

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 required attachments Fill in or check boxes as indicated. (N/A= Not Applicable)		Instream Lease IL- 1107 Renewal Fee included
The undersigned hereby request Instream Lease 1	Number IL-1107 be renewed.	
Fees: \$110.00 for an instream lease renewa		
Check enclosed or Fee Charged to c	customer account (Account	t name)
Term of the Lease: The lease is requested to begin in month 10 year 2	2015 and end month 10 year 202	0
Validity of the Right(s)	Termination provision (	
(check the appropriate box):	The parties to the lease	request:
The water right(s) to be leased have been used under the terms and conditions of the right(s) during the last five years or have been leased		nating the lease prior to il term with written notice to the Lessor(s) and/or Lessee.
instream.	b. The option of termin	
If the water right(s) have not been used for the		Il term, with consent by all
five years, right(s). Documentation describing the water right(s) is not subject to forfeiture is	parties to the lease.	ot like to include a Termination
provided. ORS 540.610(2).	(See instructions for limit	ations to this provision)
and  2. The Lessor(s) certify that I/we are the holders of the deeded land owner, I/we have provided document application and/or consent from the deeded lando	tation demonstrating authorization wner; and	n to pursue the lease
<ol> <li>All parties affirm that information provided in thi not changed and all matters involved with or affect the lease was previously approved. We also acknow referenced herein, are incorporated by reference in</li> </ol>	cted by the original instream leas owledge that the terms and condi n their entirety.	e remain as they were when
Blia S. leng Signature of Jessor	Date: 7/30/15	
Printed name (and title): <u>Brian Tong</u> Busines Mailing Address (with state and zip): <u>18987</u> Phone number (include area code): <u>92-631-93</u>	Abiqua Rd NE, Scotts Mills, O	<u>DIR 97375</u>
Signature of Lessor	Date:	RECEIVED BY OWRD
	a nama if annliashla.	
	s name, if applicable:	AUG 03 2015
Mailing Address (with state and zip):	**E mail address:	7,00 0 2010
See next page for additional signatures.		SALEM OR

	Date:
Signature of Co-Lessor	
Printed name (and title):	
District/organization name:	
Mailing Address (with state and zip):	
Mailing Address (with state and zip): Phone number (include area code):	**E-mail address:
	Data
Signature of Co-Lessor	Date:
•	
Printed name (and title): Business/organization name:	
Mailing Address (with state and zip): Phone number (include area code):	**E-mail address:
	Date:
Signature of Lessee	
Printed name (and title):	
Business/organization name:	
Mailing Address (with state and zip):	
Phone number (include area code):	**E-mail address:
** RV PROVIDING AN F-MAIL ADDRESS CONS	ENT IS CIVEN TO DECEIVE ALL CODDESPONDENCE FROM THE

\*\* 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.

RECEIVED BY OWRD

AUG 03 2015

SALEM, OR