

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	equired attachments	Instream Lease 14 - 780
Fill in or check boxes as indicated. (N/A=	Not Applicable)	Renewal Fee included
The undersigned hereby request Instream Lease Num	iber L-780	be renewed.
Fees:  \$\ \mathbb{I} \ \$110.00 for an instream lease renewal app	plication	
✓ Check enclosed or ☐ Fee Charged to custo	mer account	(Account name)
Term of the Lease: The lease is requested to begin in month Nov year 2	016 and end month Oct	year 2021
Validity of the Right(s)	Termination provision (f	
<ul> <li>(check the appropriate box):</li> <li>✓ 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 instream.</li> <li>☐ If the water right(s) have not been used for the last five years, right(s). Documentation describing why the water right(s) is not subject to forfeiture is</li> </ul>	Department by the L  b. The option of termin expiration of the full parties to the lease.	ating the lease prior to term with written notice to the lessor(s) and/or Lessee.
provided. ORS 540.610(2).	(See instructions for limita	ations to this provision)
☐ Yes ☑ No Conservation Reserve Enhancement P leased part of CREP or another Federa		e or all of the lands to be )?
The undersigned declare:	<del>-</del>	
<ol> <li>The Lessor(s) agree during the term of this lease, to suright(s) and under any appurtenant primary or suppler and</li> </ol>	nental water right(s) not inve	olved in the lease application;
<ol><li>The Lessor(s) certify that I/we are the holders of the v deeded land owner, I/we have provided documentatio application and/or consent from the deeded landowne</li></ol>	n demonstrating authorization	
<ol> <li>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</li> </ol>	by the original instream least dge that the terms and condi-	se remain as they were when
Renato Baciarelli	Date: 05/24/2016 12:41	
Signature of Lessor  Printed name (and title): Renato Baciarelli-SVP Operatorial (and title): 123 Interest		
Mailing Address (with state and zip): 123 International Phone number (include area code): 541-686-7198	**E-mail address: tar	miller@peacehealth.org
Thone number (menue area code).	L. IIIMIL UMMI VOO.	<u> </u>
	Date: N/A	
Signature of Lessor	The state of the s	and the second s
Printed name (and title): N/A	Business name, if applic	cable: N/A
Mailing Address (with state and zip): N/A	4.1	Α
Phone number (include area code): N/A	**E-mail address: N/	A RECEIVED BY OWRE
See next page for additional signatures.		

JUN 22 2016 TACS

	Date: N/A	
Signature of Co-Lessor		
Printed name (and title): N/A District/organization name: N/A		
Mailing Address (with state and zip): N/A Phone number (include area code): N/A		
**E-mail address: N/A		
	Date: N/A	
Signature of Co-Lessor	Date.	
Printed name (and title): N/A  District/organization name: N/A  Mailing Address (with state and zip): N/A  Phone number (include area code): N/A		
**E-mail address: N/A		
Ciamatura of Lauran	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:		

\*\* 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

JUN 22 2016

SALEM, OR