

Submittal Receipt



Department of Environmental Quality, State of Oregon

700 NE Multnomah Street, Suite 600 Portland, OR 97232-4100

Date Created: 10/29/2025

Submittal Summary

Submittal RID: **24771**

Submitted By: **Matthew Scott**

Email: matthew.scott@medfordwater.org

Submitted Date: **10/22/2025 11:00:07**

Phone No.: **5417742469**

Submittal Form Information

Submittal Name: **Cleanup Program Intake**

Submission Method: **Online**

Action Type: **New**

Payment Information (No payment due at this time)

There is no payment due at this time.

Certification

Statement: I, as the Responsible Officer or delegated by the Accounting Officer, declare that the information provided in this application or attached to the application is, to the best of my knowledge, in all respects factually true and correct. I am aware that the supply of false or misleading information in the application form is a criminal offence.

Question:

Question's Answer: *********

PIN Number: *********

IP Address: **35.130.197.154**

Responsible Official: **Matthew Scott**