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)

Deadline: This application must be filed with the Public

2025. File this completed form electronically at

puc.sd.gov/EFilingOptions.aspx

Utilities Commission on or before 5:00 p.m. CT, Jan. 24,

APPLICATION FOR PARTY STATUS

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.

Dioxide Transmission Pipeline) HP24-001
Kaleigh Zoss	he 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.)	g. a
Place a check mark next to <u>each</u> item below that applies to you, adding a mileage number where requested.	This section is to be completed by the person requesting party status. All fields are required.
I am a person or organization that received official notification of the project via U.S. mail from the siting permit applicant.	Kaleigh Zoss Applicant's Printed/Typed Name
X I reside within 2 miles of the proposed project.	Signature of Applicant Date Signed
Residential address if different from your mailing address:	
	Name of Applicant's Organization (if Applicable)
X I own land within miles of the proposed project.	118 E Alvord Ave
I own land withinmiles of the proposed project.	Applicant's Address (PO Box/St/Ave/Road)
egal description:	Artesian, SD 57314
	Applicant's Address (City, State, ZIP Code)
	605-999-0609
I officially represent a municipal, city, township,	Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number
county or other affected governmental agency within	kayzizo11@gmail.com
niles of the proposed project.	Applicant's E-mail Address* or, if represented, Applicant's Attorney's E-mail Address*
Explain your interest in applying for party status below. am not in favor and concerned for a number	The section below is to be completed by the Applicant's attorney, if represented. All fields are required.
of reasons. The safety of my family, friends, neighbors and first responders. The value of my property diminishing and the insurance	Attorney's Printed/Typed Name
going up. The contamination of our ground water as most of our community runs on wells. The high cost for equipment and training for our volunteer first responders. The effect on he wildlife and their habitats. Who is liable when and if this fails and it destroys property and even worse kills people?	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