

Print or Type

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

Print Form

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

John E Ostraat

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 0 miles of the proposed project.

Residential address if different from your mailing address:

I own land within 0 miles of the proposed project.

Legal description: LOTS 1 & 2
SW 1/4-30-99-48

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.

The route of the CO2 pipeline would go through our property, within 400 feet of our farmstead, within 900 feet of our house, and less than one-half mile from our children's and grandchildren's home. CO2 in a high-pressure pipeline is dangerous and is only pursued to extract federal incentives for private profit. It serves no common carrier benefit and eminent domain should not be used to seize land from landowners. It would adversely affect the value of my land and would disrupt drain tiles.

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.

John E Ostraat

Applicant's Printed/Typed Name

John E. Ostraat

Signature of Applicant

1/7/25

Date Signed

Name of Applicant's Organization (if Applicable)

can be contacted via counsel

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

can be contacted via counsel

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

(605) 331-1031

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

petersonlaw@midconetwork.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.

John P Peterson

Attorney's Printed/Typed Name

John Peterson

Signature of Attorney

1-8-25

Date Signed

6201 E Silver Maple Cir, STE 102

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

Sioux Falls, SD 57110

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.