

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 63-31697 V1

WATER RIGHT NUMBER: 63-31697 V1

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	CITY OF BOISE DEPT OF AVIATION & PUBLIC TRANSPORTATION PO BOX 500 BOISE, ID 83701 (208)384-3901

Priority Date: 01/01/1975

Basis: Beneficial Use

Status: Disallowed

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
DOMESTIC	01/01 to 12/31	0.040 CFS	
	<u>Total Diversion:</u>	0.040 CFS	

Location of Point(s) of Diversion

GROUND WATER	NW1/4NE1/4	Sec. 30, Twp 03N, Rge 02E, B.M.
ADA County		

Place of Use

DOMESTIC

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
03N	02E	30		X															

Conditions of Approval:

1. P03 NO BENEFICIAL USE FOUND: This is included for a claim based on beneficial use that is PROPOSED to be disallowed because beneficial use of water was not confirmed by IDWRs field examination or by other evidence submitted by the claimant.

Remarks:Comments:

1. Iharris 12/12/2003 Disallowed

Comment: Disallowed per remark by claimant that house has been demolished and well is unused. Bare land per Ada County records.

Dates and Other Information:

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 63-31697 V1

Dates and Other Information:

Decreed Date:
Enlargement Use Priority Date:
Enlargement Statute Priority Date:
Defendant:
Plaintiff:
Civil Case Number:
Judicial District:
Notice of Error Flag:
State or Federal:
Owner Name Connector:
Water District Number:
Generic Max Rate Per Acre:
Generic Max Volume Per Acre:
Swan Falls Trust or Nontrust:
Swan Falls Dismissed:
DLE Act Number:
Carey Act Number:
Mitigation Plan: False

Combined Use Limits:

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: Western Region
 SUBJ: Receipt No. C069323/W030564 (Please attach ARQ2 Receipt copy immediately behind blue form)

RECEIVED
 Date: 6/13/2003

RE: PayOR City of Boise
 Address PO Box 500
Boise ID 83701

Department of Water Resources

Claimant(s) if NOT Payor _____
 Refund Amount \$ 170- Claim Location (Region) Claimant _____
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # _____
 S.O. Verified Ext. by _____ on _____ D.B. Query by _____
 Refund Generated By (X) Agent () Claimant

Refund Category:
 insufficient fees / claim incomplete / withdrawn / o-pmt

* Over paid

Date of Last Correspondence (copy attached) _____

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
See attached list	Domestic/ Mun.	\$ 1050-	\$880-	C069323 & W030564
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		\$ _____	\$ _____	

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached Y/N _____

Over paid for claims.

Region AJ Spvsr. Approval [Signature] S.O. AJ Spvsr. Approval _____
 Don Shaff Approval [Signature] 6-17-03 Hold _____ To Fiscal 6-17-03
 Data Base Modified? Y/N NA A &/or R Records By _____ on _____
 Logged 6-17-03

63-5354
63-31692 thru 63-31722

RECEIVED

JUL 07 2003

WATER RESOURCES
 WESTERN REGION

Refund Request Attachment

City of Boise Dept of Aviation & Public Transportation

30 Domestic Claims @ \$25 each = \$750 63-31692 through 63-31721

1 Municipal Claim @ \$50 for .12 cfs = \$62 63-31722

1 Municipal Claim @ \$50 for .18 cfs = \$68 63-5354

Total filing fees: \$880

Total fees received: \$1050

Refund amount: \$170

Receipt Details for ID C069323

Status	Adjustment Type	Version
		1

General Information:

Date Received	Date Deposited	Region	Total Amount	Payment Type
5/30/2003 9:53:48 AM	5/30/2003 1:31:04 PM	STATE	\$425.00	Check
Payer		CITY OF BOISE		

Account Information:

Check #	Account #	Credit Card Name	Authorization #
128919			
Card Expiration Date	Credit Card Transaction #		

Comment NOTICE OF CLAIM TO WATER RIGHT CIVIL CASE # 39576
 30 domestic claims at \$25 ea.
 (1) municipal at \$62- and (1) municipal at \$68-

Fee Detail:

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$425.00	ADJUDICATION FILING FEE	41503	0337			1155

Refund(s):

