

State of Oregon
Water Resources Department APR 2 0 2020 Instream Lease Renewal
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900 OWRD Application

CHCLSE	
Complete the questions below and include any r Fill in or check boxes as indicated. (N/A=	
The undersigned hereby request Instream Lease Num	ber 1417 be renewed.
Fees: Si30.00 for an instream lease renewal appropriate Check enclosed or Fee Charged to custo	
Term of the Lease:	
The lease is requested to begin in month April 15 year	
Validity of the Right(s)	Termination provision (for multiyear leases):
(check the appropriate box): The water right(s) to be leased have been used	The parties to the lease request: a. The option of terminating the lease prior to
under the terms and conditions of the right(s)	expiration of the full term with written notice to the
during the last five years or have been leased	Department by the Lessor(s) and/or Lessee.
instream.	b. The option of terminating the lease prior to
☐ If the water right(s) have not been used for the last	expiration of the full term, with consent by all parties to the lease.
five years, right(s). Documentation describing why	c. The parties would not like to include a Termination
the water right(s) is not subject to forfeiture is	Provision.
provided. ORS 540.610(2).	(See instructions for limitations to this provision)
Yes No Conservation Reserve Enhancement P leased part of CREP or another Federa	rogram CREP – Are some or all of the lands to be all program (list here: CREP)?
The undersigned declare:	
1. The Lessor(s) agree during the term of this lease, to so right(s) and under any appurtenant primary or suppler and	uspend use of water allowed under the subject water mental water right(s) not involved in the lease application;
2. The Lessor(s) certify that I/we are the holders of the videeded land owner, I/we have provided documentation application and/or consent from the deeded landowne	
MAZILLI	Date: 4-14-2020
Signature of Lessor Printed name (and title): Mark Zoller-Owner Mailing Address (with state and zip): P.O Bo Phone number (include area code): (360) 693-	x 288 Washougal, WA 98671 6467 **E-mail address: Mark@mhzoller.com
G! (CT	Date:
Signature of Lessor	
	me, if applicable:
Mailing Address (with state and zip):	
Phone number (include area code): **E	-mail address:
See next page for additional signatures.	

	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	Date.
_	
Printed name (and title): Business/organization name:	
Mailing Address (with state and zip): Phone number (include area code):	**F_mail address:
i none namoer (merade area code).	L-man address.
	Date:
Signature of Lessee	
Printed name (and title):	
Business/organization name:	
Mailing Address (with state and zip): Phone number (include area code):	<u></u>
Phone number (include area code):	**E-mail address:
	SENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED TO THE

RECEIVED
APR 2 0 2929