



State of Oregon
Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900

Application for District Instream Lease

Part 1 of 4 – Minimum Requirements Checklist

This Application to be used for water rights in the name of or conveyed by an Irrigation District (or similar organization) Complete Parts 1 through 4 and any required attachments	OWRD #	IL-1378
	District #	IL-14-17

Check all items included with this application. (N/A = Not Applicable)

Yes N/A Pooled Lease—a lease with more than one Lessor (Landowner/water right interest holder)

Fee in the amount of:

\$450.00 for a lease involving four or more landowners or four or more water rights Or \$300.00 for all other leases

Check enclosed or
 Fee Charged to customer account _____ (Account name)

- Part 1 – Completed Minimum Requirements Checklist
- Part 2 – Completed District and Other Party Signature Page
- Part 3 – Completed Place of Use and Lessor Signature Page
(Include a separate Part 3 for each Lessor.)
- Part 4 – Completed Water Right and Instream Use Information
(Include a separate Part 4 for each Water Right.)
- How many Water Rights are included in the lease application? 1 (# of rights)

List each water right to be leased instream here: 83571

Yes N/A Other water rights, if any, appurtenant to the lands involved in the lease application and not proposed to be leased instream.

List those other water rights here: 76714

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: _____)?

Required Attachments:

Yes N/A Instream lease application map(s). More than one QQ and property may be included on each map. A map is **not** required if an entire right is being leased or if the right is for use of municipal or quasi-municipal water use. The map should include the following:

- A north arrow and map scale (no smaller than 1" = 1320').
- Label township, range, section and quarter-quarter (QQ).
- If an irrigation right, the numbers of acres to be leased in each quarter-quarter identify and hachure/shade to differentiate between the acreage being leased and any remaining. If the place of use has more than one priority date, source stream, and/or point of diversion you **must identify each with separate hachuring or shading** and label.
- Tax lot lines and numbers must be included on the map and should clearly identify the property(s) involved.

Yes N/A If the Lessor(s) is not the deeded land owner, include one of the following:

- A notarized statement from the land owner consenting to the lease and a copy of the recorded deed; or
- A water right conveyance agreement and a copy of the recorded deed for the landowner at the time the water right was conveyed; or
- Other documentation.

Yes N/A If the right has **not** been used in the last five years; provide supporting documentation indicating why a right (or portion thereof) is **not** subject to forfeiture.

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Genevieve Hubert

Signature of Lessee

Date: 4/1/2014

Printed name (and title): Gen Hubert, Water Leasing Program Manager

Business/organization name: Deschutes River Conservancy

Mailing Address (with state and zip): PO Box 1560, Bend, OR 97709

Phone number (include area code): 541-382-4077 x16 **E-mail address: gen@deschutesriver.org

**** 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**

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Part 3 of 4 – Place of Use – Lessor Information and Signatures

**Complete Table 1 Identify water right(s) proposed to be leased instream
Provide a separate Part 3 for each Lessor (water right interest holder/landowner)**

Table 1

Irrigation District or other Water Purveyor Name: Central Oregon Irrigation District

Specify Water Right, Priority Date, point of diversion(s) (POD), place of use, tax lot, gov't lot/DLC, acres to be leased, original use type, certificate page number, and any previous lease.

If not enough room below, you may add rows (see instructions) or create a spreadsheet/table (matching Table 1) and attach.

Any attached table should include reference to the Lessor.

Water Right #	Priority Date	POD #	Twp	Rng	Sec	Q-Q	Tax Lot	Gov't Lot/DLC #	Acres	Use	Page #	Previous Lease #
83571	10/31/1900	11	16 S	13 E	18	NW SW	700		1.3 2.9 2.60 2.60	Irrig	39	
83571	10/31/1900	11	16 S	13 E	18	SW SW	700		2.9 2.60 2.60	Irrig	39	

Any additional information about the right: This water is currently involved in District permanent transfer # T-11707. District requests water be withdrawn from T-11707 upon issuance of a Final Order by OWRD on this instream lease.

Farm Deferral Tax Status: Counties make the determination of whether a property qualifies for the farm use assessment without consideration of whether the lands have an associated water right which is leased instream. If you have questions regarding the farm use assessment you should contact your local county assessor. You should contact your County for any weed ordinance and management requirements.