Amount	Payee	Date	Document Number
--------	-------	------	-----------------

See also W030564

\$880- total due

Idaho Department of Water Resources Receipt

Receipt ID W030564

Payment Amount Date Received Region Status
 Payment Type Check Number

Payer

Comment
 30 claims @ \$25 each
 2 municipal claims (1) @ \$62 & (1) @ \$68

See also C069323

Fee Detail

Amount	Description	Fund	FD	PCA	SO
\$625.00	ADJUDICATION FILING FEE	0337	42503	1155	

D. Hatfield

Signature Line (Dept. Representative)

\$880 - total due

BOISE AIRPORT
JOHN W. ANDERSON A.A.E.
DIRECTOR



CAROLYN TERTEILING-PAYNE
MAYOR

COUNCIL MEMBERS

M. JEROME MAPP
COUNCIL PRESIDENT
JON MASON
COUNCIL PRO TEM

VERNON L. BISTERFELDT
PAULA B. FORNEY
MARYANNE JORDAN
ALAN W. SHEALY

June 6, 2003

RECEIVED

JUN 09 2003

WATER RESOURCES
WESTERN REGION

Idaho Department of Water Resources
2735 Airport Way
Boise, ID 83705

Enclosed you will find 30 Notices of Claim to a Water Right for properties owned by Boise Airport/City of Boise and two municipal claims. Also enclosed is a Boise City check in the amount of \$625.00. You are holding a check for \$425 that our Accounting Office send a few days ago. Together they will cover the \$25 filing fee for each of the 30 notices and the two municipal documents. All have been signed before a notary.

If you have any questions, please call.


Helen King
Administrative Secretary

/hk
Enclosure: as noted

II \\WPC\Leases-Agreements\Correspondence-General\IDOWR water rights trans.wpd

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

Ident. Number 63-31697
Date Received: 6/9/2003
Receipt No:
Received By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

CITY OF BOISE Phone: (208)384-3901
DEPT OF AVIATION & PUBLIC TRANSPORTATION
PO BOX 500
BOISE ID USA 83701

2. Date of Priority: 01/01/1975

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
03N	02E	30	NW NE	ADA	

5. Description of diverting works:

Well is capped; 5 inch diameter

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
MUNICIPAL	01/01	12/31	0.04	

7. Total Quantity Appropriated is:
0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
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11. Place of use in counties:

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

Well located on parcel no. R3719081031 but used at the home at 6409 Elder, parcel no. R3719081050.
City purchased the property in September 1987; house has been demolished, well is unused.

Amended to Municipal use per amended claim submitted by City of Boise.

15. Basis of Claim: Beneficial Use

Amended Claim

Form No. 42-1409 (2) a 1/88 (Internet)

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

Ident. Number

Date Received

Receipt Number

63-31697

10-22-04

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) City of Boise Dept. of Aviation and Public Transportation Phone (208) 384-3901

Mailing Address P.O. Box 500 Boise, ID Zip 83701

2. Date of Priority (Only one (1) per claim) 1/1/1975

3. Source of water supply (a) Groundwater
which is tributary to (b) _____

4. a. Location of existing point of diversion is: Township 3N Range 2E Section 30,
_____ 1/4 of NW 1/4 of NE 1/4, Govt. Lot, _____ B.M., County of ADA

Additional points of diversion if any: _____

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

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

Govt. Lot _____ B.M., County of _____

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

_____ 1/4, Govt. Lot _____ B.M., 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.

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Municipal purposes from 1/1 to 12/31 amount .04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .04 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is _____ acre feet per annum.

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

10. Description of place of use: Within City of Boise Municipal Service Area as defined by City of Boise Service Area MAP, SEPTEMBER, 2004
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.	RNG.	SEC.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	

Total number of acres irrigated _____

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

12. 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.

