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# BEFORE THE PUBLIC UTILITIES COMMISSION **RECEIVED** 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. JAN 14 2025

In the Matter of the Application by SCS Carbon )  
Transport LLC for a Permit to Construct a Carbon )  
Dioxide Transmission Pipeline )

APPLICATION FOR SOUTH DAKOTA PUBLIC UTILITIES COMMISSION  
HP24-001

Nicholas Kapperman, 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 miles of the proposed project.

Residential address if different from your mailing address:

I own land within 1 miles of the proposed project.

Legal description: Section 31 Twp Hartford  
T102N R51W Minnehaha County

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.

have concerns of a Co2 pipeline close to our residence. The pipeline is dangerous and I do not want our family near it. Not a common carrier of no use for SD

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](http://puc.sd.gov/EFilingOptions.aspx)

This section is to be completed by the person requesting party status. **All fields are required.**

Nicholas Kapperman  
Applicant's Printed/Typed Name

[Signature]  
Signature of Applicant Date Signed

Name of Applicant's Organization (if Applicable)

41044 262nd St  
Applicant's Address (PO Box/St/Ave/Road)

Hartford SD 57033  
Applicant's Address (City, State, ZIP Code)

605 553 3073  
Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

Nick@JaredSmartConstruction.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.**