

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		Instream Lease IL- 1443
		Renewal Fee included
The undersigned hereby request Instream Lease Nun Fees: \$\infty\$ \$130.00 for an instream lease renewal ap Check enclosed or \$\infty\$ Fee Charged to custometric contents.	plication	
Term of the Lease:		
The lease is requested to begin in month January year 2020 and end month December year 2025 Validity of the Right(s) Termination provision (for multipless because)		
 (check the appropriate box): 	b. The option of terminexpiration of the fulparties to the lease. c. The parties would necession. (See instructions for limits	request: nating the lease prior to il term with written notice to the Lessor(s) and/or Lessee. nating the lease prior to il term, with consent by all ot like to include a Termination ations to this provision)
☐Yes ☒No Conservation Reserve Enhancement P leased part of CREP or another Federa	rogram CREP - Are som	se or all of the lands to be
The undersigned declare:		
 The Lessor(s) agree during the term of this lease, to suright(s) and under any appurtenant primary or supplenand 	uspend use of water allowed nental water right(s) not inv	under the subject water olved in the lease application;
 The Lessor(s) certify that I/we are the holders of the wideeded land owner, I/we have provided documentation application and/or consent from the deeded landowner. 	n demonstrating authorization	on to pursue the lease
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 as of the original lease,
Signature of Lessor	Date: _/-//-/	7
	ness name, if applicable: n Lakes Road, Grass Vall **E-mail address:	ey, OR 97029
Signature of Lessor	Date: 9-19-	19
Printed name (and title): <u>Jonnie Justesen</u> Busin Mailing Address (with state and zip): <u>Send to 597</u> Phone number (include area code): <u>541-333-2228</u>	ness name, if applicable: <u>/20 Twin Lakes Road, Gr</u> **E-mail address:	ass Valley, OR 97029

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