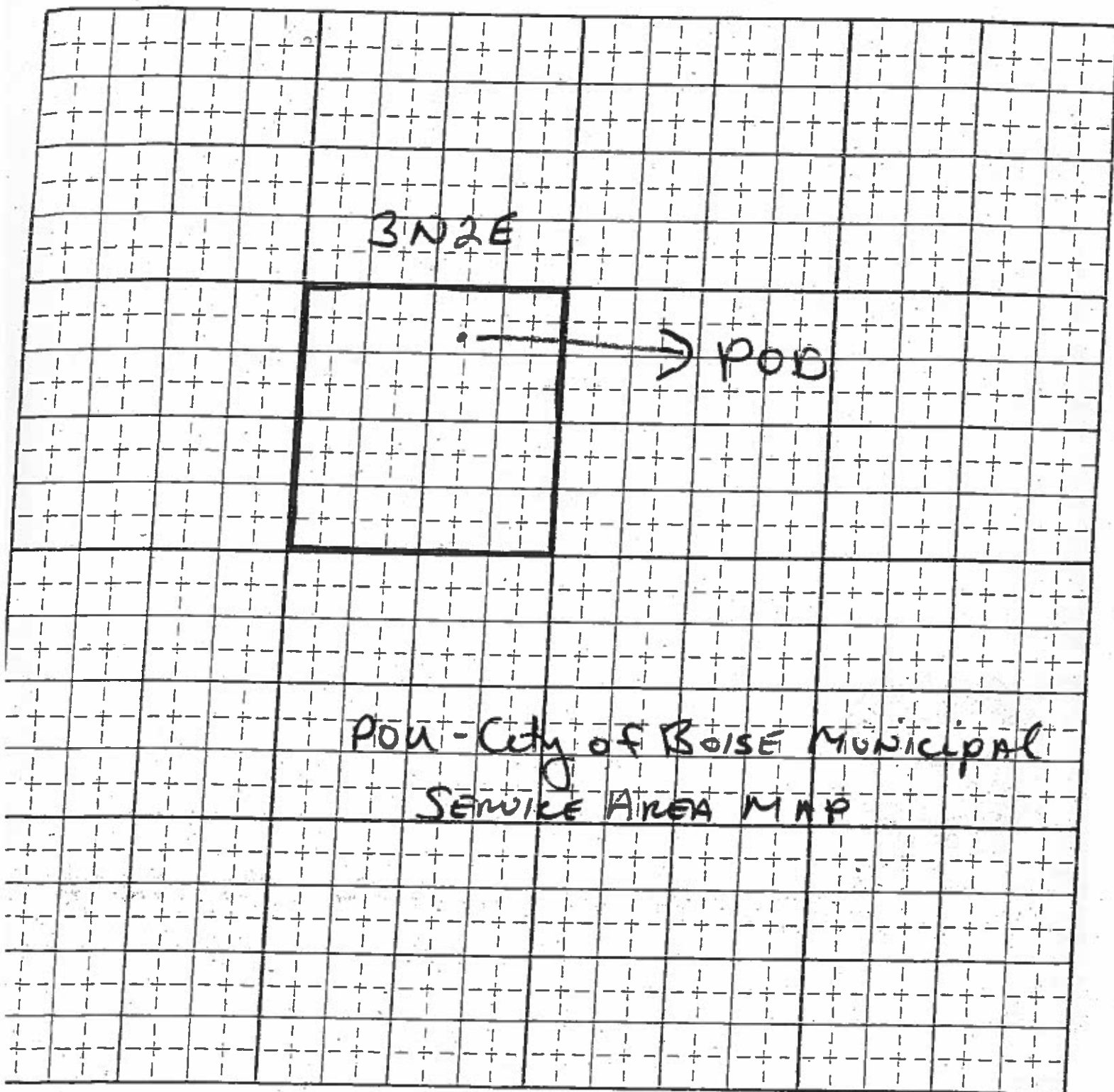
13. Describe any other water rights used at the same place and for the same purposes as described above.
All city of Boise Municipal Water rights or None ()

14. Remarks:

HISTORIC DOMESTIC USE AT 6409 ELDER ST.

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 inches equals 1 mile



15. Basis of Claim (check one) Beneficial Use X Posted Notice _____ License _____ Permit _____
Decree _____

If applicable provide IDWR Water Right Number 63-31697

Court _____ Case Number _____ Decree Date _____

Plaintiffs Defendant _____

16. 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 do solemnly swear or affirm 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 that I am _____

Director

Title

of Boise Airport _____, that I have signed the foregoing

Organization

document in the space below as Director of Boise Airport

Title

Organization

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

Signature of Authorized Agent _____

Title and Organization _____

Boise Airport Director

Date 9/23/04

State of Idaho/or _____)

County of Ada)

SS.

Subscribed and sworn (or affirmed) before me this 20 day of September 16 2004



Notary Public Michele D Wigley

Residing at Boise Idaho

My Commission Expires 7-10-07

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, MATTHEW WILDE 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.

