

Wednesday, May 8, 2019



Case Study Presentation:

**Response to PFAS Groundwater Contamination in
Parchment, MI**

Dave Harn, Michigan DEQ

In July 2018, the city of Parchment's public water supply system became the first system in Michigan with PFAS results over the United States Environmental Protection Agency's Lifetime Health Advisory level of 70 ppt PFOS + PFOA. Immediate response activities were implemented by the State of Michigan to address what turned out to be a community-wide exposure concern. Join us on May 8th to learn more and hear the story.

Wednesday, May 8, 2019

5:30 p.m. – 9:00 p.m.

Michigan Beer Company

42875 Grand River Ave #104

Novi, MI 48375

Sponsored by:



Schedule of Events:

5:30 p.m. – 6:15 p.m. – Registration and Cocktail Reception

6:15 p.m. – 7:15 p.m. – Dinner

7:15 p.m. – 9:00 p.m. – Presentation Followed by Questions

Registration Form

May 8th, 2019

Please fill out and return to: MAEP
P.O. Box 695, Pinckney, MI 48169 • Phone: 734.498.2838 • Fax: 734.498.8415



Registration Form:

Name _____

Company _____

Title _____

Address _____

Phone _____ Email _____

Food Allergy Restrictions: _____

Early Registration:

- \$55.00 – MAEP Members
- \$40.00 – MAEP Student Members
- \$80.00 – Non-MAEP Members

Late Registration - (Received after May 1, 2019)

- \$70.00 – MAEP Members
- \$55.00 – MAEP Student Members
- \$95.00 – Non-MAEP Members

Donate to the MAEP Student PDM Scholarship Fund:

- \$10.00
- \$20.00
- \$30.00
- \$40.00
- \$ _____

Make check payable to MAEP and mail to:
Cheryl Anne Farmer, MAEP
P.O. Box 695
Pinckney, MI 48169
Telephone: 734.498.2838 • Fax: 734.498.8415
Email: admin@maep.org

Register Online at www.maep.org

Deadline for cancellation is May 1, 2019

(Join MAEP and apply \$25 toward membership dues.)

Become a Member:

- \$10.00 – Student
- \$75.00 – General
- \$275.00 – Institutional (This membership allows one member to hold voting privileges. Additionally, three persons from the Institution may attend each MAEP meeting at the membership rate.)

To pay by credit card complete the following: Visa MC Discover **Charge Amount \$** _____

Cardholder Name _____

Card Number _____ Exp. Date _____ CVC: _____

Billing Address _____

City _____ State _____ ZIP Code _____

Signature _____

Register Online at www.maep.org/events