Print or Type	BEFORE THE PUBLIC UTILITIES COMMISSION	PRINT
	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 subn	nit 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

Sally Schweitzer , 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.) Х This section is to be completed by the person requesting Place a check mark next to each item below that applies to party status. All fields are required. you, adding a mileage number where requested. X I am a person or organization that received official Sally Schweitzer Applicant's Printed/Typed Name notification of the project via U.S. mail from the siting permit applicant.

 \mathbf{x} I reside within $\mathbf{1}$ miles of the proposed project.

Residential address if different from your mailing address:

Х	I own lan	d within)	miles	of the	proposed	project.
							1 j

Legal description: _	Turner	County
Sec/Twp/Rng	15-100-53	

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 pipeline is proposed to cross my land, which I rely on for nearly half of my income. If the project is approved, I am concerned about being able to rent the land, the potential decline in property value, as well as the safety of my renter.

My home is also located near the proposed route, and given the potentially lethal nature of carbon dioxide, I am concerned for the safety and wellbeing of my community.

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

/s/ Sally Schweitzer	1-19-2025
Signature of Applicant	Date Signed

Name of Applicant's Organization (if Applicable)

Can be contacted via counsel

Can be contacted via counsel

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

402-493-4100

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

SDco2@dominalaw.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. Brian Jorde / Ryan Cwach

Attorney's Printed/Typed Name

Brian E. Jorda Signature of Attorney

12/10/24

Date Signed

2425 S. 144th St.

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

Omaha, NE 68144

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.