The undersigned declare:

- I/We agree during the term of this lease to suspend use of water allowed under the water right(s) involved in the lease as well as any other appurtenant primary or supplemental water right(s); and
- I/We certify are the lessor(s) (water right interest holder) of the water right(s) in Table 1. If not the deeded land owner, I/we have obtained consent from the deeded land owner and/or have provided documentation of authorization to pursue the instream lease; and
- I/We affirm that the information in this application is true and accurate.

Sherry Halligan Date: 3-12-14
Signature of Lessor

Printed name (and title): Sherry Halligan Business name, if applicable: Halligan Ranch, Inc
Mailing Address (with state and zip): 19855 SW Touchmark Way. #C-16, Bend, OR 97702
Phone number (include area code): 541-389-6855 **E-mail address: halliganranch@bendbroadband.com

Signature of Lessor Date: _____

Printed name (and title): _____ Business name, if applicable: _____
Mailing Address (with state and zip): _____

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EXHIBIT C

**Deschutes River Conservancy
2014 Instream Leasing Program**

**Policy Concerning Weeds & Instream Leases
Information on Farm Deferral & Lease Payment**

The Deschutes River Conservancy is dedicated to restoring stream flow and improving water quality in the Deschutes Basin; land stewardship is a component of these goals.

Weed Policy

The DRC expects participants in the Leasing Program will continue to exercise agricultural best management practices on lands enrolled in the Program, particularly with respect to the control of noxious and/or nuisance weeds. Failure to control weeds on leased acres may result in exclusion from Program compensation.

Information and Resources Attached

Farm Deferral Notice

Instream leasing is a beneficial use that protects your water right from forfeiture and allows for compensation for this instream use, but please note that it does not automatically protect against loss of farm use special assessment. Exclusive Farm Use (EFU) zoned lands may still require at least minimal use with the intent to make a profit. It is the landowner's responsibility to know their tax assessment status and qualifying uses.

Information and Resources Attached

Donated Leases: One year and multi-year leases of less than 10 acres, leases with public entities, leases submitted after the due date, and leases with verified weed complaints are not paid a per acre or per acre-foot rate by the DRC.

I, Sherry Halligan understand the DRC weed policy and have
Print Name
been informed about farm deferral and donations.

Signature: Sherry Halligan Date: 3-12-14

This form must be signed and returned with state lease form.

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DURABLE POWER OF ATTORNEY

I, **DONALD L. HALLIGAN**, of Bend, Oregon hereby revoke all prior durable powers of attorney that I may have executed and appoint **SHERRY S. HALLIGAN, VICKI R. McGAHAN, and DONN S. HALLIGAN** as my Co-Agents and co-attorneys-in-fact ("my Agent"). If a Co-Agent is unable or unwilling to act as my Co-Agent, the remaining Co-Agent(s) shall act as Co-Agents or as sole Agent, as the case may be. An alternate agent may act during any period when my Agent is temporarily unable to act. The term "my Agent" in this power of attorney shall include any alternate agent who is authorized to act under this paragraph. My Agent shall have power and authority to:

1. **Support.** Make expenditures for my health, education, support, maintenance, and general welfare.

A. **Health Information.** While my Agent is acting under this power of attorney, have the right to receive, review, and consent to the disclosure of my medical records. I expressly waive any physician-patient privilege or other privilege which otherwise would protect me against the disclosure of confidential information. In addition, despite my privacy rights under the Health Insurance Portability and Accountability Act ("HIPAA"), I specifically authorize any health care professional or facility to disclose all health information about me to my Agent. I designate my Agent as my personal representative for purposes of HIPAA.

B. **Assistance in My Home.** In the event that I require long-term care, make expenditures for care and services which I may need in order to remain in my own home. This power includes the authority to pay for the services of my Agent, family members, and friends who provide in-home care or services for me or who arrange for or manage care and services for me.

C. **Disability and Long-Term Care Insurance.** At my Agent's sole discretion, purchase, pay the premiums for, and collect the proceeds of disability or long-term care insurance and apply those proceeds for my benefit. This power shall not be construed to impose any obligation on either me or my Agent to maintain disability or long-term care insurance for my benefit.

D. **Long-Term Care Outside My Home.** Make expenditures to contract and pay for long-term care outside my home if my Agent determines that I cannot receive the services I need in my home.