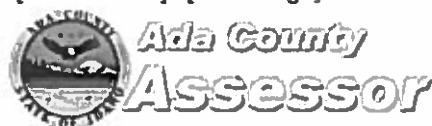
Signature _____

Address CITY OF BOISE LEGAL DEPARTMENT

P.O. BOX 507 BOISE, ID 83701

Date 9/23/04

[Online View] [Print Page]



Property Details for Parcel R3719081050

General Information

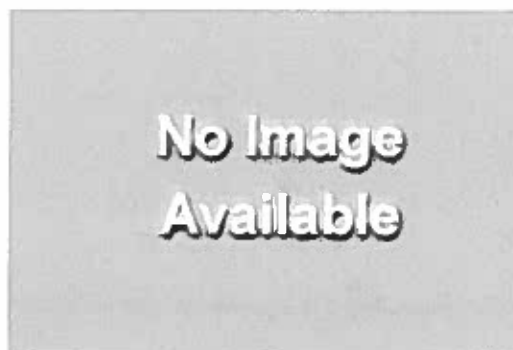
Property Acres: 1.000
 Zone Code: M3
 Primary Code Area: 120
 Group Type: SUB
 Subdivision: HOME ACRES SUB NO 08
 Section: 3N2E30

Property Description

PAR #1050 OF LOTS 20 & 21
 HOME ACRES SUB NO 8
 #8751563

Property Address

6409 W ELDER ST
 BOISE, ID 83709



Parcel Valuation Details

Assessment Roll	State Category Code	Acreage	Assessed Value	Valuation Method	Code Area
Primary	810-GOVERNMENT EXEMPTION	1.000	\$0	MARKET	120
Total Assessed Value:			\$0		

Parcel Valuation History

Assessed value for year 2004	\$0
Assessed value for year 2003	\$0
Assessed value for year 2002	\$0
Assessed value for year 2001	\$0
Assessed value for year 2000	\$0

Property Characteristics

Land

District	Levy	Description	Phone
1	0.002859680	ADA COUNTY	208-287-7000
2	0.000110686	PEST EXTERMINATION	208-888-2316
3	0.000122737	EMERGENCY MEDICAL	208-287-2950
6	0.001032420	ADA COUNTY HIGHWAY DIST	208-387-6120
7	0.007938204	SCHOOL DISTRICT NO. 1	208-287-2029
13	0.000602668	ADA COMMUNITY LIBRARY	208-362-0181
32	0.001502313	WHITNEY FIRE	208-375-6407
43	0.000028311	MOSQUITO ABATEMENT	208-888-2316

Total Levy: 0.014197019

Based on the most current certified levies.

For more information on tax districts, please visit this page.

[Online View] [Print Page]

Geonotex Internet Mapping Framework - Microsoft Internet Explorer

Ada County Assessor

Legend

Full Screen

Map

Bookmarks

Create PDF

Help

Exit

Map Legend

Major Streets

MINOR ARTERIAL

MAJOR COLLECTOR

SECTION

PRINCIPAL ARTERIAL

INTERSTATE

Other

Minor Streets

LOCAL

PARKS

PRIVATE

RESIDENTIAL

Other

Street Names (minor)

