

**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

Kelly Olson

_____, 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 1/2 miles of the proposed project.

Residential address if different from your mailing address:

24052 414th Avenue Artesian SD 57314

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

Legal description: Wollman Tract 1 SW/4Q 16-105-59

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.

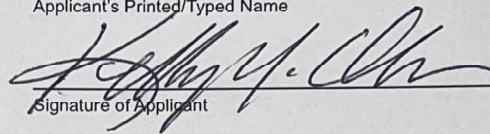
This will prevent economic development and growth within my area. This will greatly decrease the value of my property. This will create safety issues for myself, my family/kids, and my livestock. I will feel unsafe in my own home! There will be long term inconveniences in traffic if there was construction. My income through my livestock will be put in jeopardy as they will be in a danger area. My family will be at great risk living within a half mile of the pipeline!

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.**

Kelly Olson

Applicant's Printed/Typed Name



Signature of Applicant

1/16/25

Date Signed

Name of Applicant's Organization (if Applicable)

24052 414th Avenue

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

Artesian SD 57314

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

605-770-6781

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

hunterspup@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.