

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 refill in or check boxes as indicated. (N/A=1	
The undersigned hereby request Instream Lease Num	ber 1194 be renewed.
Fees: \$130.00 for an instream lease renewal app	
Check enclosed or Fee Charged to custon	mer account (Account name)
Term of the Lease: The lease is requested to begin in month Oct year 20	2and end monthSept year 2026
Validity of the Right(s)	Termination provision (for multiyear leases):
 (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 	The parties to the lease request: 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. b. The option of terminating the lease prior to expiration of the full term, with consent by all parties to the lease. c. The parties would not like to include a Termination Provision.
provided. ORS 540.610(2).	(See instructions for limitations to this provision)
☐Yes No Conservation Reserve Enhancement Poleased part of CREP or another Federa	rogram CREP - Are some or all of the lands to be I program (list here:)?
The undersigned declare:	
1. The Lessor(s) agree during the term of this lease, to su	spend use of water allowed under the subject water nental water right(s) not involved in the lease application;
2. The Lessor(s) certify that I/we are the holders of the w deeded land owner, I/we have provided documentation application and/or consent from the deeded landowner	demonstrating authorization to pursue the lease
changed and all matters involved with or affected by the lease was previously approved. We also acknowledge referenced herein, and incorporated by reference in the Signature of Lessor	Date:
Printed name (and title). Clement KongBusiness name	
Mailing Address (with state and zip): <u>2430 J Street</u> Phone number (include area code): (916) **E-	mail address: clement@kkks.com
441-6255	RECEIVED
	Date:
Signature of Lessor	JUN 1 4 2021
Mailing Address (with state and zip):	me, if applicable: mail address:

	Date:	RECEIVE
Signature of Co-Lessor		
Printed name (and title):		JUN 1 4 202
District/organization name: Mailing Address (with state and zip):		OWRD
Mailing Address (with state and zip): Phone number (include area code):	**E-mail address:	OAAKD
	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):		
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.

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