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BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

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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 file this form.

**SOUTH DAKOTA PUBLIC
UTILITIES COMMISSION**

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

Daniel Kapperman, 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 5 miles of the proposed project.

Residential address if different from your mailing address:

I own land within _____ miles of the proposed project.

Legal description: _____

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.

This pipeline is not a common carrier so should not get a permit. This pipeline is deadly CO2 asphixiate. I plan on taking over farming and my folks land where we would move is 1 1/2 miles from pipeline. Too dangerous will not move that close with 4 small children.

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.**

Daniel Kapperman
Applicant's Printed/Typed Name

Daniel Kapperman 1-13-25
Signature of Applicant Date Signed

na
Name of Applicant's Organization (if Applicable)

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

Humboldt SD 57035
Applicant's Address (City, State, ZIP Code)

605 553-6251
Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

DKappy@hotmail.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.