Print or Type

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

Print Form

This form is only for persons who wish to be an active party in this docket. You do NOT need to be a party to submit comments.

In the Matter of the Application by SCS Carbon Transport LLC for a Permit to Construct a Carbon		APPLICATION FOR PARTY STATUS
Dioxide Transmission Pipeline)	HP24-001
Cheryl Jira petitions to	he l	Public Utilities Commission to be granted party status in this proceeding
(Name of Applicant. This will be the person or entity named as a party.)		
Place a check mark next to <u>each</u> item below that applies to you, adding a mileage number where requested.		This section is to be completed by the person requesting party status. All fields are required.
X I am a person or organization that received official		Cheryl Jira
notification of the project via U.S. mail from the siting permit		Applicant's Printed/Typed Name
applicant.		1//
X I reside within .25 miles of the proposed project.		Cheryl Tira /6/2025 Signature of Applicant Date Signed
		Signature of Applicant Date Signed
Residential address if different from your mailing address:		
same		Name of Applicant's Organization (if Applicable)
Y 25		46123 SD Highway 38
X I own land within 25 miles of the proposed project.		Applicant's Address (PO Box/St/Ave/Road)
Legal description: N487 W1049.7		Hartford, SD 57033
Ex TR 1 McCaughan's Addn		Applicant's Address (City, State, ZIP Code)
<u></u>		605-359-6237
I officially represent a municipal, city, township,		Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number
county or other affected governmental agency within		jayjira21@gmail.com
miles of the proposed project.		Applicant's E-mail Address* or, if represented, Applicant's Attorney's E-mail Address*
Explain your interest in applying for party status below.		The section below is to be completed by the Applicant's attorney, if represented. All fields are required.
I'm an impacted landowner and this pipeline will be within a quarter of a mile of my residence and go across my property		Attorney's Printed/Typed Name
		Signature of Attorney Date Signed
RECEIVED		Attorney's Address (PO Box/St/Ave/Road)
JAN 1 5 2025		400 001 700
SOUTH DAKOTA PUBLIC		Attorney's Address (City, State, ZIP Code)

*The Commission processes its dockets electronically for time and cost efficiencies. Communication on the docket will be done via email to parties to this docket. Failure to provide an email address may result in documents being served upon the county auditor rather than sent directly to the party, pursuant to SDCL 49-41B-17.1.

Utilities Commission on or before 5:00 p.m. CT, Jan. 24, 2025. File this completed form electronically at puc.sd.gov/EFilingOptions.aspx

Deadline: This application must be filed with the Public

UTILITIES COMMISSION