2. **Manage and Dispose of Assets.** Take possession of, retain, change the form of, manage, maintain, improve, lease, grant options on, encumber, sell, exchange, or otherwise dispose of any of my real or personal property or any interest in property, in any manner and on any terms my Agent considers to be in my best interests.

3. **Checks and Notes.** Receive, endorse, sign, sell, discount, deliver, and deposit checks, drafts, notes, and negotiable or nonnegotiable instruments, including any drawn

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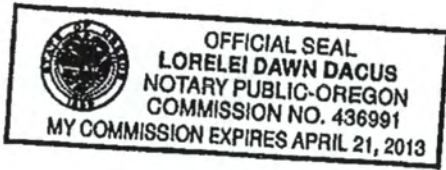
I have signed this power of attorney this 23rd day of March, 2009.

Donald L. Halligan
DONALD L. HALLIGAN

STATE OF OREGON)
) ss.
County of Deschutes)

The foregoing instrument was acknowledged before me this 23rd day of March, 2009, by
DONALD L. HALLIGAN.

Lorelei Dawn Dacus
NOTARY PUBLIC FOR OREGON



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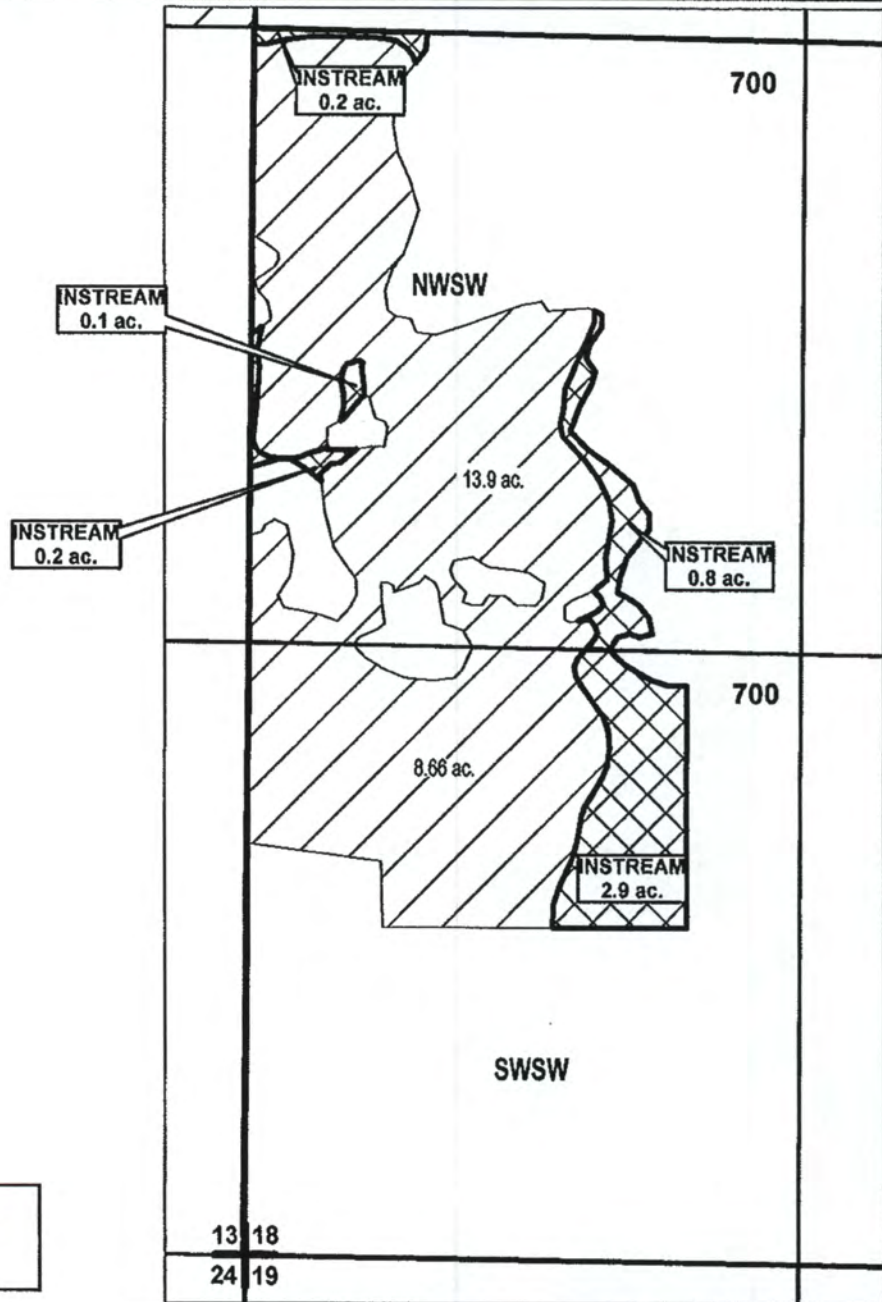
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DESCHUTES COUNTY SEC.18 T16S R13E

