

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)

A. Subcase

63-8536

(Insert water right number)

Case No. 39576)

STANDARD FORM 1
OBJECTION

Please fill in the following information:

B. NAME AND ADDRESS OF PERSON OBJECTING

Name: HAROLD ROHRBACHER IN BEHALF OF DAN & CAROL ROHRBACHER

Address: 28253 SHELTON RD PARMA IDAHO
83660

Daytime Phone: 208-880-7874

Name & Address of Attorney, if any:

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

Name: DAN & CAROL ROHRBACHER

Address: 24329 MARKET RD PARMA IDAHO
83660

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(s) of Diversion**
Should be: _____
6. ☐ **Instream Flow Description**
Should be: _____
7. ☐ **Purpose(s) of Use**
Should be: _____
8. ☐ **Period of Year**
Should be: _____

9. ☒ **Place of Use**
Should be: ALL AREAS OUTLINED BY IDWR BUT ALSO
INCLUDE FIVE ACRES TO THE NORTH AND
11. I object because: WEST OF POINT OF DIVERSION (OUTLINED IN ORANGE)
SEE ATTACHED

☐ 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 ENTIRE FARM IS
COVERED UNDER THIS WATER RIGHT EXCEPT
THE FIVE ACRES NORTH & WEST OF WELL AND
WE FEEL IT SHOULD BE INCLUDED ALSO

F.

VERIFICATION (Must be Completed)

State of IDAHO)
County of CANYON)ss.

HAROLD ROHRBACHER, duly sworn, upon oath, deposes and says:
(Name of person filing objection)

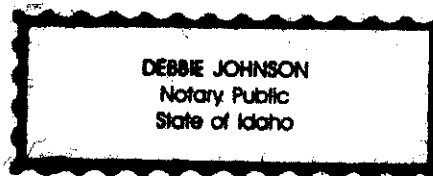
That I am the party/claimant filing this objection, as defined by I.C. §§ 42-1401A(1) and (6) or that I am the attorney for the party/claimant objecting and that I have read this objection, know its contents and believe that the statements are true to the best of my knowledge.

Harold Rohrbacher
(Signature of person filing objection)

(Attorney signing in representative capacity)

Subscribed and sworn to before me on: 6-13-2007

Debbie Johnson
Notary Public for Parma Idaho
Residing at: Parma
My Commission Expires: 11-7-2011



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 JUNE 13, 1997, 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: DAN & CAROL ROHRBACHER
Address: 24329 MARKET RD PARMA IDAHO 83660

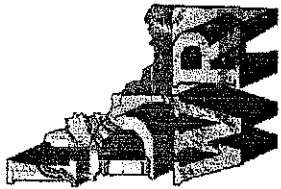
3. Copies to:

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

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

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

David Rohrbacher P.O.A.
Signature of Objector or attorney
mailing on Objector's behalf



Idaho Department of Water Resources

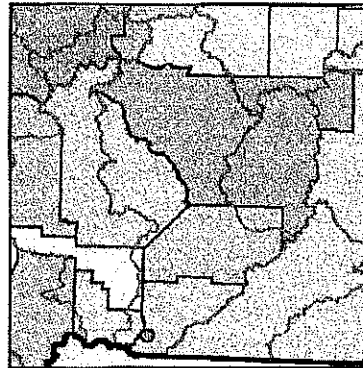
SRBA Recommendation:

63-8536

(Irrigation)

