



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 Fill in or check boxes as indicated. (N/A= Not Applicable)	Instream Lease <u>IL-</u> <u>1501</u> Renewal Fee included <input type="checkbox"/>
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The undersigned hereby request Instream Lease Number IL-1501 be renewed.

Fees: \$130.00 for an instream lease renewal application
 Check enclosed **or** Fee Charged to customer account _____ (*Account name*)

Term of the Lease: The lease is requested to begin in month 4 year 2021 and end month 9 year 2025	
Validity of the Right(s) (check the appropriate box): <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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).	Termination provision (for multiyear leases): The parties to the lease request: <input checked="" type="checkbox"/> a. The option of terminating the lease prior to expiration of the full term with written notice to the Department by the Lessor(s) and/or Lessee. <input type="checkbox"/> b. The option of terminating the lease prior to expiration of the full term, with consent by all parties to the lease. <input type="checkbox"/> c. The parties would not like to include a Termination Provision. (See instructions for limitations to this provision)

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: _____)?

The undersigned declare:

1. The Lessor(s) agree during the term of this lease, to suspend use of water allowed under the subject water right(s) and under any appurtenant primary or supplemental water right(s) not involved in the lease application; and
2. The Lessor(s) certify that I/we are the holders of the water right(s) involved in this Instream Lease. If not the deeded land owner, I/we have provided documentation demonstrating authorization to pursue the lease application and/or consent from the deeded landowner; and
3. All parties affirm that information provided in this lease application is true and accurate. Circumstances have not changed and all matters involved with or affected by the original instream lease remain as they were when the lease was previously approved. We also acknowledge that the terms and conditions of the original lease, referenced herein, are incorporated by reference in their entirety.

Date: _____

Signature of Lessor

Printed name (and title): _____ Business name, if applicable: _____

Mailing Address (with state and zip): _____

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

Received by OWRD

AUG 17 2020

Salem, OR

Date: _____

Signature of Lessor

Printed name (and title): _____ Business name, if applicable: _____

Mailing Address (with state and zip): _____

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

See next page for additional signatures.

Trustee
 Signature of Co-Lessor: Sandy Gordon Kangas Date: Aug 13, 2020
 Printed name (and title): Sandy Gordon Kangas, Trustee
 District/organization name: George W Gordon Irrevocable Trust
 Mailing Address (with state and zip): Helen S. Gordon Revocable Trust
 Phone number (include area code): _____ **E-mail address: _____

13860 S. Pacific Hwy. W. (503) 780-3043
Monmouth, OR 97361 Date: Sandy: Cell

Signature of Co-Lessor

Printed name (and title): Helen S. Gordon Helen S. Gordon 8/13/20
 Business/organization name: _____
 Mailing Address (with state and zip): George and Helen Gordon, Trust
 Phone number (include area code): _____ **E-mail address: _____

Helen Gordon
13860 S. Pacific Hwy W. Monmouth, Ore
 Date: 8/13/20

~~Signature of Lessee~~

Printed name (and title): _____
 Business/organization name: _____
 Mailing Address (with state and zip): _____
 Phone number (include area code): _____ **E-mail address: _____

**** 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.**

Please send me paper documents: sqk

RECEIVED
 AUG 17 2020
 OWRD