## Instream Lease Renewal Application (Standard or District)

MAR 2 2 2024 OWRD

Received



## Oregon Water Resources Department

725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.oregon.gov/OWRD

Complete the questions below and inclu	ude any required attachments
Fill in or check boxes as indicate	ed. (N/A= Not Applicable)

Instream Lease L- 1779
Renewal Fee included X

T.	Fill in or check boxes as indicated. (N/A= N	lot Applicable)	Renewal Fee included X	
The	e undersigned hereby request Instream Lease Nun	mber <mark>IL-</mark> 1779 be renew	ved.	
Fee	ss: X \$150.00 for an instream lease renewal ap X Check enclosed <b>or</b> Fee Charged to custor		ount name)	
	Ferm of the Lease: The lease is requested to begin in month <u>Sept.</u> year <u>20</u>	024 and end month Sept.	_ year <u>2029</u>	
(	/alidity of the Right(s) check the appropriate box):  X 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 provided. ORS 540.610(2).	The parties to the leas  a. The option of ter expiration of the the Department  b. The option of ter expiration of the parties to the lea  C. The parties woul Termination Prov	minating the lease prior to full term with written notice to by the Lessor(s) and/or Lessee. minating the lease prior to full term, with consent by all ase. d not like to include a	
X	Yes No Conservation Reserve Enhancement P leased part of CREP or another Federa			
he ι	undersigned declare:			
	The Lessor(s) agree during the term of this lease, to suright(s) and under any appurtenant primary or supple 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.				
	Signature of Lessor	Date: <u>3/13/2</u> 024		
	Printed name (and title): Patrick Bell, Bishop Mailing Address (with state and  Business na Diocese of E	me, if applicable: <u>Episc</u> Eastern Oregon mail address: <u>Amy@</u> co	opal veascensionschool.com	
	zip): 1104 Church St Cove, OR 97824  Phone number (include area code): 541-568-453  Signature of Lessor	14 Date: 3/19/20	024	
	Printed name (and title): Business name Mailing Address (with state and zip): **E-	me, if applicable:	-	
	See next page for additional signatures.	40.00		