

# BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

**PRINT**

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 24 2025

Judy 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 1 1/2 miles of the proposed project.

Residential address if different from your mailing address:

I attend cowboy way church

I own land within 1/2 miles of the proposed project.

Legal description: I live in Hartford

and attend Cowboy Way church

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 go to church at Cowboy Way Church 1/2 mile away & across over every wk.  
Also I live in Hartford, SD and the pipeline is within 1/2 mile from it. And if the pipe breaks or release can go farther than 2 miles.

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](http://puc.sd.gov/EFilingOptions.aspx)

This section is to be completed by the person requesting party status. **All fields are required.** SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

Judy Nelson  
Applicant's Printed/Typed Name

Judy Nelson 1/20/25  
Signature of Applicant Date Signed

Cowboy Way Church  
Name of Applicant's Organization (if Applicable)

Hartford 57033  
Applicant's Address (PO Box/St/Ave/Road)

Hartford, SD 57033  
Applicant's Address (City, State, ZIP Code)

605-610-6896  
Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

Dakotagir1257@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.**