

# 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

RECEIVED

JAN 24 2025

Tamara Mohr

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.)

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

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  miles of the proposed project.

Residential address if different from your mailing address:

20520 399<sup>th</sup> Ave Huron, SD 57350

I own land within  miles of the proposed project.

Legal description:

I officially represent a municipal, city, township, county or other affected governmental agency within

miles of the proposed project. My land is in Beadle County - Theresa Township

Explain your interest in applying for party status below.

I'm the 5<sup>th</sup> generation landowner of land pipeline crosses. I have been sued and told what was going to happen one way or another by Summit. I feel they fail all 4 of the requirements listed by PUC. I'm a registered nurse with extreme fear of the fallout, death & destruction when the pipeline fails and leaks. The land loses value immediately & will never be restored.

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.

Tamara Mohr

Applicant's Printed/Typed Name

Tamara Mohr

Signature of Applicant

1/20/25

Date Signed

Name of Applicant's Organization (if Applicable)

2075 Lampert Ct

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

Huron, SD 57350

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

605-350-7015

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

rtmohr2005@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.