Instream Lease Renewal Application (Standard or District)



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 include any required attachments Fill in or check boxes as indicated. (N/A= Not Applicable)

Instream Lease 4530
Renewal Fee included

The undersigned hereby request Instream Lease N	
Fees: \$150.00 for an instream lease renewal	
Check enclosed or Fee Charged to cus	
Term of the Lease:	/ / / / / / / / / / / / / / / / / / /
The lease is requested to begin in month 27 year	24 and end month 0/0 year 29
Validity of the Right(s)	Termination provision (for multiyear leases):
(check the appropriate box):	The parties to the lease request:
The water right(s) to be leased have been used	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 Department by the Lessor(s) and/or Lessee.
during the last five years or have been leased instream.	b. The option of terminating the lease prior to
If the water right(s) have not been used for the	expiration of the full term, with consent by all
last five years, right(s). Documentation describing	parties to the lease. g
why the water right(s) is not subject to forfeiture	
is provided. ORS 540.610(2).	(See instructions for limitations to this provision)
leased part of CREP or another Fede	t Program CREP – Are some or all of the lands to be eral program (list here:)?
he undersigned declare:	
 The Lessor(s) agree during the term of this lease, to right(s) and under any appurtenant primary or supp application; and 	o suspend use of water allowed under the subject water plemental water right(s) not involved in the lease
application and/or consent from the deeded landor	e water right(s) involved in this Instream Lease. If not the ation demonstrating authorization to pursue the lease wner; and
3. All parties affirm that information provided in this land that changed and all matters involved with or affect	ease application is true and accurate. Circumstances have sed by the original instream lease remain as they were when
	De hel 20 2001
Signature of Lessor ANGECAWI	Date: Miller 2024 HTT, Michaglis Member, FERLESLLI
Printed name (and title): Business n	ATT, Michaeliz Member, Peresco name, if applicable: TELLES LLC SWORCHARD DR. Wilsonvelle D E-mail address:
Mailing Address (with state and zip): 90608	SWORCHARD DR. Wilsonville O
Phone number (include area code): **	E-mail address: 97020
<i>541-993.</i>	7435 awatt44 Billing Con
	Date:
Signature of Lessor	
Printed name (and title): Business n	name, if applicable:
Dhana was to the state and zip):	Received
Mailing Address (with state and zip): Phone number (include area code): **E	E-mail address: JUN 2.4 2024
See next page for additional signatures.	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:
Cignature of Lanca	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:
** 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.

Received JUN 2 4 2024

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