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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. 22-605

**STANDARD FORM 1
OBJECTION**

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

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

Name and Address of Attorney:

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

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

Name: Island Ward Canal Co.
Address: 3441 Robison Dr.
Rexburg, Idaho 83440

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**

OBJECTION

COPY
1

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: ____

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

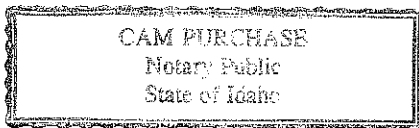
That I am the party/claimant filing this objection, as defined by I.C. §§ 42-1401A(1) and (6) or that I am the attorney for the party/claimant objecting and that I have read this objection, know its contents and believe that the statements are true to the best of my knowledge.

(Signature of person filing objection)

[Handwritten signature]

(Attorney signing in representative capacity)

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



[Handwritten signature: Cam Purchase]

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: Island Ward Canal Co.
Address: 3441 Robison Dr.
Rexburg, Idaho 83440

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