

State of Oregon

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

Instream Lease Renewal Application

Complete the questions below and include any r Fill in or check boxes as indicated. (N/A=	-	Instream Lease SL 25 Renewal Fee included
The undersigned hereby request Instream Lease Num		
Fees: \$110.00 for an instream lease renewal apple Check enclosed or Fee Charged to custo		ter Trust (Account name)
Term of the Lease:		
The lease is requested to begin in month July year 2015	and end month September	year <u>2019</u>
Validity of the Right(s)	Termination provision (for multiyear leases):	
(check the appropriate box):	The parties to the lease	request: nating the lease prior to
The water right(s) to be leased have been used under the terms and conditions of the right(s)		I term with written notice to the
during the last five years or have been leased	Department by the l	Lessor(s) and/or Lessee.
instream.	b. The option of termin	
☐ If the water right(s) have not been used for the last	parties to the lease.	ll term, with consent by all
five years, right(s). Documentation describing why		ot like to include a Termination
the water right(s) is not subject to forfeiture is	Provision.	
provided. ORS 540.610(2).	(See instructions for limit	ations to this provision)
☐Yes ☒No Conservation Reserve Enhancement P leased part of CREP or another Federa The undersigned declare:		
 The Lessor(s) agree during the term of this lease, to suright(s) and under any appurtenant primary or supplenand 		
The Lessor(s) certify that I/we are the holders of the w deeded land owner, I/we have provided documentation application and/or consent from the deeded landowner	n demonstrating authorizati	
3. All parties affirm that information provided in this lea not changed and all matters involved with or affected the lease was previously approved. We also acknowle referenced herein, are incorporated by reference in the	by the original instream leadge that the terms and cond	se remain as they were when
Susan Dabel Boyd, Trustee Signature of Lessor	Date: 01 - 27 - 20	15
Printed name (and title): <u>Susan Isabel Boyd, Trus</u> <u>Boyd Living Trust</u>	tee Business name	e, if applicable: <u>Isabel W.</u>
Mailing Address (with state and zip): P.O. Box 6		
Phone number (include area code): <u>541-786-5046</u>	**E-mail address: bo	yd@eoni.com
	Date:	ECEIVED BY OWRD
Signature of Lessor	•	
Printed name (and title): Business name Mailing Address (with state and zip):	me, if applicable:	FEB 0 2 2015
Phone number (include area code): **E-	-mail address:	SALEM, OR

Date
Signature of Co-Lessor
Printed name (and title):
District/organization name:
Mailing Address (with state and zip):
Phone number (include area code): **E-mail address:
Date:
Signature of Co-Lessor
Printed name (and title):
Business/organization name:
Mailing Address (with state and zip):
Phone number (include area code): **E-mail address:
Date: 1 28 7015
Printed name (and title): Tony Malmberg, Flow Restoration Project Manager
Business/organization name: The Freshwater Trust
Mailing Address (with state and zip): 1782 South Main Street, Union, OR 97883

** 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 TO THE LESSOR.

Phone number (include area code): <u>541-663-6630</u> **E-mail address: <u>tony@thefreshwatertrust.org</u>

RECEIVED BY OWRD

FEB 0 2 2015

SALEM, OR