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**

Michael V Jungwirth

(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 vou, 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 ⁸ miles of the proposed project.

Residential address if different from your mailing address:

l own land w	_{vithin} 8	miles of the proposed project.
	18_1	18-65

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.

The alternate route is within 8 miles of where I live. 1. Summit is not in compliance with all applicable ordinances, laws, and rules. 2. This CO2 pipeline poses a threat of serious injury to the environment and the social and economic condition of the inhabitants. 3. This CO2 pipeline will drastically impair the health, safety, and welfare of the inhabitiants. The SD PUC denied the first permit. SD voters confirmed that the SD PUC did the right thing. Since Summit cannot comply, you must deny!

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

APPLICATION FOR PARTY STATUS RECEIVED HP24-001

, petitions the Public Utilities Commission to be granted party status in this proceeding. SOUTH DAKOTA PUBLIC

This section is to be completed WTILL ESGOMMISSION party status. All fields are required.

Michael V Jungwirth

Applicant's Printed/Typed Name

Name of Applicant's Organization (if Applicable)

16221 375th Ave

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

Athol, SD 57424

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

605-472-3098

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

iunawirth@nrctv.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.