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)

Linda Hartman

APPLICATION FOR PARTY STATUS

HP24-001

(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 <u>each</u> 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.

XI

I reside within 4 miles of the proposed project.

Residential address if different from your mailing address:

X I own land w	_{/ithin} _	miles of the	e propose	d project.
Legal description:	711	N Colt	on R	d
Hartford,				

Addition

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 feel the pipeline is unsafe as proposed. I also object to the supportors tactics in promoting this project and the use of imminenet domain for private use.

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.

Linda Hartman

Applicant's Printed/Typed Name 1/14/2025 ature of Applicant Date Signed

Name of Applicant's Organization (if Applicable)

711 N Colton Rd

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

Hartford SD 57033

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

605-929-5051

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

ahart2000@msn.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-11.

If your submitted form is incomplete, you risk not being granted party status. JAN 2.1~2025

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION