

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 BEAR RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 79576

Claim ID: 11-4027

Date Received: 5/4/23

Receipt No: P000225

Claim Fee: 25.00 By: MB

RECEIVED

MAY 04 2023

NOTICE OF CLAIM TO A WATER RIGHT

IDWR/Preston

ACQUIRED UNDER STATE LAW

Please type or print clearly

see also attached sheet for additional name on this
water right 11-4027

1. Name of claimant(s) Seamons Family Trust LLC Phone (801) 682-0665

Mailing address 1528 Rond circle Ogden UT Zip 84403
Street or Box City State

Email address (optional) apetersonsb@gmail.com

2. Date of priority: (Only one per claim) 11-2-1955 (Explain priority date selected in Remarks)
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 16 S, Range 43 E, Section 27,
NE 1/4 of SE 1/4, Govt. Lot 0, BM, County of Bear Lake

Parcel no. RP 16S 43E 279310

Additional points of diversion, if any: two home's serviced.

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.

Domestic service for two homes. Seamons
Williamson

(see map)

11-4027

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)
For Domestic purposes from 1-01 to 12-31 amount 0.50 or _____
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____
For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.50 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) Domestic use for two homes.

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.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

Parcel no(s). RP 16 S 43 E 27 9310

Total number of acres irrigated _____

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

11. Do you own the property listed above as place of use? Yes (X) 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.

Garden City Water or None ()

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

Arthur E Seamons and Gladys L. Seamons have both passed away. The water rights are now under the "Seamons Family Trust LLC."

Anna Peterson
Mr and Mrs. Rex N. Williamson have both passed away. The water rights are now under the Williamson LLC.

This well is currently not in use; but we want to maintain our water rights to this water.

Name of claimant(s) _____

Claim ID 11-4027

14. Basis of claim (Check one) Beneficial Use () Posted Notice () License (X) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 11-4027

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 Bear River Basin Water System 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) _____ Date: _____

_____ Date: _____

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

Ann Peterson of Seamons Family Trust LLC
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 Ann Peterson Date 04-20-2023

Printed Name of Authorized Agent Ann Peterson

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on 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 _____ Date _____

Address _____

*See additional page for
Williamson LLC signature.*

Name of claimant(s) _____

Claim ID 11-4027

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 Bear River Basin Water System Adjudication."

(b.) I/We do () do not (X) 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) _____ Date: _____

_____ Date: _____

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

Bruce Williamson of Williamson Family LLC
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 Bruce Williamson Date 04/21/2023

Printed Name of Authorized Agent Bruce Williamson

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on 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 _____ Date _____

Address _____

Name of claimant(s)

Claim ID

South

Seamons Family
Trust LLC

Williamson
LLC



well

North

11-4027

HWY 89

1. Additional name on this water right, 11-4027

Williamson LLC

% Bruce Williamson

225 Keele St

Montpelier, ID 83254

208-540-0461

bpwmson@hotmail.com

Total of two owners,

Seamons

Williamson