

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- 1615 Renewal Fee included
The undersigned hereby request Instream Lease Num Fees: \$\sum \\$130.00 \text{ for an instream lease renewal app}\$ Check enclosed or Fee Charged to custo	blication	
Term of the Lease: The lease is requested to begin in month April year 2015	8 and end month Novembe	er vear 2019
Validity of the Right(s) (check the appropriate box): ☐ 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. ☐ 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).	Termination provision (The parties to the lease is a. The option of termin expiration of the full Department by the I □ b. The option of termin expiration of the full parties to the lease. □ c. The parties would no Provision.	for multiyear leases): request: nating the lease prior to I term with written notice to the Lessor(s) and/or Lessee. nating the lease prior to II term, with consent by all ot like to include a Termination
☐Yes ☑No Conservation Reserve Enhancement Proleased part of CREP or another Federa		ne or all of the lands to be
	rater right(s) involved in this demonstrating authorization; and se application is true and ache original instream lease rethat the terms and condition ir entirety. Date: 2-15-18	is Instream Lease. If not the on to pursue the lease ccurate. Circumstances have not emain as they were when the ns of the original lease,
Mailing Address (with state and zip): 19910 Tum Phone number (include area code): **E-	mail address:	
Signature of Lessor	Date:	Received by OWRI
Mailing Address (with state and zip):	me, if applicable:	FEB 1 6 2018
Phone number (include area code): **E- See next page for additional signatures.	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:
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: 2/15/18 Signature of Lessee
Printed name (and title): Genevieve Hubert, Program Manager
Business/organization name: Deschutes River Conservancy
Mailing Address (with state and zip): 700 NW Hill Street, Suite #1, Bend, OR 97703

Phone number (include area code): 541-382-4077, ext 16 **E-mail address: gen@deschutesriver.org

Received by OWRD

FEB 1 6 2018

^{**} 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.