## SALEM, OR

2/12/2014

SINTE OF OREGON
WRD
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State of Oregon Water Resources Department07 0 I AON **Instream Lease Renewal** 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 Application (503) 986-0900 RECEIVED BY OWRD

Complete the questions below and include any required attachments Fill in or check boxes as indicated. (N/A= Not Applicable)		Instream Lease <u>I - 232</u> Renewal Fee included	
The undersigned hereby request Instream Lease Number       IL-232       be renewed.         Fees:       \$110.00 for an instream lease renewal application       (Account name)         Check enclosed or       Fee Charged to customer account       (Account name)			
<ul> <li>Term of the Lease: The lease is requested to begin in month year year year year year year year year</li></ul>	10		
provided. ORS 540.610(2).	Provision. (See instructions for limit	tations to this provision)	

**Yes ✓No** Conservation Reserve Enhancement Program CREP – Are some or all of the lands to be leased part of CREP or another Federal program (list here : )?

## The undersigned declare:

- 1. The Lessor(s) agree during the term of this lease, to suspend use of water allowed under the subject water right(s) and under any appurtenant primary or supplemental water right(s) not involved in the lease application; and
- 2. The Lessor(s) certify that I/we are the holders of the water right(s) involved in this Instream Lease. If not the deeded land owner, I/we have provided documentation demonstrating authorization to pursue the lease application and/or consent from the deeded landowner; and
- 3. All parties affirm that information provided in this lease application is true and accurate. Circumstances have not changed and all matters involved with or affected by the original instream lease remain as they were when the lease was previously approved. We also acknowledge that the terms and conditions of the original lease, referenced herein, are incorporated by reference in their entirety.

Signature of Lessor Date: 11-4-14

Printed name (and title): <u>Victor II. Bank</u>Business name, if applicable: Mailing Address (with state and zip): <u>21500 Sc. Coleb Paym</u> Rd. <u>Minnoille OR</u> 97128 Phone number (include area code): <u>503 - 843 - 3185</u> E-mail address: <u>www.son.500Century\_link.net</u>

Signature of Lessor

Date: nov 4 2014

Printed name (and title): Ruth Banke Business name, if applicable: Mailing Address (with state and zip): 21500 5W Calob Payne RJ M'Minnvill OR 9128 Phone number (include area code): 503-843-318 Email address: Whan 50 c century link. net See next page for additional signatures.