

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

Jane A R Payfer

_____, 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 app 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 1.75 miles of the proposed project.

Residential address if different from your mailing address:

I own land within 1.75 miles of the proposed project.

Legal description: Parsley Way Addn Lot 22A in 1/2 SE 1/4 Sec

____ 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 have significant concern regarding 1. the UNPROVEN capability of Summit et al in manufacturing, fabricating, assembling &/or building any pipeline, much less this high pressure pipeline. 2. the lack of planning, resources, process & coordination of the various counties' emergency & 1st responder organizations to effectively address a leak of this pipeline. 3. the excessive consumption of water required by this process & pipeline 4. the overall decimation of property values near this pipeline.

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.**

Jane A R Payfer

Applicant's Printed/Typed Name

Jane A R Payfer

1/21/2024

Signature of Applicant

Date Signed

Name of Applicant's Organization (if Applicable)

601 Wicklow Lane

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

Brookings, SD 57006

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

612.343.0700

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

jpayer@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/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.

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