



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/OWRD/PUBS/forms.shtml.

The undersigned entered into Instream Lease Number IL-166 involving Water Right Certificate(s) 76535 on 04/01/08 which terminated on 09/30/12
55972

The undersigned Lessor and Lessee, parties to the original lease, hereby request that Lease Number IL-166 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.

The terms and conditions of instream lease IL-166 are hereby incorporated by reference in their entirety, with the following exception(s):

- The term of the lease shall commence on 04/01/13 (not before execution by the parties) and continue through 09/30/17.

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

☐ Yes



No

or other Federal Program: _____

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

☒ \$100 for an instream lease renewal application.

MAY 31 2013

Lessor Signature: _____

Date: 05/25/2013

Print Name: MYRNA BOHANNON

City, State, Zip: MITCHELL, OR 97750

(8804 Jap/bohanon)

Telephone Number: 541-462-3922

E-mail address**: _____

SALEM, OR

Lessor Signature: _____

Date: _____

Print Name: JAY P. (PAT) BOHANNON, DECEASED, 10/12/08

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.**