



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/QWRD/PUBS/forms.shtml.

The undersigned entered into Instream Lease Number IL-881 involving Water Right Certificate(s) 39826 on April 1, 2008, which terminated on September 30, 2012.

The undersigned Lessor and Lessee, parties to the original lease, hereby request that Lease Number IL-881 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-881 are hereby incorporated by reference in their entirety, with the following exception(s):

- The term of the lease shall commence on April 1, 2013 (not before execution by the parties) and continue through September 30, 2018.

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

Yes No or other Federal Program: _____

RECEIVED BY OWRD

JAN 16 2013

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

\$100 for an instream lease renewal application.

SALEM, OR

Lessor Signature: Robert L. Ingalls Date: OCT 9, 2012

Print Name: Robert L. Ingalls

City, State, Zip: 377 Fir Point Lane, Glendale, OR 97442

Telephone Number: 541-832-3154

E-mail address**: leneta@frontiernet.net

Lessor Signature: _____ Date: _____

Print Name: _____

City, State, Zip: _____

Telephone Number: _____

E-mail address**: _____

For additional Lessors, type in space for signature and date.

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.**