

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 Fill in or check boxes as indicated. (N/A=	-	Instream Lease IL \3\0 Renewal Fee included
The undersigned hereby request Instream Lease Num	ber IL- / 3/0 be renewed	
Fees: \$\Bigsim \\$130.00 for an instream lease renewal app	olication	•
Check enclosed or Fee Charged to custo	mer account (Accoun	nt name)
Term of the Lease: The lease is requested to begin in month	2@and end month 10 ye	ar <u>20</u> 24
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).	Department by the I b. The option of termine expiration of the full parties to the lease.	request: nating the lease prior to least term with written notice to the lessor(s) and/or Lessee. nating the lease prior to least term, with consent by all of like to include a Termination
Yes No Conservation Reserve Enhancement P leased part of CREP or another Federa		
The undersigned declare:	1 6 11 1	
 The Lessor(s) agree during the term of this lease, to suright(s) and under any appurtenant primary or supplement 		
2. The Lessor(s) certify that I/we are the holders of the v deeded land owner, I/we have provided documentation application and/or consent from the deeded landowner.	n demonstrating authorization	
3. All parties affirm that information provided in this lead changed and all matters involved with or affected by the lease was previously approved. We also acknowledge referenced herein, are incorporated by reference in the	se application is true and ac he original instream lease re that the terms and condition	emain as they were when the
Norted Surgrania	Date:9/10/2019	
Signature of Lessor Printed name (and title): Business na Mailing Address (with state and zip): Phone number (include area code): **E-	me, if applicable:7 mail address: 3	PENGATE ORE 97742
Signature of Lossor	Date.	771832-2523
Signature of Lessor Printed name (and title): Business na Mailing Address (with state and zip):	me, if applicable:	COM GI dawa @ Yahoo
Phone number (include area code):**E-		RECEIVED
See next page for additional signatures.		SEP 1 6 2019

7/1/2017

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):	
Business/organization name:	
Mailing Address (with state and zin)	
Phone number (include area code):	**E-mail address:
	Date:
Signature of Lessee	
Signature of Lessee Printed name (and title):	
Signature of Lessee	Date: