

**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 45-14431

Case No. 35976

**STANDARD FORM 1
OBJECTION**

Please fill in the following information:

B. NAME AND ADDRESS OF PERSON OBJECTING

Name: Gerald L. Marchant and Celia S. Marchant

Address: 24 E. Basin Rd.

Oakley, ID 83346

Daytime Phone: _____

Name & Address of Attorney, if any:

Luke H. Marchant

Holden, Kidwell, Hahn & Crapo, PLLC

PO Box 50130, Idaho Falls, ID 83405

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

Name: Gerald L. Marchant and Celia S. Marchant

Address: 24 E. Basin Rd.

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. ☐ **Points 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. **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):** This water right should be recommended as claimed in the original Notice of Claim, attached as Exhibit A.

VERIFICATION (Must be Completed)

State of Idaho)
)ss.
County of Bonneville)

Luke H. Marchant, duly sworn, upon oath, deposes and says:
(Name of person filing objection)

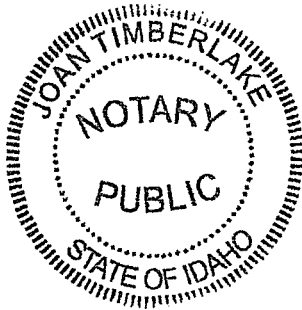
That I am the party/claimant filing this objection, as defined by I.C. §§42-1401A(1) and (6) or that I am the attorney for the party/claimant objecting and that I have read this objection, know its contents and believe that the statements are true to the best of my knowledge.

Signature of person filing objection

Luke H. Marchant

Attorney signing in representative capacity

Subscribed and sworn to before me this 5th day of March, 2014.



Joan Timberlake
Notary Public for Idaho
Residing at: Idaho Falls ID
My Commission Expires: 7/23/2018

CERTIFICATE OF MAILING

I hereby certify that on the 5th day of March, 2014, I mailed the original and copies of this objection, including all attachments, to the following persons:

1. Original to:

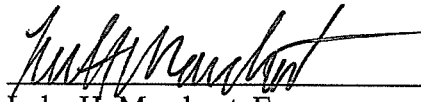
Clerk of the District Court
Snake River Basin Adjudication
253 Third Avenue North
P.O. Box 2707
Twin Falls, ID 83303-2707

2. Copies to:

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

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

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



Luke H. Marchant, Esq.

HOLDEN, KIDWELL, HAHN & CRAPO, P.L.L.C.

G:\WPDATA\HLM\15970 Marchant, Gerald & Celia\03 SRBA Late Claim\Objection.14431.v1.wpd

DISTRICT COURT - SRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

JAN 28 2013

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

By _____ Clerk
Deputy Clerk

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 45-14431

Date Received: _____

Receipt No: _____

Received By: _____

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Gerald and Celia Marchant Phone (208) 862-3811

Mailing Address 24 E. Basin Rd. Oakley ID 83346
Street or Box City State ZIP

2. Date of Priority (Only one (1) per claim) March 15, 1962
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 13S, Range 23E, Section 32,
NW, 1/4 of SE, 1/4 Govt. Lot _____, BM., County of Cassia

Parcel (PIN) no. _____

Additional points of diversion if any: _____

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

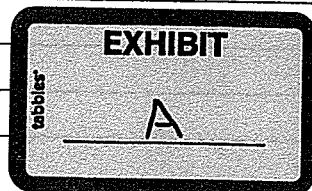
Township _____, Range _____, Section _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed
and as enlarged and the depth of each well. Water is diverted through an existing well and pump. The well is
drilled to 435', has perforated 16" diameter casing to 215', and is plugged at 235'.



COPY

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD) (cfs) (acre feet)

For Irrigation purposes from 3/15 to 11/15 amount 1.31 or 262

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 1.31 (cfs) and/or (b) 262 (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) _____

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
13S	23E	32	31.5	34															65.5

Parcel (PIN) no(s) _____ Total number of acres irrigated 65.5

10. In which county (ies) are lands listed above as place of use located? Cassia

11. Do you own the property listed above as place of use? Yes (✓) No ()
If your answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

Claimed place of use is the same as the place of use for Claim No. 45-14430. _____ or None (✓)

13. Remarks: This claim is for an enlargement in acres that is believed to have occurred in the early 1960s to Water Right No. 45-2497.

Last Name Marchant Identification No. 45-14431

14. Basis of Claim (Check One) Beneficial Use (✓) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Snake River Basin Adjudication." (b.) I/We do () do not () wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Luke H. Marchant, Attorney Date: 01/24/2013

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, Luke H. Marchant, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature Luke H. Marchant Date 01/24/2013

Address 1000 Riverwalk Dr., Ste. 200, PO Box 50130, Idaho Falls, ID 83405

Last Name Marchant Identification No. 45-14431