Addresses

Parcels

Image Directory

Schools

Parks

City Limits

Kuna

Boise

Garden City

Map Center: 118° 15' 41.9" W 43° 34' 20.9" N

Map Scale: 1:825

Map Tool: Zoom In

Active Layer: Parcels

Powered by: Geonotex

Internet

Internet

Internet

Internet

Assessed value for year 2001

Assessed value for year 2000

Property Characteristics

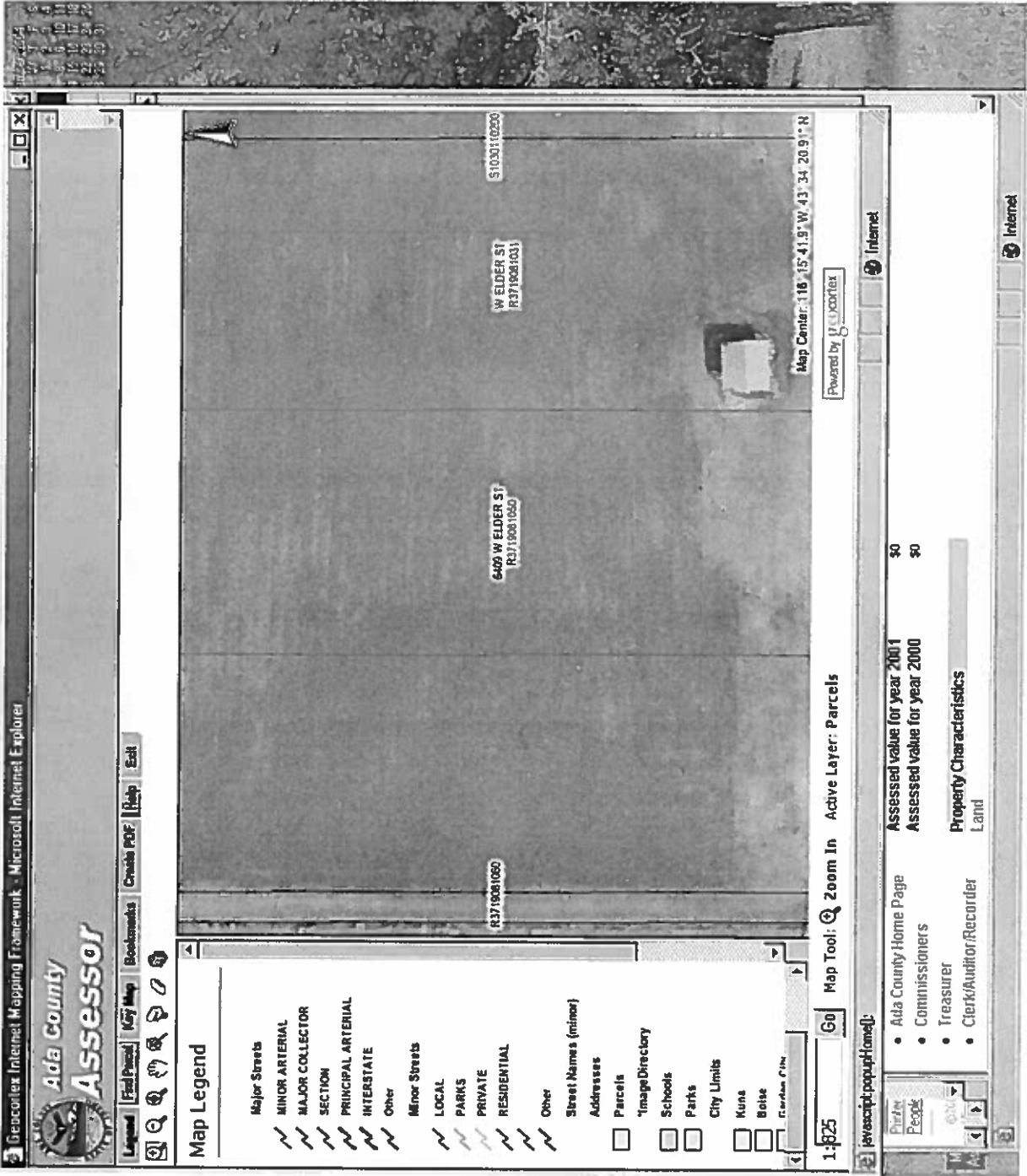
Land

Ada County Home Page

Commissioners

Treasurer

Clerk/Auditor/Recorder



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

Ident. Number 63-31697
Date Received: 6/9/2003
Receipt No: C069323 & W030564
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

CITY OF BOISE
DEPT OF AVIATION & PUBLIC TRANSPORTATION
PO BOX 500
BOISE ID USA 83701

Phone: (208)384-3901

2. Date of Priority: 01/01/1975

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 Lot	County	Type
03N	02E	30	NW	NE		ADA	

5. Description of diverting works:

Well is capped; 5 inch diameter

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:
0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
03N	02E	30	NW	NE	DOMESTIC	

11. Place of use in counties: ADA

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

Well located on parcel no. R3719081031 but used at the home at 6409 Elder, parcel no. R3719081050.
City purchased the property in September 1987; house has been demolished, well is unused.

