



Connecticut
 Department of Energy &
 Environmental Protection

Bureau of Materials and Management & Compliance Assurance
 Sustainable Materials Management, Office of Policy and Planning

Gas Cylinder Stewardship Plan Submission Application

DEEP USE ONLY	
App #:	_____
Doc #:	_____
Program:	EPR

Please complete this form in accordance with Section 22a-209h and guidance to ensure the proper handling of your plan. Print or type unless otherwise noted.

Part I: Application Type and Description

Check the appropriate box identifying the application type.

This submittal is for (check one):		<input checked="" type="checkbox"/> Individual Stewardship Plan or
		<input type="checkbox"/> Organization Stewardship Plan
This application is for (check one):		
<input checked="" type="checkbox"/>	A <i>new</i> plan application	
<input type="checkbox"/>	A <i>renewal</i> of an existing approved plan	
<input type="checkbox"/>	A <i>modification</i> of an existing approved plan	

Part II: Applicant Information

- If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database ([onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov)).

1. Applicant Name: SodaStream USA, Inc.	
Mailing Address: 1130 Thomas Busch Memorial Hwy	
City/Town: Pennsauken	State: NJ Zip Code: 08110
Business Phone: 856-505-7975	ext.:
Contact Person: Robert Hedwall	Phone: 856-505-7975 ext.
*E-mail: Robert.hedwall@sodastream.com	
*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.	

Reference to attachment requirements is noted by section:

Each form is addressed here.

- A. SodaStream in the United States has a standing policy of accepting our cylinders back from any source. We have a website and a customer service email that anyone can use to contact us.
- B. Our cylinders can be returned to thousands of retail locations in the US, Sodastream.com has information with maps to guide on the closest return location.
- C. And D.
 - Commercial locations, including recycling centers, can contact Sodastream at ordersusa@sodastream.com for boxes with appropriate regulatory markings. After putting the cylinders in the box and taping it shut, empty and full cylinders will be picked up - at Sodastream expense.
 - Consumers with empty cylinders will be provided USPS return labels with their boxes - then they can be returned from home at no cost to the consumer.
 - Consumers with full cylinders will need to return to a retail location, sites are visible on Sodastream.com.

- E. All cylinders will be reused or recycled.
- F. Goal for the program is 100% of requested cylinders picked up and reused or recycled depending on condition. Our metrics already are 100% reused or recycled
- G. The SodaStream program only accepts branded Sodastream CO2 cylinders, regardless of damage to the cylinder itself. The SodaStream program manages SodaStream CO2 cylinders use by all customers in the contiguous 48 US states
- H. And I - On informing consumers of the program, Sodastream USA has an extensive program of education on sustainability as a plastic fighter. It includes advertising, easy access to retailer locations on a heavily indexed web site that draws consumers to their programs and our entire company is focused on awareness for the sustainability of our carbonating systems and return programs.
- I.

We have supported returns from every recycler that ever contacted us, and never turn a consumer away from taking a cylinder back from the contiguous 48 US states.

Return process flow is managed by Robert Hedwall, Senior Manager - Supply Chain and Import Control, at robert.hedwall@sodastream.com. 856-505-7975 The orders mailbox is supervised by John Heiney, Customer Operations Manager, johnh@sodastream.com

Part II: Applicant Information (continued)

a) Applicant Type (check one):

- i) corporation limited liability company limited partnership
 limited liability partnership statutory trust Other: _____

ii) provide Secretary of the State business ID #:1155443. This information can be accessed at *the Secretary of State's database* [onlineBusinessSearch \(ct.gov\)](http://onlineBusinessSearch.ct.gov).)

iii) Check here if your organization is **NOT** registered with the Secretary of State's office.

2. Primary contact for departmental correspondence and inquiries, if different than the applicant.

Name: SodaStream USA, Inc.

Mailing Address: 1130 Thomas Busch Memorial Hwy

City/Town: Pennsauken

State: NJ

Zip Code: 08110

Business Phone: 609-876-1635

ext.:

Contact Person: John Heiney

Phone: 609-876-1635 ext.

*E-mail: johnh@sodastream.com

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

Part III: List the Manufacturers Participating in this Plan

Provide a list of all participants and contact information for each participant. Submit as Attachment J if needed.

SodaStream USA, Inc.

1130 Thomas Busch Memorial Hwy

Pennsauken NJ 08110

ordersusa@sodastream.com

609-876-1635

Part IV: Stewardship Plan Requirements

Please address the following as required by Section 22a-905h for your Stewardship Plan. Check each box to indicate they are included in the Plan submitted with this completed form. When submitting the following, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

All are cross referenced in the above description:

- Attachment A: Describe the minimization of public sector involvement in the management of discarded cylinders.
- Attachment B: Describe provisions for free, convenient, and accessible state-wide opportunities for the receipt of gas cylinders used by consumers for personal, family or household use at eligible entities.
- Attachment C: Describe provisions for pick-up of discarded gas cylinders from eligible entities.
- Attachment D: Describe provisions for the transport and management of discarded gas cylinders picked-up from eligible entities in accordance with agreements between producers and eligible entities which shall be consistent with any provision of the law.
- Attachment E: Describe provisions for refilling or recycling cylinders and capturing residual gases for reuse.
- Attachment F: Describe the performance goals for the first two years of the gas cylinder stewardship program.
- Attachment G: Identify eligible entities to be used pursuant to the program.
- Attachment H: Describe how the program will promote the collection of discarded gas cylinders supplied to consumers for personal, family or household use.
- Attachment I: Describe the public education program that will be used to promote consumer knowledge of the program
- Attachment J: List of the Manufacturers Participating in this Plan; include contact information such as, name, address, phone and email for each participant.

Part V: Applicant Certification

A representative of the stewardship organization *and* the individual(s) responsible for actually preparing the application must sign this part. This form will be considered incomplete unless all required signatures are provided **and are the proper signatory authority**. [If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.]

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p> <p>“By entering my name below, I agree that I am providing my legal signature, and am legally bound by the certifications above.”</p>	
	<p>July 7, 2023</p>
<p><i>Robert Hedwall</i></p>	
Signature of Applicant	Date
<p>Robert Hedwall</p>	<p>Senior Manager – Supply Chain and Import Control</p>
Printed Name of Applicant	Title (if applicable)
<p>Signature of Preparer (if different than above)</p>	<p>Date</p>
Printed Name of Preparer	Title (if applicable)

Note: Please submit this completed Application Form **and the Stewardship Plan, by email to:**

Tom Metzner at: Tom.Metzner@ct.gov