

COPY

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 Number: 27-11987

(Insert water right number)

STANDARD FORM 1
OBJECTION

Please fill in the following information:

B. NAME AND ADDRESS OF PERSON OBJECTING

Name: State of Idaho, Department of Health and Welfare,

State Hospital South

Address: P. O. Box 400

Blackfoot, Idaho 83221

Daytime Phone: (208) 785-1200

Name and Address of Attorney, if any:

Attorney Name:

LAWRENCE G. WASDEN

Attorney General

CLIVE J. STRONG

Deputy Attorney General

Chief, Natural Resources Division

DAVID J. BARBER (ISB # 2597)

Deputy Attorney General

Attorney Address:

Office of the Attorney General

700 W. Jefferson, Room 210

P.O. Box 44449

Boise, ID 83711-4449

Attorney Phone No. (208) 334-2400

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

Name: State of Idaho
Dept of Health & Welfare
State Hospital South
Address: P. O. Box 400
Blackfoot, ID 83332

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. ☐ **Points of Diversion**
Should be: _____
6. ☐ **Instream Flow Description**
Should be: Not applicable.
7. ☐ **Purpose(s) of Use**
Should be: _____
8. ☐ **Period of Year**
Should be: _____
9. ☒ **Place of Use**
Should be: Attachment I describes the correct place of use.

11. **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 OBJECTION(S):

The present recommendation does not correctly describe the place of use. The total acreage is correct.

F.

VERIFICATION (Must be Completed)

State of Idaho)
) ss.
County of Ada)

DAVID J. BARBER, Deputy Attorney General, duly sworn, upon oath, deposes and says:

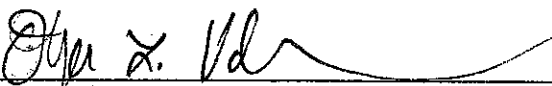
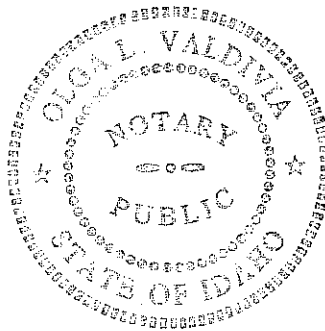
That the State of Idaho, Department of Health & Welfare, in its proprietary capacity is filing this objection and that I am a Deputy Attorney General authorized to represent the State of Idaho, Department of Health and Welfare, which is a party/claimant in this proceeding, as defined by I.C. § 42-1401A(1) and (7), and I have read this objection, know its contents and believe that the statements are true to the best of my knowledge.

LAWRENCE G. WASDEN
Attorney General
CLIVE J. STRONG
Deputy Attorney General
Chief, Natural Resources Division
DAVID J. BARBER
Deputy Attorney General



By Attorney signing in representative capacity

Subscribed and sworn to before me on: March 8, 2006
(Insert Date)



Notary Public for IDAHO
Residing at: BOISE, ID
My commission expires: 2/8/12

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 March 8, 2006, I caused the original and the copies of this objection, including all attachments, to be served on the following persons by the method designated:

1. Original to:

Clerk of the District Court
Snake River Basin Adjudication
253 Third Avenue North
P.O. Box 2707
Twin Falls, Idaho 83303-2707

HAND DELIVERED

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

State of Idaho,
Department of Health and Welfare
State Hospital South
P.O. Box 400
Blackfoot, ID 83221

U.S. MAIL

ATTENTION: DENNIS LARSEN

3. Copies to:

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

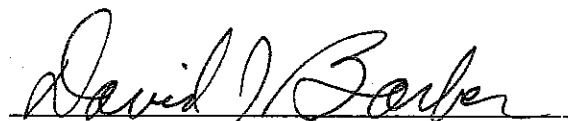
STATEHOUSE MAIL

United States Department of Justice
Environment & Natural Resource Division
550 West Fort Street, MSC 033
Boise, ID 83724

U.S. MAIL

Chief of Natural Resource Division
Office of the Attorney General
State of Idaho
P.O. Box 44449
Boise, Idaho 83711-4449

(not applicable)



Signature of Objector or attorney
Mailing on Objector's behalf

ATTACHMENT I

PLACE OF USE:

IRRIGATION Within Bingham County

T03S	R35E	S02	NESW	1.8	T03S	R35E	S02	NWSW	3.0
T03S	R35E	S02	SWSW	13.6	T03S	R35E	S02	SESW	2.4
T03S	R35E	S02	SWSE	1.2					

22 ACRES TOTAL

THIS RIGHT IS LIMITED TO THE IRRIGATION OF 22 ACRES WITHIN THE PLACE OF USE DESCRIBED ABOVE IN A SINGLE IRRIGATION SEASON.