Legend

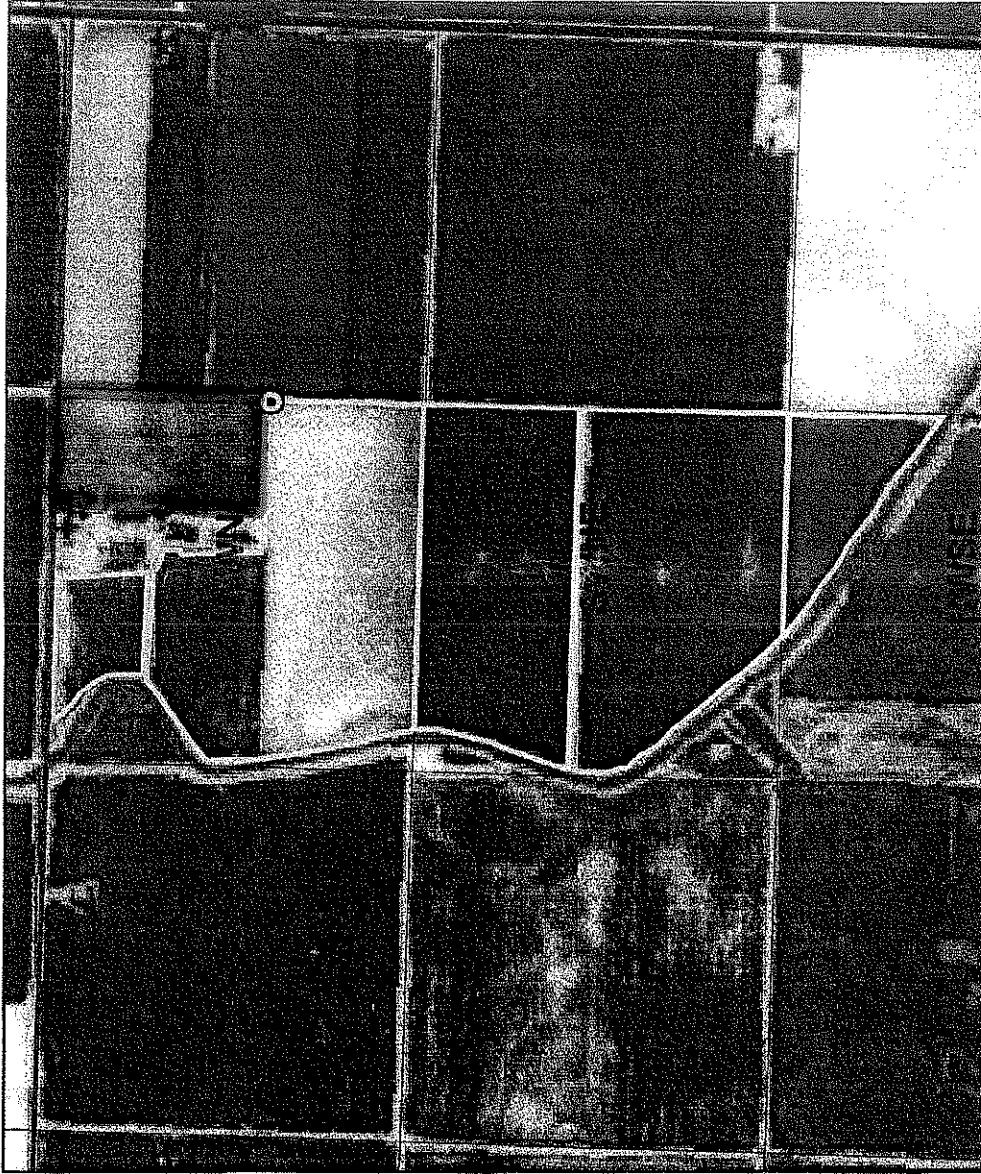
- ⊙ Point of Diversion
- Place of Use
- Townships
- PLS Sections
- Quarter Quarters



Canyon County
IDWR Basin 63

Prepared by D. Smith
On Thursday, February 22, 2007
1987/88 Aerial Photography

R05W



T05N



RECEIVED

JUN 14 2007

DEPARTMENT OF
WATER RESOURCES

GENERAL POWER OF ATTORNEY
(with Durable Provision)

KNOW ALL MEN BY THESE PRESENTS That I, **Daniel M. Rohrbacher**, reside in Canyon County, Idaho, and do hereby and by these presents constitute and appoint my son, Harold K. Rohrbacher, as my true and lawful Attorney-in-Fact in my name and stead, to do any and all things with respect to all of my property and property rights that I might do if personally present. Without limiting the generality of the foregoing, my said Attorney-in-Fact is authorized in my name to receive and disburse any and all funds in any account that I may have in any bank or savings and loan institution, to endorse my name on all checks or drafts and other commercial instruments, to execute in my behalf any instrument, including income tax returns, health and accident insurance, social security administration and retirement applications, documents, claims or checks, to borrow money for my account and give security therefore, and such security may constitute a lien on all or any part of my property, and to sell any piece or part of any property, real or personal, of mine for any price or on any terms as may to my said Attorney-in-Fact seem adequate, to receive such purchase price in consideration for such sale, and to purchase real or personal property on my behalf.

