

State of Oregor
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 include a	
The undersigned hereby request Instream Lease Num	nber IL-806 be renewed.
Fees: \$\Bigsim \mathbb{\text{\$}} \text{\$	
Check enclosed or Fee Charged to customer account (Account name)	
Term of the Lease:	d and manufacture 2024
The lease is requested to begin in month 3 year 2020 an Validity of the Right(s)	Termination provision (for multiyear leases):
<ul> <li>(check the appropriate box):</li> <li></li></ul>	The parties to the lease request:  □ 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.  □ b. The option of terminating the lease prior to expiration of the full term, with consent by all parties to the lease.  □ c. The parties would not like to include a Termination Provision.
provided. ORS 540.610(2).	(See instructions for limitations to this provision)
☐ Yes ☒ No Conservation Reserve Enhancement F leased part of CREP or another Federal	Program CREP – Are some or all of the lands to be al program (list here:)?
The undersigned declare:	
1. 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	
2. 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	
<ol> <li>All parties affirm that information provided in this lead changed and all matters involved with or affected by lease was previously approved. We also acknowledge referenced herein, are incorporated by reference in the</li> </ol>	
Signature of Lessor	Date: 6-/-/9
Printed name (and title): <u>Barry House</u> Bus Mailing Address (with state and zip): <u>708 N. Bal</u> Phone number (include area code): <u>971-241-0098</u>	iness name, if applicable: ker Street, McMinnville, OR 97128 3 **E-mail address: ingles@willamettewest.com
	Date:
Signature of Lessor	RECEIVED
	me, if applicable:
Mailing Address (with state and zip): **E	JUN 0 6 2019
See next page for additional signatures.	-man address:OWRD

Date: 9/1/20/9
Signature of Co-Lessor
Printed name (and title): OPD HOUSE CO-OMENTED District/organization name:
Mailing Address (with state and zip):
Phone number (include area code): **E-mail address: 503 073 77 4//
Mailing Address (with state and zip):  Phone number (include area code):  **E-mail address:  503-437-47//  Address (with state and zip):  Phone number (include area code):  **E-mail address:  DAYton-organization name.  Mailing Address (with state and zip):  Phone number (include area code):  Address (with state and zip):  **E-mail address:  DAYton-organization name.  Address (with state and zip):  Address (with state and zip):  Address (with state and zip):  **E-mail address:  DAYton-organization name.
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:
Signature of Lessee
Printed name (and title):
Business/organization name:
Mailing Address (with state and zip): **E-mail address:
I man named (merade area ecae) I man address
** BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE 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.

JUN 0 6 2019 OWRD