speed cameras are a fact of life, they are happening I think we are remiss and I would hope that you would convey the fact that I understand they spent the money that the money that has been raised on behalf of by our residents has now gone to other jurisdictions and other locations I want to see 1.6 million dollars generated by our speed cameras is gone and it has not come to us in any way, shape, or form and to me when we have pedestrian safety issues in this town that needs to be taken care of it is not satisfactory to me to say sorry its all done and we can't help you with that but hey if you do all the work we will give you 10% of it, I think that is a joke and I hope that I know you are going to do your best to convey our feelings on that and I would like to see something different happen than just the legislation is pending.

Mr. Kuhlman: No, no one clarification Jim 1,6 was the gross revenue...

Mr. Brown: I understand that.

Mr. Kuhlman: They had to pay the camera company I think it brought the net revenue down to around \$800,000.00 or \$900,000.00.

Mr. Brown: Well the basis of the deal they made in order to pay the people I understand that but once again I am not saying that I believe the true cost of the camera company was 40% of what they raised, I think that is not even close.

Mr. Kuhlman: Well the 1 thing that I would be curious about is if we did decide to enter and run our own program why have the fixed cameras why not have a mobile unit or two because I come home or come back into town I follow people up 107 they are doing 15 miles over the limit until they hit Spates Hill or Tom Fox then they jam on the brakes go through the camera at 20 or 25 miles an hour when there is a 10 mile grace and then as soon as they get beyond your house they nail it again and they go through town speeding.

Mr. Klobukowski: One of the recommendations they said was also to have a cop down the road so that after they speed up again after they pass it they get another greetings but this guy is actually writing a ticket.

Mr. Kuhlman: Well the thing to me is if we are going to look at doing this I think it would behoove us to look at portable units where you can move it around because I guess other people in the town won't agree with me I am not looking at this to generate revenue, I am looking at this to educate people to slow down on town streets, there is no reason for somebody to go down Wootton Avenue, Hughes Road, or Westerly at 50 miles an hour.

Mr. Brown: Well I am bias I am actually in favor of the money could be spent by us on pedestrian safety I am in favor of doing that.

Mr. Klobukowski: I agree with Jim our initial (inaudible) I endorse what Jim and Lori have said is that we should take a very strong argument to Bill Andrews and maybe take follow Lori's lead or each of us email Mike and Nancy along with Mark Elrich and Duchy Trachtenberg and Leventhal who are all Council Members at large saying hey

look you are making money on us and we are not seeing anything, it is supposed to be for pedestrian safety we have pedestrian safety issues we would like some of that money.

Mr. Hoewing: Do you have any idea how much one of those mobile vans costs?

Mr. Yost: They estimate \$100,000.00 in this write-up.

Mr. Klobukowski: The van costs \$100,000.00, do you have to have a person, does the person who runs it have to be, do you have to have someone in the van or do you park it.

Ms. Gruber: They don't have to be manned.

Mr. Kuhlman: You park it and put your pylons up and go.

Mr. Yost: But for our smaller streets speed humps are a lot cheaper than that and very effective.

Mr. Kuhlman: Well what is the preference of the Commissioners to pursue working with the Council solely on getting some of the revenue or is it to forego that and look into running our own program or to work both simultaneously.

Mr. Klobukowski: I would go with the Council my recommendation would be to see what...

Mr. Kuhlman: I am sorry Jerry.

Mr. Klobukowski: I would recommend we go with the Council first.

Mr. Brown: I would too I don't want to lose the focus on I mean obviously there is still revenue to be gained that should be kept in Poolesville but the focus of my and Lori and I initial discussion really is retroactive how much money was made, how much money we have to spend that we think is necessary to spend on pedestrian safety in this Town and I would really like to see either a joint effort or through your interactions but somehow it has to be made known that we are dissatisfied with the equity of this thing and we know it is a declining revenue source, we know this, even if we decide to go the way of mobile cameras we are going to have a declining revenue, no one is going to get the big money that they had on the first one except for the County and the contractor so I think that its more what is right for this town so I would say I would rather approach it first from a retroactive and I know they say they spent the money already but a retroactive perspective and then we can explore as this develops having mobile cameras, I don't want to be known as a speed trap town but at the same time everybody by now knows this is going to be happening country wide and it is not just here anymore and yea we were the first ones and we took the wrap, hey if we took the wrap for it I say we get some of the cash now.

Mr. Hoewing: Seems to me though if you are really concerned about revenue raising and you want to really do something about the speed problem you are better off with a mobile unit, this does not slow down traffic except for about 20 feet past it and now everybody knows about it so it is probably not raising any money or hardly any money.

