



## Form 47 - Quarterly Water Reporting by Location

### Summary Information Overview

Form Name: **Form 47 - Quarterly Water Reporting by Location**  
Document Number: **404489285**  
Date Submitted: **12/30/2025**  
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### Operator Information

**Operator Number:** 76830  
**Operator Name:** SCHMID PROPERTIES INC  
**Operator Address:** PO BOX 389 ATTN: WILLIAM SCHMID  
**Operator City:** HICO  
**Operator State:** TX  
**Operator Zip:** 76457  
**First Name:** WILLIAM  
**Last Name:** SCHMID  
**Contact Phone:** (337) 261-1500  
**Contact Email:** tenniswilliam123@cs.com

### Quarterly Water Reporting by Location

**Year:** 2025  
**Quarter:** 1

**Water Produced Volumes Provided:**   
**Fresh Water Volumes Provided:**   
**Recycled & Reused Water Volumes Provided:**   
**Disposed Water Volumes Provided:**

### Signature and Certification

I hereby certify all statements made and all data provided on this form are, to the best of my knowledge at the time of submittal, true, correct, and complete.

**Operator Comments:**

**Name:** Lauren Glazier

**Title:** Consultant

**Email:** lglazier@cgrs.com

**Phone:** (970) 493-7780

**Signature:**

A rectangular box containing a handwritten signature in black ink. The signature is stylized and appears to be the name 'Lauren'.

**Associated Documents**

404489945 - FORM 47 IMPORTED QUARTERLY WATER REPORT

404489952 - FORM 47 SUBMITTED

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