

# BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

**In the Matter of the Application by Navigator  
CO2 Ventures LLC for a Permit to Construct  
A Carbon Dioxide Transmission Pipeline**

**RECEIVED**

DEC 05 2022

**APPLICATION  
FOR PARTY STATUS**

**HP22-002**

**SOUTH DAKOTA PUBLIC  
UTILITIES COMMISSION**

*LESLIE DOWNER*

(Name of applicant. This will be the person or entity named as a party.)

the above-referenced facility permit proceeding, pursuant to SDCL 49-41B-17 and ARSD 20:10:22:40.

Place a check mark next to each item below that applies to you, adding a mileage number for items requiring this. Explain your further interest below. If your submitted form is incomplete, you risk not being granted party status.

☒ I am a person or organization that received official notification via U.S. mail of the project from the siting permit applicant.

☒ I own land within 0 miles of the proposed project.

☒ I reside within 8 miles of the proposed project.

☐ I officially represent a municipal, city, township, county, or other affected governmental agency within \_\_\_\_\_ miles of the proposed project.

☒ I am directly interested in the proposed project as I explain below:

*The project crossed my land  
Project damages field drain tile and other  
improvements. Project easement limits  
future development and improvements  
Project damages soil structure and  
causes deep compaction. Hopefully, the  
state government and its agencies will  
protect me and my property from this  
ill conceived "taking!"*

**DEADLINE:**

Consistent with SDCL 49-41B-17 and ARSD 20:10:22:40, this application must be filed with the Public Utilities Commission on or before 5:00 p.m. CT, November 28, 2022.

File this completed form electronically  
at <http://puc.sd.gov/EFilingOptions.aspx>

*\*The Commission processes its dockets  
electronically for time and cost efficiencies.  
Thus, communication on the docket will be  
done via email with parties to this docket.*

Signature of Applicant

*Leslie Downer*

Print or Type Applicant's Name

*1935 3rd Street*

Applicant's Address, PO Box/St./Ave./Rd.

*Brookings, South Dakota 57006*

Applicant's Address, City, State, ZIP

*605 690 2866*

Applicant's Phone Number

*NONE*

Applicant's E-mail Address\*

Name of Applicant's Organization (if applicable)

*November 30, 2022*

Date Signed

*Above fields are required.*

Name of Attorney, if being represented

Attorney's E-mail Address

Attorney's Phone Number