15. Basis of Claim: Beneficial Use

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Identification No. 63-31697
Date Received 6-9-03
Receipt Number W030564 / C069323NOTICE OF CLAIM
TO A
WATER RIGHTACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day. **RECEIVED
JUN 09 2003
WATER RESOURCES
WESTERN REGION**

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) City of Boise Dept of Aviation and Public Transportation Phone (208) 384-3901
Mailing Address PO Box 500 Boise, ID Zip 832012. Date of Priority (Only one per claim) 1/1/1975 Month/Day/Year3. Source of water supply (Check one) ☒ Groundwater or Other () (a) _____
which is tributary to (b) _____
Name or kind of source4. Location of point of diversion is: Township 3N Range 2E
Section 30, 1/4 of NW 1/4 of NE 1/4, Govt. Lot _____, BM.,
County of Ada

Additional points of diversion if any: _____

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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. Well is capped; 6 in. diameter

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For Domestic purposes from 1/1 Month/Day to 12/31 Month/Day amount .04 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____7. Total quantity claimed .04 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) well located on parcel # R3719081031 but used at home at 6409 Elder, parcel # R3719081050; city purchased the property in September 1987; house has been demolished; well is unused

10. Place of use is: Township: 3N Range 2E
Section 30, NW 1/4 of NE 1/4, Govt. Lot _____, B.M.,

for (Circle One) Domestic Stock Domestic and Stock
Additional places of use, if any _____

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

12. 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.

13. Describe any other water rights used at the same place and for the same purposes as described above.
() None or _____

14. Remarks: _____

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree

Court _____ Decree Date _____ Plaintiff vs Defendant _____

If applicable provide IDWR Water Right Number _____

16. Signature (s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understood 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 do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) _____

Date 4/21/03

Date _____

For Organizations: I do solemnly swear or affirm that I am DIRECTOR

of BOISE AIRPORT, that I have signed the foregoing

document in the space below as DIRECTOR of BOISE AIRPORT

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

Signature of Authorized Agent _____

Date 4/21/03

Title and Organization _____

State of Idaho/or _____)

County of Ada)

SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 25th day of April 19 2003

SEAL

Notary Public Helen J. King

Residing at BOISE

My Commission Expires January 21, 2004

Last Name _____

Ident. No. _____

Copies: White-State, Yellow-Claimant



Amended Claim

Form No: 42-1409 (2) a 1/88 (Internet)

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
Ident. Number 63-31697
Date Received 10/22/2004
Receipt Number C075588

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) City of Boise Dept. of Aviation and Public Transportation Phone (208) 384-3901
Mailing Address P.O. Box 500 Boise, ID Zip 83701
2. Date of Priority (Only one (1) per claim) 1/1/1975
3. Source of water supply (a) Groundwater
which is tributary to (b) _____
4. a. Location of existing point of diversion is: Township 3N Range 2E Section 30,
_____ 1/4 of NW 1/4 of NE 1/4, Govt. Lot, _____ B.M., County of ADA
Additional points of diversion if any: _____
- b. If instream flow, beginning point of claimed instream flow is:
Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,
Govt. Lot _____ B.M., County of _____
ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,
Govt. Lot _____ B.M., 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. _____

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Municipal purposes from 1/1 to 12/31 amount .04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .04 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is _____ acre feet per annum.

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

10. Description of place of use: Within City of Boise Municipal Service Area as
a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below. defined by City of
b. If water is used for other purposes, place a symbol of use (example: D for Domestic) Boise Service Area
in the corresponding place of use below. See instructions for standard symbols. MAP, SEPTEMBER, 2004

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	

Total number of acres irrigated _____

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

12. 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.

