

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA)

Case No. 39576)
_____)

A. Subcase 45-10891
(Insert water right number)

STANDARD FORM 1
OBJECTION

Please fill in the following information:

B. NAME AND ADDRESS OF PERSON OBJECTING

Name: TIM PAYTON, PRESIDENT BIRCH CREEK WATERUSERS

Address: 1900 SOUTH 478 WEST

OAKLEY, IDAHO 83346

Daytime Phone: (208) 862-3224

Name & Address of Attorney, if any:

TRAVIS L THOMPSON

113 MAIN AVENUE WEST, SUITE 303

TWIN FALLS, IDAHO 83301-6167

C. CLAIMANT OF WATER RIGHT AS LISTED IN DIRECTOR'S REPORT

Name: SHARON PAPP-OKELBERRY

Address: 106 WEST MAIN

OAKLEY ID 83346

D. I object to the following elements as recommended in the Director's Report. (Please check the appropriate box(es)).

1. ☐ **Name and Address**
Should be: _____
2. ☐ **Source**
Should be: _____
3. ☐ **Quantity**
Should be: _____
4. ☐ **Priority Date**
Should be: _____
5. ☒ **Point of Diversion**
Should be: SEE E BELOW
6. ☐ **Instream Flow Beginning and Ending Point**
Should be: _____
7. ☐ **Purpose(s) of Use**
Should be: _____
8. ☒ **Period of Year**
Should be: SEE E BELOW
9. ☐ **Place of Use**
Should be: _____
10. ☐ **I object because:**
☐ This water right Should not exist.

☐ This water right was not recommended, but Should be recommended with the elements described above.

E. **REASONS SUPPORTING OBJECTIONS(S):** VARIOUS ISSUES WITH ADDITIONAL
POINTS OF DIVERSION, POINT OF WATER MEASUREMENT, HISTORICAL EARLY SEASON USE PRIOR
TO 3/15, AND REFERENCE TO SEPTEMBER 10, 1992 WATER ROTATION AGREEMENT.

F.

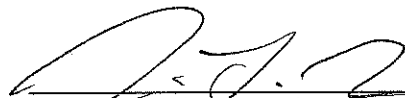
VERIFICATION (must be completed)

State of IDAHO)
)ss.
County of TWIN FALLS)

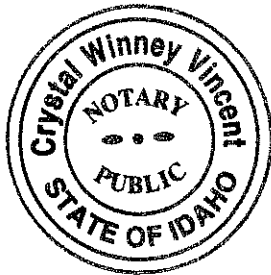
TRAVIS L THOMPSON, duly sworn, upon oath, deposes and says:
(Name of person filing objection)

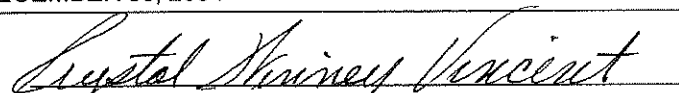
That I am the party/claimant filing this objection, as defined by I.C. §§ 42-1401A(1) and (6) or that I am the attorney for the party/claimant objecting and that I have read this objection, know its contents and believe that the statements are true to the best of my knowledge.

(Signature of person filing objection)


(Attorney signing in representative capacity)

Subscribed and sworn to before me on: DECEMBER 30, 2004




Notary Public for STATE OF IDAHO
Residing at: TWIN FALLS
My Commission Expires: APRIL 8, 2010

INSTRUCTIONS FOR MAILING

You must mail the objection, to the Clerk of the court. **FAX filings will not be accepted.** You must also send a copy to all the parties listed below in the Certificate of Mailing.

G. CERTIFICATE OF MAILING

I certify that on DECEMBER 30, 200 , I mailed the original and copies of this objection, including all attachments, to the following persons:

1. Original to:

Clerk of the District court
Snake River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls, ID 83303-2707

2. One copy to the claimant of the water right at the following address:

Name: SHARON PAPP-OKELBERRY
Address: 106 WEST MAIN
 OAKLEY ID 83346

3. Copies to:

IDWR Document Depository
PO Box 83720
Boise, ID 83720-0098

United States Department of Justice
Environment & Nat'l Resources Div
550 W Fort Street, MSC 033
Boise, ID 83724

Chief, Natural Resources Division
Office of Attorney General
PO Box 44449
Boise, ID 83711-4449



Signature of objector or attorney
mailing on Objector's behalf