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

Form No. 42-1409-2 (Internet 7/17)

AUG 5 2026
By _____ Clerk
Deputy Clerk

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

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

CIVIL CASE NUMBER: 39576
Claim ID: 47-17793
Date Received: _____
Receipt No: _____
Claim Fee: _____ By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

1. Name of claimant(s) Joshua Thomas Williamson & Delia Williamson Phone (208) 316-2090

   Mailing address 2319 E. 1580 N. (Street or Box) Twin Falls (City) ID (State) Zip 83301-0626

   Email address (optional) williamsonjosh30@gmail.com

2. Date of priority: (Only one per claim) 3/16/1885 (Month/Day/Year (YYYY)) (Explain priority date selected in Remarks)

3. Source of water supply (Check one) Ground Water ( ) or Other (✔) (a) Rogerson Spring

   which is tributary to (b) _____

4. Location of point of diversion is: Township 14S, Range 16E, Section 17,

   NE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Twin Falls;

   Parcel no. _____

   Additional points of diversion, if any: _____

   If available, GPS coordinates: _____

5. Description of diverting works (wells, pumps, spring boxes, pipelines, 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.

   Spring collects in existing 20 x 16 stainless tank, existing pipeline to troughs and single domestic home at place of use.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

		Month/Day	Month/Day	cfs (✔) or AFY ( )
For domestic	purposes from	1/1	to 12/31	amount .02
For stockwater	purposes from	1/1	to 12/31	amount .02

7. Total quantity claimed .02 cfs (✔) or AFY ( )

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
   999 head of cattle, domestic use for one home.

9. Location of place of use is: Township 14S, Range 16E, Section 4,

NE 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. _____
If different than shown in Item 4

for (check one) **Domestic** ( ) **Stock** ( ) **Domestic and Stock** (✔)

Additional places of use, if any T14S, R16E S4 NWSW, SWSW, SESW; T14S, R16E, S9 NENW, NWNW, SENW, SWNW

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

11. Do you own the property listed above as place of use? Yes (✔) No ( )
If the 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.
47-51 or None ( )

13. Remarks (include an explanation of the priority date selected):

Priority date matches the decreed priority for water right 47-51.

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 Notice 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: _____

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) Joshua T. Williamson Date: 8-5-26

Delia Williamson Date: 8/5/26

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____,
Agent's title (Please print) Name of organization (Please print)

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

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance**:
Notice is hereby given that I, (please print) Abby R. Bitzenburg, will be acting as attorney at law of behalf on 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 Abby R. Bitzenburg Date 06-24-2026

Address PO Box 63 Twin Falls, ID 83303-0063

Name of claimant(s) Joshua Thomas Williamson & Delia Williamson Claim ID _____