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 C Transport LLC for a Permit to Construct a C Dioxide Transmission Pipeline	arbon arbon
Dioxide Transmission Pipeline	ui boii

puc.sd.gov/EFilingOptions.aspx

Dioxide Transmission Dioxide T	APPLICATION FOR PARTY STATUS	
Transmission Pipeline	HP24-001	
Marne of Applicant. This will be the person or entity named as a party.) Place of Applicant and the person or entity named as a party.)	e 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.	This section is to be completed by the person requesting party status. All fields are required.	
notification of the project via U.S. mail from the siting permit applicant.	Matt Dement Applicant's Printed/Typed Name	
X I reside within ½ miles of the proposed project.	Oncet De ment 12-15-2 Signature of Applicant Date Signed	
Residential address if different from your mailing address:		
12175 363rd Que Leolg SD	Name of Applicant's Organization (if Applicable)	
a mat	Can be contacted via counsel	
X I own land within 0 miles of the proposed project. Can be contacted via counse Applicant's Address (PO Box/St/Ave/Road)		
Legal description: mcRherSon County	Can be contacted via counsel	
Sec/Twp/Rng 29-125N-67W	Applicant's Address (City, State, ZIP Code)	
	402-493-4100	
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	SDco2@dominalaw.com	
miles 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.	The section below is to be completed by the Applicant's attorney, if represented. All fields are required.	
my wife and I rent o form her Family	Brian Jorde / Ryan Cwach	
and that is on the pipeline houte.	Attorney's Printed/Typed Name	
our family form where the parents	Brian C. Jorde 12/10/24	
our Heyers + eguppnent rever to 12	Signature of Attorney Date Signed	
nile from the route. This company	2425 S. 144th St.	
has blatantly disregarded our county	Attorney's Address (PO Box/St/Ave/Road)	
ordinance on notescho + has treated us I the we don't exist + they can do what	Omaha, NE 68144	
The react! They have no be spect	Attorney's Address (City, State, ZIP Code)	
They please!! They Have no Be spect for our laws or our land!	*The Commission processes its dockets electronically for	
This application must be filed with the Public	time and cost efficiencies. Communication on the docket will be done via email to parties to this docket. Failure to	
Campicsion on Di Deivic V.VV Pitti VI I VIIII VI	provide an email address may result in documents being	
2025. File this completed form electronically at	served upon the county auditor rather than sent directly	

to the party, pursuant to SDCL 49-41B-17.1.