Mr. Yost: I know one of them is not because it has shotgun holes on the side of it.

Mr. Brown: It still goes off the light still goes off.

Mr. Hoewing: Anyway it just seems to me we are not going to get that money from the County not with the kind of financial situation they are in I doubt it.

Mr. Kuhlman: I don't think you are going to get a retroactive but I would hope this legislation would be (inaudible) pushed forward by a percent if I read it correctly.

Mr. Yost: And this might have been, this is what I printed out but there might even be an updated one because I heard someone said 10% earlier.

Mr. Kuhlman: Well if the feeling is go ahead and put together a letter to be issued on behalf of the Commissioners, we will email it around to everybody for comments before it is sent and I will also phone Council Member Knapp's office and Andrews and have further conversation with them.

Mr. Brown: I would appreciate that.

Mr. Kuhlman: All right does that meet approval?

Ms. Gruber: Yes.

Mr. Kuhlman: All right Parking Regulation Ordinance Wade?

Mr. Yost: Ok as Didone when he was here spoke about the new regulations, they are different than ours in our Code we limit commercial vehicles right now to 24 hours parking on the street and this right here would tighten it up to 18 hours, it allows for 18 hours to park on the street and that includes recreational vehicles, trailers, RV's, anything of that nature, the thing about this if we adopt this into our code it can be enforced by Montgomery County Police it is not something that we have to deal with at all so I would recommend going forward, I have only heard people requesting how do they get a hold of the police, how do they activate this, I said well it is going to be on the agenda we need to adopt it into our own Code prior to any enforcement action in Poolesville.

Mr. Kuhlman: Now have you, do you or Alan know I mean are you recommending we adopt our own Ordinance or can we sign onto their Ordinance?

Mr. Yost: Exactly sign onto theirs.

Mr. Wright: You can sign onto theirs.

Ms. Gruber: Do you have to sign into it not if this is not just a Montgomery County...

Mr. Yost: I think it is Section 31 I am not for sure but if we just adopt that into our...

Mr. Hoewing: Just reference it in our either our Regulations or the...

Mr. Yost: Yes there is a enforcement mechanism for it.

Mr. Hoewing: Yea we do that all the time.

Mr. Klobukowski: Yea because we are an incorporated Town within this --- as such, we are equal with the County, although they don't like it we are equal with the County but we have the ability to sign on.

Ms. Gruber: Ok.

Mr. Brown: Are we doing this, go ahead.

Mr. Wright: I take that back a little bit, we have Chapter 31 and this is just going to be a small part of it this current parking so I am I know the County doesn't want you to just try and adopt a little piece of their Ordinance here and a little piece there they want the whole Chapter, so we may need to just adopt the...

Mr. Kuhlman: Whole Chapter?

Mr. Wright: Well the whole Chapter or we can adopt the parking provisions as our own Ordinance.

Mr. Kuhlman: Well I understand I mean we got an email from Captain Didone I believe it was that the County had adopted this but it was not enforceable in Poolesville because we haven't signed onto it. And they expressed a fear that once this was implemented down county all these big commercial trucks would be coming up here and parking on our streets to avoid the violations, that hasn't happened, yes we do get some complaints from time to time about vehicles parked on streets in different manners and stuff, is it really a problem Wade are we seeing more and more complaints or what?

Mr. Yost: We are there are more and more commercial trucks, Kohlhoss is a prime example there is a couple really big trucks that park along there if they can park them in their parking spot that is fine but if they are parked on the roadway which they do it is really difficult for kids obviously running back and forth across the roadway or anything to be able to see the roadway, the pull out or even coming out of one of those cul-de-sacs being able to see around those large vehicles it is a problem there.

Mr. Kuhlman: Ok then maybe a course of action would be if the Commissioners desire can you and Alan or you and the rest of the Staff go ahead and look into what do we have to adopt to get this, where are we, and once we do how will it change other rules of Poolesville or other laws and stuff and report back to us.

Mr. Yost: Ok.

Mr. Kuhlman: Is that a course of action agreeable to the Commissioners?

Ms. Gruber: Yea.

Mr. Wright: The simplest way to go if you like this is adopt is if we adopt the parking provisions from Chapter 31 and I will just check on that and make sure that...

Mr. Kuhlman: Look into it and come back to us with what you are recommending. Anything else on this issue?

Committee Reports

Mr. Kuhlman: There is no old business, Committee Reports, Planning Commission Mr. Hoewing.

