

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

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 )  
Dioxide Transmission Pipeline )

**APPLICATION FOR PARTY STATUS**

HP24-001 **RECEIVED**

**Cheryl Schmit**

\_\_\_\_\_, petitions the 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 each item below that applies to you, adding a mileage number where requested.

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

I reside within 3.5 miles of the proposed project.

Residential address if different from your mailing address:

I own land within 50 ft miles of the proposed project.

Legal description: NW 1/4 27 & NE1/4 22, 106-N  
R-59-W

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

Explain your interest in applying for party status below.

The proposed pipeline plans to run next to my property. It will devalue the land & also concerned about the welfare of my husband & son, as they farm together. I also have grandchildren that I am worried about. I ask that you deny the permit for this dangerous pipeline.

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 [puc.sd.gov/EFilingOptions.aspx](http://puc.sd.gov/EFilingOptions.aspx)

This section is to be completed by the person requesting party status. **All fields are required.**

**Cheryl Schmit**

Applicant's Printed/Typed Name

*Cheryl Schmit*

Signature of Applicant

1-12-2025

Date Signed

Name of Applicant's Organization (if Applicable)

**23594 412th Ave.**

Applicant's Address (PO Box/St/Ave/Road)

**Artesian, SD 57314**

Applicant's Address (City, State, ZIP Code)

**605-999-0889**

Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

*Cheryl.Schmit@kl2.sd.us*

Applicant's E-mail Address\* or, if represented, Applicant's Attorney's E-mail Address\*

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 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.

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