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

HP24-001

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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.)

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 1/4 miles of the proposed project.

Place a check mark next to each item below that applies to

Residential address if different from your mailing address:

21778 471st Avenue Brookings, SD

X I own land within 1/8 miles of the proposed project.

N 1/2 NE 1/4 24-109-50

Legal description:

S 1/2 NE 1/4 24-109-50

____ 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 proposed SCS pipeline route comes within 750' of property. The negative impacts will be immediate and continue into the future.

1) Serious injury to health of those living near pipeline. The PHMSA determined updated safety standards should be drafted after the pipeline rupture in Satartia, MS.

2) Property values will be impacted and resale

opportunities will be diminished.

3) Serious environmental threat. This poses a threat to the shallow aquifers in this area.

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.

Janet R. Hamilton

Applicant's Printed/Typed Name	
Donat Homiston	01/14/2025
Signature of Applicant	Date Signe

Telkamp Family Farm

Name of Applicant's Organization (if Applicable)

47153 217th Street

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

Brookings, SD 57006

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

605-690-2853

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

janetraehamilton@outlook.com

Applicant's E-mail Address* or, if represented, Applicant's Attorney's E-mail Address*

Attorney's Printed/Typed Name		
Signature of Attorney	Date Signed	
Attorney's Address (PO Box/St/Ave/Road)		

*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.