Mr. Hoewing: We had 2 issues and they took a lot of time, one of them we finished with which is the recommendations on the road standards, construction standards for roads, that was approved by the Planning Commission. Then we had a long discussion, it started as a result of the windmill request that was made by John at the Hardware Store to look at a series of changes in our Zoning Code with respect to other types of environmental types of technology, for example there are different kinds of solar generators now and those kinds of things, we wanted to look at all those and not just say lets look at wind generators because there is going to be a lot more requests we think for different kinds of environmental or efficiency types of technologies like that so we are looking at a series of things and we are going to adopt a comprehensive approach to it and come back to the Commission with a recommendation very soon.

Mr. Kuhlman: Ok.

Mr. Brown: Timeframe?

Mr. Hoewing: I would say by the next meeting we will probably be close.

Mr. Yost: Right so our 2nd meeting in August we will have some proposed Ordinances we can set a pubic hearing and move forward.

Mr. Klobukowski: Yea I picked up and went to a work session at the MML Convention in Ocean City where Ocean City gave a presentation on wind energy systems and they provided a copy of the Ordinance they adopted along with a brochure a mini booklet from the American Wind Energy Association entitled "In the Public Interest How and Why to Permit for Small Wind Systems" anyways I gave a copy of the CD and the files to Wade so that he can fax them to everyone so they can look at it. I think what Ocean City has done seems to be a pretty nifty thing it covered a lot of the things like signage, abandonment although I still have a question on that on abandonment and in looking at this booklet one thing it doesn't say is in the booklet it talks about the ability for a wind turbine for possibly bringing it down in the horizontal position in case of severe weather,

so if you knew something was coming up the pike like you did with Isabelle or something else you could take it down to avoid causing any severe damage to the turbine or surrounding properties.

Mr. Brown: Link I have one more question for you on the road standards you guys adopted were they as proposed by John Strong?

Mr. Hoewing: With a little flexibility from the Town Manager with respect to the thickness for example of the asphalt, I think John was proposing an inch wasn't he I think.

Mr. Yost: Right it was actually the 6 inch sub-base, 3 inches of base course and then 2 1 inch layers and that could be changed to a 6 inch base course, 2 and ½ inch base with 2 1 and ½ inch so you still have the same amount of material just laid a little differently.

Mr. Hoewing: It is just hard to do an inch and really make it work frankly and also it can cause slippage if you have it that thin.

Mr. Klobukowski: I was --- with John presented with respect that it was in the standards.

Mr. Yost: Well that was both of them the overall thickness of everything was exactly the same, how it was laid down was the only difference.

Mr. Wright: Actually it adds up to half an inch more.

Mr. Yost: We are talking a minimum standard.

Mr. Hoewing: And just so you know one of the developers obviously protested this but the other developer did not so we basically felt and you also probably saw we got a letter from one of the developers arguing against this and we just basically said he was wrong, so that is where we are at this point.

Mr. Kuhlman: All right Parks Board Jim?

Mr. Brown: Parks Board did not meet even though we were scheduled to and for the life of me I don't know why we didn't meet but it was determined there may not be a quorum so we are on for next month.

Mr. Kuhlman: Ok.

Mr. Hoewing: Was somebody --- this.

Mr. Brown: I am not sure the communications indicated that we would have had enough people but apparently there was a question on whether or not somebody was going to make it or not and that was enough to propel us into August.

Mr. Hoewing: Snow days in summer.

Mr. Brown: Exactly I am sorry to say.

Mr. Kuhlman: Ok. You just didn't have a meeting what is the problem? CEDC Lori?

Ms. Gruber: We have had that several times so we are actually meeting this Wednesday.

Town Manager's Report

Mr. Kuhlman: Town Manager.

Mr. Yost: The Skatepark bids came in, we did send an RFP out to 6 or 7 different Skatepark builders, 4 sent in proposals all around the \$150,000.00 range for the park itself, not for the actual grading or fencing or that stuff, and each one of the proposals had 2 different options at least, some had 3 options in them or build out options, so the Committee I am going to sit down with them and actually John too and we are going to go through all the bids and make some recommendations, go before the Parks Board on August 3 and then the subsequent meeting to the Commissioners to pass on the recommendations for award.

Mr. Kuhlman: Ok.

Mr. Hoewing: Cool.

Mr. Yost: I want to follow up on the MTBE thing at the Getty Gas Station, the State is still reviewing the tanks they are not for sure if they are going to make them tear them all out, they are really kind of just sitting on it, I talked to 2 different people and they said that all the tanks need to be removed and the whole thing redone, they are talking about doing some test pits in the round if we can get access from the property owners to see if the MTB is in the soil and the water and I will try to set a meeting up with the State by next week to discuss where we go from here. We are also getting ready to test the 2 new wells, the Schraf and the Elgin well and the State wants to pump these full capacity for 60 days continuously at the same time and run 5 and run 2 and 3 all at full capacity at the same time. Cathy is really worried that if we do this it may pull that plume of MTBE's into the aquifer and potentially cause problems with public wells, 2 she said would get the most since it is the closest and the direction of the aquifer going towards that. So we are going to put together a course of action to do some testing on some of these private wells with --- running well 2 turning them off seeing what kind of influence if we need to worry about this or not. Pat Hammond has also been involved in this so we are going to be doing some testing to see just how long water reacts in different areas to these wells running before we turn them all on at one time.

