

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
JAN 17 2025

**SOUTH DAKOTA PUBLIC
UTILITIES COMMISSION**

Diana township/Sanborn Co.

_____, 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 ____ 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 0 miles of the proposed project. T-106-N
R-59-W

Explain your interest in applying for party status below.

This project plans to run through Diana township in Sanborn Co. We are opposed to it! The value of land will go down, which means less money for the township. Damage to roads from the project. Safety & welfare of the people who live here and also those who farm the ground.

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.**

Lowell Wormstadt/Kevin Page/ Frances Effling

Applicant's Printed/Typed Name

Lowell Wormstadt
Frances Effling 1/13/25

Signature of Applicant

Date Signed

Name of Applicant's Organization (if Applicable)

23654 416th Ave.

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

Artesian, SD 57314

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

605-999-1678

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

kcpage@santel.net

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.