SCALE - 1" = 400'



NW 1/4 OF THE SW 1/4; SW 1/4 OF THE SW 1/4



-  EXISTING WATER RIGHTS
-  INSTREAM LANDS



APPLICATION FOR 1 YEAR INSTREAM LEASE

NAME: HALLIGAN RANCH, INC

TAXLOT #: 700

4.2 ACRES

DATE: 3/25/2014

FILE: I:\TRANSFER\INSTREAM\INSTRM1411 YR161318_WSW

Part 4 of 4 – Water Right and Instream Use Information

Use a separate Part 4 for each water right to be leased instream

Table 2

Use Table 2 to illustrate the totals for the water right proposed to be leased instream (based on Part 3 of 4) Water Right # 83571

Total rate and volume by priority date, POD, use and acreage as appropriate considering the right to be leased. If not enough room below, you may add rows (see instructions) or create a spreadsheet (matching Table 2 and clearly labeled) and attach.
(cfs = cubic feet per second and af = acre-feet)

Priority Date	POD #	Use	Acres	Other Information (such as conditions/limitations on the right)	Rate (cfs)	Volume (af)
10/31/1900	11	Irrig	4.20	Season 1 Rate / Total Volume	0.048	39.63
10/31/1900	11	Irrig	4.20	Season 2 Rate	0.065	
10/31/1900	11	Irrig	4.20	Season 3 Rate	0.089	
12/02/1907	11	Irrig	4.20	Season 3 Rate	0.036	

Total af from storage, if applicable: _____ AF or N/A

If the POD is not described on the certificate or, if there is more than one POD listed on the certificate, then the specific POD must be described: POD # 11

Table 3

Instream Use created by the lease	River Basin: <u>Deschutes</u>	River/Stream Name: <u>Deschutes River, tributary to Columbia River</u>				
Proposed Instream Reach: <input checked="" type="checkbox"/> A reach typically begins at the POD and ends at the mouth of the source stream: From the POD <u>11</u> to <u>Mouth of Deschutes River (RM 0)</u>		Or Proposed Instream Point: <input type="checkbox"/> Instream use protected at the POD				
OR <input type="checkbox"/> Please check this box if you are not sure of the proposed reach and want water to be protected within a reach below the POD, if possible. If no reach is identified or the above box is not checked, and there is only one POD listed on the water right, the lease may be processed to be protected at the POD.)						
Instream Portion: May not exceed the maximum rate/volume for the right (identified in Table 2)						
Use the table 3 to illustrate the instream rate, volume and instream period by priority date, POD, Use and acreage, as appropriate. If not enough room below, you may add rows (see instructions) or create a spreadsheet (clearly labeled and matching the below portion of Table 3) and attach.						
Priority date	POD #	Use	Acres	Proposed Instream Period	Instream Rate (cfs)	Total instream volume (af)
10/31/1900	11	Irrig	4.20	Season 1 Rate / Total Maximum Volume	0.029	22.89
10/31/1900	11	Irrig	4.20	Season 2 Rate	0.039	
10/31/1900	11	Irrig	4.20	Season 3 Rate	0.071	
OR <input type="checkbox"/> Please check this box if you are not sure of the proposed rate, volume and instream period. As part of its review process, the Department will identify the appropriate instream rate, volume and period considering the water right(s) being leased and instream benefits.						
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A Conditions to avoid enlargement or injury to other water rights, if any, or other limitations: list here <u>The instream flow will be allocated on a daily average basis up to the described rate from April 1 through October 26.</u>						
Note: The Department may identify additional conditions to prevent injury and/or enlargement.						
Any additional information about the proposed instream use: _____						RECEIVED BY OWRD