Mr. Klobukowski: Is there the possibility they dig these test pits before we do this because to me it would seem logical to determine how far out it has gone etc., before you start pumping.

Mr. Yost: Yea the biggest problem with that is everybody has a yard around there so we have to get access easements or access permission to get in there and do that. So it is not as easy as it sounds just to go and drill a hole somewhere but we have had a meeting today Cathy and I so we are trying to formulate this and put it together so we can get a picture of what the aquifer is doing before we turn them all on at one time.

Mr. Kuhlman: Have you talked to Malcom Field at all about this?

Mr. Yost: No I haven't.

Mr. Kuhlman: I bumped into him over the weekend, Pat Hammond has called him last week about the MTBE issue in Town and Malcom seems to, if I remember what he told me, this is like his field of expertise so we might want to talk to him.

Mr. Yost: I can give him a call yea.

Mr. Kuhlman: All right anything else Sir?

Mr. Yost: That is it.

Citizen's Forum

Mr. Kuhlman: All right Citizen's Forum anybody? Yes Ma'am please come to the desk.

Ms. Barnes: Linda Barnes 19735 Selby Avenue. Good evening gentlemen and Commissioner Gruber, this will only take 3 minutes. In consideration of Special Exception 001-08 and the illegal taking of our property for the sole economic benefit of Poolesville Vision and Contact Lens Service and in view of July 15 Planning Commission meeting where they discussed several text amendments, Don and I would like to resubmit our application for text amendments to the Zoning Code. Appendix C Section 3 C by adding the following sentence " interpretation and application of this Ordinance shall not be deemed to interfere with or aggravate or otherwise affect in any manner whatsoever any subdivision easement, covenants or other agreements between parties". Appendix V Section 3 D by replacing paragraph D Special Exception with the

following “whereas Special Exception is required it shall be subject of all applicable federal, state, and local laws, residential restrictive covenants and conditions enclosed by the Board of Zoning Appeals, testimony and representation of the applicant and its agents. A Special Exception may be granted where the Board of Zoning Appeals finds a preponderance of evidence of record”. Appendix V Section 3 D by adding the following “ The proposed use indicates a pipestem driveway is not contrary to residential restrictions and covenants unless the immediate adjacent property owners are in agreement with the proposed use and that it is not contrary to the public interest of the subdivision property owners as a whole”. Thank you.

Mr. Kuhlman: By the reading of this you are making an application for a text amendment?

Ms. Barnes: Yes same as I did on January 5, 2005 and it was tabled. So I am resubmitting those please.

Mr. Kuhlman: So they paid the fee and everything that is involved with this?

Mr. Yost: No.

Mr. Kuhlman: Ok you need to come to Town Hall there is a special form to fill out and a fee to file to do this.

Ms. Barnes: Ok I will do that.

Ms. Kuhlman: All right.

Ms. Barnes: Thank you.

Mr. Kuhlman: Thank you. Anybody else?

Adjournment

Mr. Kuhlman: All right seeing no hands I entertain a motion for adjournment to Executive Session please.

Ms. Gruber: Motion to adjourn to Executive Session.

Mr. Hoewing: You have to read this.

Ms. Gruber: Ok so I motion to adjourn to the Executive Session as provided for by the Annotated Code of Maryland, State Government Article: Section 10-508 (a) 7 to consult with Counsel to obtain legal advice and possible litigation and section 10-508 (a) 1 (i) to discuss a personnel issue.

Mr. Kuhlman: Is there a second?

Mr. Brown: Second.

Mr. Kuhlman: All in favor?

All: Aye.

Mr. Kuhlman: We are adjourned to Executive Session.

Executive Minutes:

Present: Commissioners Eddie Kuhlman, Jerry Klobukowski, Link Hoewing, Jim Brown, Lori Gruber, Town Attorney Alan Wright and Town Manager Wade Yost.

The Town Attorney briefed the Commissioners on the Barnes’s case and the outcome of the recent hearing. After a discussion, the Commissioners decided to appeal the judge’s ruling.

Mr. Wright was then dismissed and the session continued. The Commissioners discussed the performance of a contract employee. The meeting was then adjourned.

