

Print or Type

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

PRINT

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

RECEIVED

Pamela Telkamp

(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.

DEC 26 2024

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 1/4 miles of the proposed project.

Residential address if different from your mailing address:

4712a - 217th Street, Brookings, SD

I own land within 1/4 miles of the proposed project.

Legal description: SE 1/4 EXC N 16.5 THEREOF & EXC SW 1/4 NW 1/4 SW 1/4 & EXC E 17' OF W 50' IN SW 1/4 SEC 13-109-60

- N 1/2 NW 1/4 EXC. H-2 SEC 19-109-49
- SE 1/4 SE 1/4 EXC. H-1 SEC 16-109-49
- NE 1/4 EXC. H-1 + H-2 SEC 19-109-49

I officially represent a municipal, city, township, county or other affected governmental agency within _____ miles of the proposed project.

- 5 1/2 NW 1/4 SE 17-109-49

Explain your interest in applying for party status below.

I own & live on land proposed for this pipeline. I do not wish to have a hazardous Carbon dioxide pipeline in or even near my property

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

If your submitted form is incomplete, you risk not being granted party status.

This section is to be completed by the person or persons submitting this status. All fields are required.

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

Pamela Telkamp

Applicant's Printed/Typed Name

Pamela Telkamp

Signature of Applicant

12-18-24

Date Signed

Name of Applicant's Organization (if Applicant is)

4712a - 217th Street

Applicant's Address (PO Box/Street/Road)

Brookings, SD 57006

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

605-695-2752

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

ptelkamp@live.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/Street/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.