



Form 47 - Quarterly Water Reporting by Location

Summary Information Overview

Form Name: **Form 47 - Quarterly Water Reporting by Location**
Document Number: **404489955**
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: 2

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 appears to be 'La' written in a cursive style.

Associated Documents

404490055 - FORM 47 IMPORTED QUARTERLY WATER REPORT

404490062 - FORM 47 SUBMITTED

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