



State of Oregon  
Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900

# Application for Instream Lease Renewal

A summary of review criteria and procedures that are generally applicable to these applications is available at [www.wrd.state.or.us/OWRI/PUBS/joinus.html](http://www.wrd.state.or.us/OWRI/PUBS/joinus.html).

The undersigned entered into Instream Lease Number IL- 647 involving Water Right Certificate(s) 80356 on 5-14-2003, which terminated on 9-30-2009.

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The undersigned Lessor and Lessee, parties to the original lease, hereby request that Lease Number IL- 647 be renewed. Lessor and Lessee warrant that, to the best of their knowledge, circumstances have not changed and all matters involved with or affected by the instream lease and the subject water right(s) remain as they were when the lease was first entered into, including but not limited to water right holder interest, the acres from which the right is leased, and the public instream benefit provided as a result of this instream lease.

OCT 23 2012  
SALEM, OR

The terms and conditions of instream lease IL- 647 are hereby incorporated by reference in their entirety, with the following exception(s):

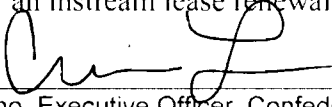
- The term of the lease shall commence on 4-1-2013 (not before execution by the parties) and continue through 9-30-2017.

**CREP.** Are some or all of the lands being leased part of a Conservation Reserve Enhancement Program?

Yes  No or other Federal Program: \_\_\_\_\_

**Fees.** Pursuant to ORS 536.050, the following fee is included:

\$100 for an instream lease renewal application.

Lessor Signature:  Date: 10/11/12  
 Print Name: Chris Leno, Executive Officer, Confederated Tribes of Grand Ronde  
 City, State, Zip: 9615 Grand Ronde Rd., Grand Ronde, OR 97347  
 Telephone Number: 503-879-2404  
 E-mail address\*\*: jesse.white@grandronde.org

Lessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 E-mail address\*\*: \_\_\_\_\_

For additional Lessors, add additional page using the above format.

Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Lessee Organization: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail address\*\*: \_\_\_\_\_

**\*\*BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.**