

# 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 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**

Ryan Wellschlager, 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 3/4 miles of the proposed project.

Residential address if different from your mailing address:

☒ I own land within \_\_\_\_\_ miles of the proposed project.

Legal description: N 1/2 SW 1/4 of Section 30  
N 1/2 Section 1 118-48 119-47  
Adams West  
Vernon East

☐ 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 own livestock that will be near or under these lines.  
I farm under these proposal lines  
I live within 3/4 mile of line  
I am concerned about weeds, crop loss compaction, & loss of property value  
I am worried about overall quality of life being harmed

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](http://puc.sd.gov/EFilingOptions.aspx)

This section is to be completed by the person requesting party status. **All fields are required.**

Ryan Wellschlager  
Applicant's Printed/Typed Name

Ryan Wellschlager 10-27-26  
Signature of Applicant Date Signed

\_\_\_\_\_  
Name of Applicant's Organization (if Applicable)

15858 484th Ave  
Applicant's Address (PO Box/St/Ave/Road)

Revillo SD 57259  
Applicant's Address (City, State, ZIP Code)

605-467-0136  
Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

ryanw06@hotmail.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.