

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

Lynn Hurley

_____, 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 500 ft miles of the proposed project.

Residential address if different from your mailing address:

I own land within on miles of the proposed project.

Legal description: SE1/4 except tract 1 of Mitchell's Addition
Section 23, Township 99 N, Range 49 W of 5th PM Lincoln Co

_____ 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 found out that the pipeline was going through my property when I looked at the map submitted with the PUC Application. I have not received any official notification of the project from Summit Carbon Solutions. My fields are pattern tiled and the route will cut through ALL of the tile on my property; once cut, it will never be the same when an attempt is made to repair it. Additionally, the pipeline route has the main 24" pipe close to my home, presenting a dangerous hazard for my family.

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.**

Lynn Hurley

Applicant's Printed/Typed Name

Lynn Hurley

Signature of Applicant

12-2-24

Date Signed

Name of Applicant's Organization (if Applicable)

48032 277th Street

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

Canton, SD 57013

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

605-838-6472

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

hurleysix@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.