

**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

Hand County Emergency Management

(Name of Applicant. This will be the person or entity named as a party.)

petitions the Public Utilities Commission to be granted party status in this proceeding.

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 1 miles of the proposed project.

Explain your interest in applying for party status below.

I have some safety concerns.

PSI
Depth of Pipe
CO2 gas
1st responder agencies needs to mitigate and respond to a rupture or leakage.

PPE
Equipment

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.**

Arlen Gortmaker

Applicant's Printed/Typed Name

[Handwritten Signature]

Signature of Applicant

1-30-2025

Date Signed

Hand County Emergency Management

Name of Applicant's Organization (if Applicable)

415 W. 1st Ave, Suite 108

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

Miller SD 57362

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

6052040267

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

handcounty.em@live.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.

From: Hand County EM Arlen Gortmaker <handcounty.em@live.com>
Sent: Thursday, January 30, 2025 11:16 AM
To: PUC Docket Filings <PUCDocketFilings@state.sd.us>
Subject: [EXT] New Docket Filing

Last Name: Gortmaker First Name: Arlen Company: Hand County Emergency Management
Address: 415 W. 1st Ave, Suite 108 City: Miller State: SD Zip: 57362 Phone: 6052040267
Email: handcounty.em@live.com Comments:

I have some safety concerns.

PSI

Depth of Pipe

CO2 gas

1st responder agencies needs to mitigate and respond to a rupture or leakage.

PPE Equipment Cost

Training Call volume increase due to industry moving into the area

Crime rate during construction

1st responder agencies see very little financial help from these industries but see expense risk for PPE, Equipment, and call volume

Arlen Gortmaker Hand/ Buffalo Co Emergency Management 415 W. 1st Ave Suite 108 Miller SD 57362 605-853-2769 605-204-0267 handcounty.em@live.com

Arlen Gortmaker

Hand/ Buffalo County Emergency Management

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www.hand.sdcounties.org/emergency-management/

Hand County Alerts - AlertSense

Buffalo County Alerts - Rave