Print or Type

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

Print Form

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 RECEIVED HP24-001
(Name of Applicant. This will be the person or entity named as a party.), petitions the	JAN 27 2025 Public Utilities Commission to be granted party status in this proceeding SOUTH DAKOTA PUBLIC
Place a check mark next to <u>each</u> item below that applies to you, adding a mileage number where requested.	This section is to be completed by the person requesting party status. All fields are required.
I am a person or organization that received official notification of the project via U.S. mail from the siting permit applicant.	Terry L. Moore Applicant's Printed Typed Name
\times 1 reside within $4/2$ miles of the proposed project.	Signature of Applicant Date Signed
Residential address if different from your mailing address:	By an D. Moore and Temy L. Moore Living Name of Applicant's Organization (if Applicable)
> I own land within / miles of the proposed project.	23350 HI2TH AVE Applicant's Address (PO Box/St/Ave/Road)
Legal description: 106-59	Applicant's Address (City, State, ZIP Code)

Explain your interest in applying for party status below.

county or other affected governmental agency within

miles of the proposed project.

officially represent a municipal, city, township,

opposed to this coa pipeline that is to go within is mile from our land. on top of that, we know the soil has lots of Alkali, which s very corrosive. the high pH level will likely accelerate comosign on the pipeline, which is very for our safety, our and the town who is within 2/2 this proposed pipeline not have eminent domain

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

The section below is to be completed by the Applicant's attorney, if represented. All fields are required.

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

Attorney's Printed/Typed Name	
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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.