

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

Traci Kappes

Traci Kappes petitions the Public Utilities Commission to be granted party status in this proceeding.

Place a check mark next to each item below that applies to you, adding a mileage number where requested.

X I am a person or organization that received official notification of the project via U.S. mail from the siting permit applicant.

X I reside within .5 miles of the proposed project.

Residential address if different from your mailing address:

X I own land within .5 miles of the proposed project.

Legal description: East 1030' of the North 650' of the South 1600' of the SE 1/4

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.

My family lives within a quarter-mile of the proposed carbon pipeline, with sections of it running both north and south of our farm, one split being within 300 yards of our farm. The lack of federal regulations and additional safety concerns of a rupture of a high concentration of carbon have me most concerned for our family.

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.

Traci Kappes

Applicant's Printed/Typed Name

Signature of Applicant

1/22/25

Date Signed

Name of Applicant's Organization (if Applicable)

11477 357th Ave.

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

Leola, SD 57456

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

605-520-2969

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

tekappes@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/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.