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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)

APPLICATION FOR PARTY STATUS

served upon the county auditor rather than sent directly

to the party, pursuant to SDCL 49-41B-17.1.

Transport LLC for a Permit to Construct a Carbon Dioxide Transmission Pipeline))
Connie Beyer-LaLonde	,
(Name of Applicant. This will be the person or entity named as a party.)	the Public Utilities Commission to be granted party status in this proceeding.
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.
I am a person or organization that received official notification of the project via U.S. mail from the siting permit applicant.	Connie Beyer-LaLonde
	Applicant's Printed/Typed Name
x reside within 6 miles of the proposed project.	
	Signature of Applicant Date Signed
Residential address if different from your mailing address:	Clare Township, Moody Co
	Name of Applicant's Organization (if Applicable)
X own land within 6 miles of the proposed project. Legal description: NE1/4 18-107-49	22827 473rd Ave
	Applicant's Address (PO Box/St/Ave/Road)
	Flandreau, SD 57028
Moody Co, SD	Applicant's Address (City, State, ZIP Code)
V	605-864-1202
X 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 5	beylal@svtv.com
miles of the proposed project.	Applicant's E-mail Address* or, if represented, Applicant's Attorney's E-mail Address*
I am concerned about the safety of my family as well as the constituents of my township. Should a rupture occur in a carbon pipeline, five miles is not a safe distance from the rupture. Being the distance we are from any town, it would be some time before any EMT's would be able to reach us, if that were even possible.	The section below is to be completed by the Applicant's attorney, if represented. All fields are required.
	Attorney's Printed/Typed Name
	Signature of Attorney Date Signed
	Attorney's Address (PO Box/St/Ave/Road)
	Attorney's Address (City, State, ZIP Code)
	*The Commission processes its dockets electronically for
Deadline: This application must be filed with the Public Utilities Commission on or before 5:00 p.m. CT, Jan. 24, 2025. File this completed form electronically at	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

If your submitted form is incomplete, you risk not being granted party status.