



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 <u>IL - 793</u> Renewal Fee included <input checked="" type="checkbox"/>
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The undersigned hereby request Instream Lease Number IL-793 be renewed.

**Fees:**  \$110.00 for an instream lease renewal application  
 \$130.00  Check enclosed or  Fee Charged to customer account \_\_\_\_\_ (Account name)

<b>Term of the Lease:</b> The lease is requested to begin in month <u>Oct</u> year <u>17</u> and end month <u>Oct</u> year <u>2022</u>	
<b>Validity of the Right(s)</b> (check the appropriate box): <input checked="" type="checkbox"/> 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 <u>have been leased instream.</u> <input type="checkbox"/> 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 provided. ORS 540.610(2).	<b>Termination provision (for multiyear leases):</b> <b>The parties to the lease request:</b> <input checked="" type="checkbox"/> a. The option of terminating the lease prior to expiration of the full term with written notice to the Department by the Lessor(s) and/or Lessee. <input type="checkbox"/> b. The option of terminating the lease prior to expiration of the full term, with consent by all parties to the lease. <input type="checkbox"/> c. The parties would not like to include a Termination Provision. (See instructions for limitations 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:**

- 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
- 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
- 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.

Albert Barklow Date: 9-25-17  
Signature of Lessor

Printed name (and title): Albert Barklow Business name, if applicable: \_\_\_\_\_  
Mailing Address (with state and zip): 54082 Fishtrap Rd, Myrtle Point, Or 97458  
Phone number (include area code): 541-396-4900 \*\*E-mail address: \_\_\_\_\_

Kathleen Barklow Date: 9-25-17  
Signature of Lessor

Printed name (and title): Kathleen Barklow Business name, if applicable: \_\_\_\_\_  
Mailing Address (with state and zip): 54082 Fishtrap Rd, Myrtle Point, Or 97458  
Phone number (include area code): 541-396-4900 \*\*E-mail address: \_\_\_\_\_

See next page for additional signatures.

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\_\_\_\_\_  
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): \_\_\_\_\_

District/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: \_\_\_\_\_

**\*\* 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.**