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)
Dioxide Transmission Pipeline)

Deadline: This application must be filed with the Public

2025. File this completed form electronically at

puc.sd.gov/EFilingOptions.aspx

Utilities Commission on or before 5:00 p.m. CT, Jan. 24,

APPLICATION FOR PARTY STATUS

RECEIVED

HP24-001

*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.

DEC 16 2024

Deb Everson	an Dublic Hillian Commission to be suggested as the state of the suggest
, peutions tr (Name of Applicant. This will be the person or entity named as a party.)	ne Public Utilities Commission to be granted party status in this procee SOUTH DAKOTA PUBL
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.	Deb Everson Applicant's Printed/Typed Name
X I reside within 5 miles of the proposed project.	Signature of Applicant Date Signed
Residential address if different from your mailing address:	Self
1428 Pinehurst Ave, Mitchell, SD 57301	Name of Applicant's Organization (if Applicable)
	1428 Pinehurst Ave
I own land withinmiles of the proposed project.	Applicant's Address (PO Box/St/Ave/Road)
Legal description:	Mitchell, SD 57301
	Applicant's Address (City, State, ZIP Code)
l 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	debeverson1@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.
of the proposed project and am concerned for the safety of my family and neighborhood	Attorney's Printed/Typed Name
given the proximity of the project to where I live, the housing development to the North,	Signature of Attorney Date Signed
within 2 miles of the project. I am concerned for the negative impact of the orderly development of the area, and the potential safety concerns, the lack of an alert system or	Attorney's Address (PO Box/St/Ave/Road)
a proper emergency response plan and the	Attorney's Address (City, State, ZIP Code)
funding it will cost the local governments.	*The Commission processes its dockets electronically fo

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