This Power of Attorney includes authority to make medical decisions if I am incapable of giving informed consent, and specifically includes the authority to refuse life-sustaining treatment on my behalf if my Attorney-in-Fact believes that is what I would have chosen in the circumstances. And I hereby give and grant to said Attorney-in-Fact all other powers necessary or reasonably convenient to the carrying out of the powers above granted, including the power to name additional or substitute Attorneys-in-Fact for me, and I hereby ratify all action or actions taken by my Attorney-in-Fact under this instrument.

This Power of Attorney shall continue in full force and effect until revoked by me, and all persons unto whom these presents shall come shall be entitled to rely on the powers herein granted to my said Attorney-in-Fact until such persons may have received written notice that said Power of Attorney has been revoked or until written notice of said revocation may be recorded in the office of the Canyon County Recorder, Canyon County, Idaho.

This Power of Attorney shall not be affected in the event I become mentally or physically incapacitated or disabled.

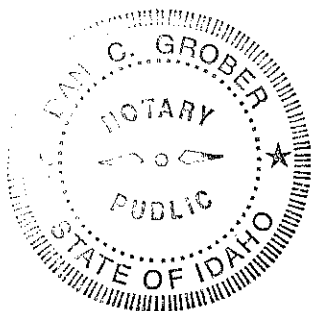
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1 day of September 2006.


Daniel M. Rohrbacher

STATE OF IDAHO)
) ss.
County of Blaine)

On this 1 day of September 2006, before me, the undersigned, a Notary Public in and for said County and State, personally appeared **Daniel M. Rohrbacher**, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year first above written.



Daniel C. Grober

NOTARY PUBLIC FOR IDAHO

Residing at Homedale

My commission expires 09/22/11

GENERAL POWER OF ATTORNEY
(with Durable Provision)

KNOW ALL MEN BY THESE PRESENTS That I, **Carol A. Rohrbacher**, reside in Canyon County, Idaho, and do hereby and by these presents constitute and appoint my son, Harold K. Rohrbacher, as my true and lawful Attorney-in-Fact in my name and stead, to do any and all things with respect to all of my property and property rights that I might do if personally present. Without limiting the generality of the foregoing, my said Attorney-in-Fact is authorized in my name to receive and disburse any and all funds in any account that I may have in any bank or savings and loan institution, to endorse my name on all checks or drafts and other commercial instruments, to execute in my behalf any instrument, including income tax returns, health and accident insurance, social security administration and retirement applications, documents, claims or checks, to borrow money for my account and give security therefore, and such security may constitute a lien on all or any part of my property, and to sell any piece or part of any property, real or personal, of mine for any price or on any terms as may to my said Attorney-in-Fact seem adequate, to receive such purchase price in consideration for such sale, and to purchase real or personal property on my behalf.

This Power of Attorney includes authority to make medical decisions if I am incapable of giving informed consent, and specifically includes the authority to refuse life-sustaining treatment on my behalf if my Attorney-in-Fact believes that is what I would have chosen in the circumstances. And I hereby give and grant to said Attorney-in-Fact all other powers necessary or reasonably convenient to the carrying out of the powers above granted, including the power to name additional or substitute Attorneys-in-Fact for me, and I hereby ratify all action or actions taken by my Attorney-in-Fact under this instrument.

This Power of Attorney shall continue in full force and effect until revoked by me, and all persons unto whom these presents shall come shall be entitled to rely on the powers herein granted to my said Attorney-in-Fact until such persons may have received written notice that said Power of Attorney has been revoked or until written notice of said revocation may be recorded in the office of the Canyon County Recorder, Canyon County, Idaho.

This Power of Attorney shall not be affected in the event I become mentally or physically incapacitated or disabled.

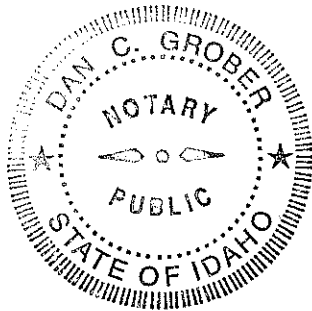
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1 day of September, 2006.


Carol A. Rohrbacher

STATE OF IDAHO)
County of Boysie) ss.

On this 1 day of September, 2006, before me, the undersigned, a Notary Public in and for said County and State, personally appeared **Carol A. Rohrbacher**, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year first above written.



Dan C. Grober

NOTARY PUBLIC FOR IDAHO

Residing at Homedale

My commission expires: 09/22/11