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JUL 26 2007
DEPARTMENT OF
WATER RESOURCES

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 No. 22-589B

**STANDARD FORM 1
OBJECTION**

B. NAME AND ADDRESS OF PERSON(S) OBJECTING:

Name: American Falls Reservoir District #2
Address: 112 S. Apple Street
Shoshone, ID 83352

Name and Address of Attorney:

Attorney Name: C. Tom Arkoosh
Attorney Address: Arkoosh Law Offices, Chtd.
Post Office Box 32
Gooding, ID 83330
Attorney Phone: (208) 934-8872

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

Name: Teton Island Feeder Canal Co.
Address: 386 N 2400 E
St. Anthony, Idaho 83445

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: ____

OBJECTION

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: ____

10. ☐ **Remarks**
 Should be: ____

11. **I object because:**

- ☒ This water right should not exist. (Groundwater Recharge Portion of Claim)
- ☐ This water right was not recommended, but should be recommended with the elements described above.

E. REASONS SUPPORTING OBJECTION(S):

F. VERIFICATION (Must be Completed)

State of Idaho)
County of Gooding) ss.

C. TOM ARKOOSH, duly sworn, upon oath, deposes and says:

OBJECTION

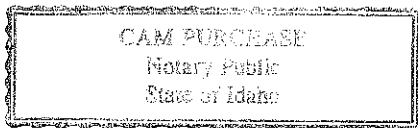
That I am the party/claimant filing this objection, as defined by I.C. §§ 42-1401A(1) and (6) or that I am the attorney for the party/claimant objecting and that I have read this objection, know its contents and believe that the statements are true to the best of my knowledge.

(Signature of person filing objection)



(Attorney signing in representative capacity)

Subscribed and sworn to before me on this 25th day of July, 2007.





Notary Public for IDAHO
Residing at: BLISS
My Commission Expires: 7/16/10

CERTIFICATE OF MAILING

I certify that on July ²¹~~25~~ 2007, I mailed the original and copies of this response, including all attachments, to the following persons:

1. Original to:

Clerk of the District Court
Snake River Basin Adjudication
P.O. Box 2707
Twin Falls, ID 83303-2707

2. One copy to the claimant and parties who filed the objections at the following address:

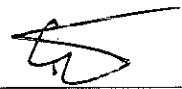
Name: Teton Island Feeder Canal Co.
Address: 386 N 2400 E
St. Anthony, Idaho 83445

3. Copies to:

IDWR Document Depository
P.O. Box 83720
Boise, Idaho 83720-0098

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

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



C. Tom Arkoosh