

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

Darren Nelson, 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 miles of the proposed project.

Residential address if different from your mailing address:

I own land within _____ miles of the proposed project.

Legal description: NE 1/4 17-109-49

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.

I operate the farm for my family. I'm concerned about the safety of me and my family as we work on the land. The construction and operation of the pipeline would damage fragile wetlands and pasture. There is a creek that runs through the property that floods often. The grassland has lots of wildlife and native grasses that could be impacted negatively. The value of the land will be less because of a pipeline and production will also suffer from the damaged ecosystem. I am mostly concerned about neighbors who live very close to the proposed route across this land.

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

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

Darren Nelson
Applicant's Printed/Typed Name

Darren Nelson
Signature of Applicant Date Signed

Name of Applicant's Organization (if Applicable)

47370 219th St.
Applicant's Address (PO Box/St/Ave/Road)

Brookings, SD 57006
Applicant's Address (City, State, ZIP Code)

605-695-4407
Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

dnbtaz@gmail.com
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.