

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 inclu	ide any required attachments	Instream Lease 1430
Fill in or check boxes as indicate	ed. (N/A= Not Applicable)	Renewal Fee included 🔽
The undersigned hereby request Instream Le	ease Number 1430 be renewed	•
Fees: 🛂 \$130.00 for an instream lease rea	- · · · · · · · · · · · · · · · · · · ·	
✓ Check enclosed or ☐ Fee Charge	ed to customer account (Accoun	nt name)
Ferm of the Lease: The lease is requested to begin in month 4	year2020 and end month 9 ye	ar 2025
Validity of the Right(s)	Termination provision (1	
check the appropriate box):	The parties to the lease r	
The water right(s) to be leased have been u under the terms and conditions of the right(lating the lease prior to I term with written notice to the
during the last five years or have been lease	ed Department by the L	Lessor(s) and/or Lessee.
instream.	b. The option of termin	lating the lease prior to literm, with consent by all
If the water right(s) have not been used for five years, right(s). Documentation describ	parties to the lease.	
the water right(s) is not subject to forfeiture	• • I I C The names would be	ot like to include a Termination
provided. ORS 540.610(2).	(See instructions for limita	ations to this provision)
Yes No Conservation Reserve Enhan	,	
	ner Federal program (list here: All	
undersigned declare:		
The Lessor(s) agree during the term of this l		
right(s) and under any appurtenant primary and	or supplemental water right(s) not inv	olved in the lease application;
The Lessor(s) certify that I/we are the holde	ers of the water right(s) involved in thi	s Instragm I ages. If not the
deeded land owner, I/we have provided door		
application and/or consent from the deeded		
All parties affirm that information provided changed and all matters involved with or aff		
lease was previously approved. We also ack		
referenced herein, are incorporated by refere	ence in their entirety.	
Michile Harris	Date: 4/15/2020	
Printed name (and title):	-TREASURER/CEO Business name, if applic	cable: Confederated Tribes of Warn
Mailing Address (with state and zip): 320	0 W. Main ST, John Day, OR, 97845	•
Phone number (include area code):541-820	<u>0-</u> 4521**E-mail address: <u>erik.roo</u> k@ctv	vsbnr.org
		·
Signature of Lessor	Date:	
•	ginegg name if applicable	RECEIVE
Mailing Address (with state and zin)	siness name, if applicable:	
Phone number (include area code):	**E-mail address:	APR. 2 0 20 2
See next page for additional signature		@111Pa.
		OWRD

	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:
	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):	
Phone number (include area code):	**E-mail address:

LESSOR.

RECEIVED

APR 2 0 2020

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