

Print or Type

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

PRINT

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.

RECEIVED

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

JAN 13 2025

SOUTH DAKOTA PUBLIC
UTILITIES COMMISSION

Warner Township

_____, petitions the Public Utilities Commission to be granted party status in the above-captioned proceeding.
(Name of Applicant. This will be the person or entity named as a party.)

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:

____ 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.

Explain your interest in applying for party status below.

The township is very concerned about the roads and safety of our citizens. The people have voiced their concerns and are not for it. ^(Summit project) We are also concerned that our property values will be significantly lower, and our fire department is not prepared for this. Summit is not a pipeline company

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.**

Del Wiedebush chairman
Diehl supervisor
Robert R Seaton - clerk

Jared Bossly - Supervisor

Applicant's Printed/Typed Name

Del Wiedebush chairman
Diehl supervisor
Robert R Seaton - Clerk

Signature of Applicant
Jared Bossly - Supervisor

1230-24
Date Signed

Name of Applicant's Organization (if Applicable)

38352 146th St
Applicant's Address (PO Box/St/Ave/Road)

Mansfield SD 57460
Applicant's Address (City, State, ZIP Code)

605-228-4608
Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

bosslyjt@yahoo.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.

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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.

Warner Township
Applicant's Printed/Typed Name

I reside within _____ miles of the proposed project.

Paul Wicklund Township Chairman
Signature of Applicant Date Signed

Residential address if different from your mailing address:

Name of Applicant's Organization (if Applicable)

I own land within _____ miles of the proposed project.

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

Legal description: _____

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

I officially represent a municipal, city, township, county or other affected governmental agency within _____ miles of the proposed project.

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

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

Explain your interest in applying for party status below.

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

Township is very concerned about the roads and the safety of our citizens. The people have voice their concerns and not for it. Also concerned property values will be way lower, and our fire department is not prepared for this. Summit is not a pipeline company.

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)

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