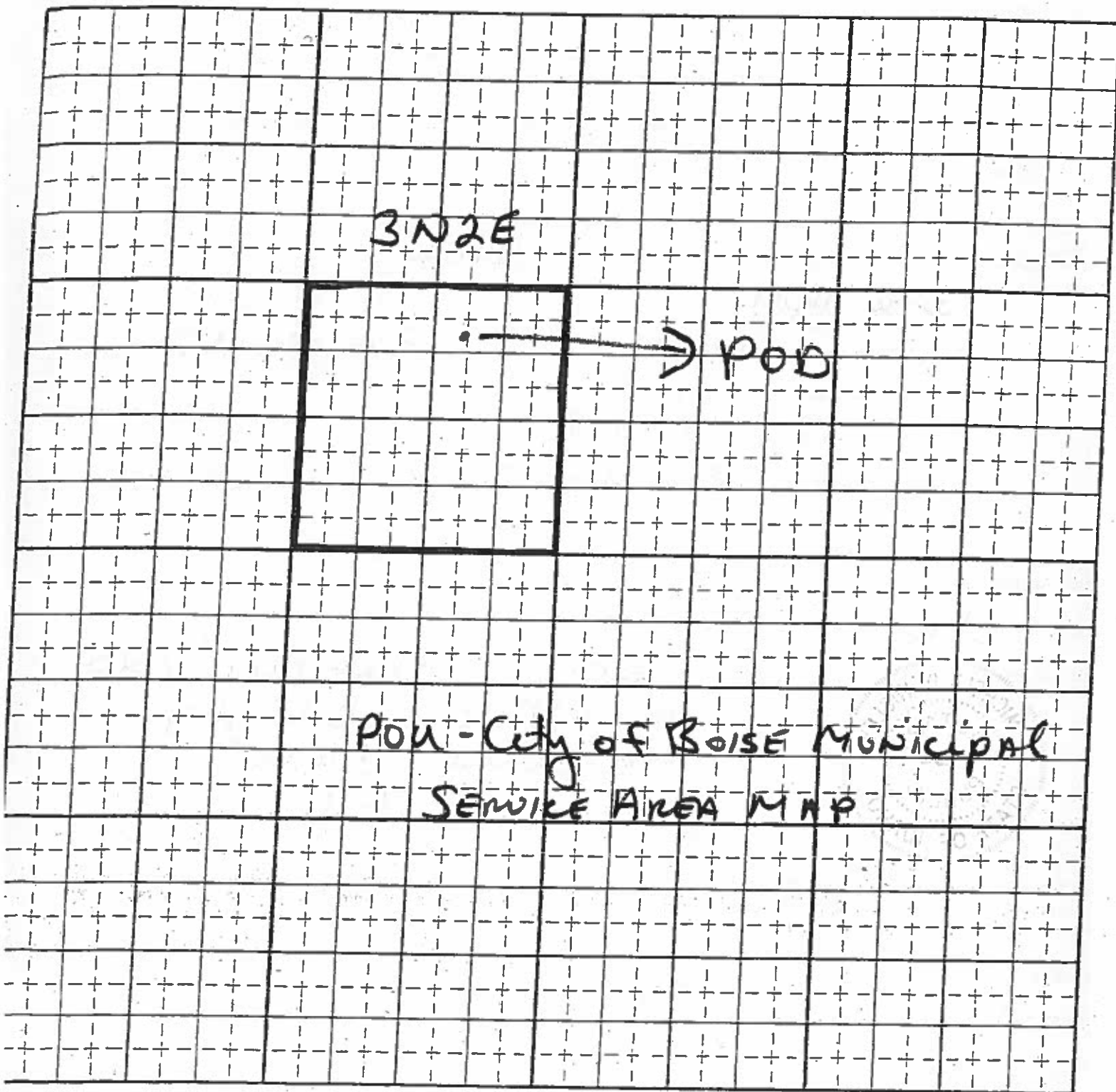
13. Describe any other water rights used at the same place and for the same purposes as described above.
All city of Boise Municipal Water rights or None ()

14. Remarks:

Historic domestic use at 6409 Elder St

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 inches equals 1 mile



15. Basis of Claim (check one) Beneficial Use X Posted Notice _____ License _____ Permit _____
Decree _____
If applicable provide IDWR Water Right Number 63-31697
Court _____ Case Number _____ Decree Date _____
Plaintiff vs Defendant _____

16. 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 do solemnly swear or affirm 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 that I am _____

Director

Title

of Boise Airport
Organization

, that I have signed the foregoing

document in the space below as Director
Title

of Boise Airport
Organization

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

Signature of Authorized Agent [Signature]

Title and Organization

Boise Airport Director

Date

9/16/04

State of Idaho/or _____)
County of Ada) SS.

Subscribed and sworn (or affirmed) before me this 20 day of September 16 2004

Notary Public

Michelle D Wigley

Residing at

Boise Idaho

My Commission Expires

7-10-07

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, Matthew Wilde 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

Address

CITY OF BOISE LEGAL DEPARTMENT
P.O. Box 500 BOISE, ID 83701

Date

9/23/04

Last Name

Ident. Number