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 of Xcel Energy and Otter Tail Power Company for an Energy Facility Permit to Construct the PowerOn Midwest Project Consisting of a 765-kV Transmission Line, a 345-kV Transmission Line, and Associated Facilities

APPLICATION FOR PARTY STATUS

EL26-026

Charles Wollschlager, 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.)

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 .2 miles of the proposed project.

Residential address if different from your mailing address:

_____

☒ I own land within 0 miles of the proposed project.

Legal description: NW 1/4 of Section 24 T-119 N Vernon, Grant, S.D.

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

☐ I represent a utility company with facilities within _____ miles of the proposed project.

Explain your interest in applying for party status below.

I live & farm in the direct path of the proposed line, I fence in the ground every year for cows to eat residue. I farm organic and this line will restrict me from certain

Deadline: This application must be filed with the Public Utilities Commission on or before **5:00 p.m. CT, Nov. 3, 2026**, 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.**

Charles Wollschlager
Applicant's Printed/Typed Name

Charles Wollschlager 11-1-26
Signature of Applicant Date Signed

_____
Name of Applicant's Organization (if Applicable)

48307 S.D. Hwy, 158
Applicant's Address (PO Box/St/Ave/Road)

Reuillo, S.D. 57259
Applicant's Address (City, State, ZIP Code)

605-949-4566
Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

chas1762@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.
For approval, party status applications must meet the requirements of SDCL 49-41B-17.