



### SCRAP METAL PROCESSORS ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@dec.ny.gov) or call 518-402-8678.)  
Submit the Annual Report no later than March 1, 2021.

This annual report is for the year of operation from January 01, 2020 to December 31, 2020  
**SECTION 1 – GENERAL INFORMATION**

FACILITY INFORMATION			
FACILITY NAME: <b>Li-Cycle Spoke 2</b>			
FACILITY LOCATION ADDRESS: <b>1669 Lake Ave</b>	FACILITY CITY: <b>Rochester</b>	STATE: <b>NY</b>	ZIP CODE: <b>14615</b>
FACILITY TOWN: <b>Rochester</b>	FACILITY COUNTY: <b>Rochester</b>	FACILITY PHONE NUMBER: <b>(647) 330-0366</b>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <b>Monroe County</b>	NYS DEC ACTIVITY CODE: <input type="checkbox"/> 28R20021	NYSDEC REGION #: <b>8</b>	
FACILITY CONTACT: <b>Andrew Fleming</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>(585) 313-5111</b>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: <b>andrew.fleming@li-cycle.com</b>			
OWNER INFORMATION			
OWNER NAME: <b>Eastman Kodak Company</b>	OWNER PHONE NUMBER: <b>Eastman Kodak Company</b>	OWNER FAX NUMBER:	
OWNER ADDRESS: <b>343 State Street</b>	OWNER CITY: <b>Rochester</b>	STATE: <b>NY</b>	ZIP CODE: <b>NY</b>
OWNER CONTACT: <b>Bryan Gallergher</b>	OWNER CONTACT EMAIL ADDRESS: <b>Bryan Gallergher</b>		
OPERATOR INFORMATION			
OPERATOR NAME: <b>Li-Cycle Inc.</b>	<input type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

<p><b>Did you operate in 2020</b> <input checked="" type="checkbox"/> Yes; Complete this form.</p> <p><input type="checkbox"/> No; Complete and submit Sections 1 and 5.</p>
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## SECTION 2 - WASTE FLUIDS RECOVERED

Complete this table by reporting volumes or weights of waste fluids managed at the facility during the reporting period. Qualitative responses (i.e. √'s or X's) are not acceptable.

Waste Fluid Recovered	Fluid Volume (gallons) or Weight (pounds)				Destination Name & Address  <i>Indicate permitted facility or permitted Part 364 transporter accepting waste fluids.</i>
	Used on-site (oil heater, etc.)	Stored on-site at year-end	Sold/ Recycled off-site	Disposed off-site	
Refrigerant (pounds)					
Used Oil** (gallons)					
Diesel Fuel (gallons)					
Gasoline (gallons)					
Engine Coolant/ Antifreeze (gallons)					
Window Washing Fluid (gallons)					
Mercury (pounds)					
Other (specify)					

Any fluids disposed must undergo a hazardous waste determination and proper handling, storage and disposal if hazardous.

Includes Engine Oil, Transmission Fluid, Axle Fluids, Hydraulic Fluid, Power Steering Fluid, Brake Fluid, etc.

### SECTION 3– SCRAP METAL

Complete this table by reporting the amount of metal received, stored and sent off site, by the facility, during the reporting period.

Material Types	Received (tons)	Stored On-Site (tons)	Sent Off-Site (tons)	Destination
				NYS Planning Unit (or state if other than New York)
Ferrous Scrap Metal				
Aluminum Scrap Metal				
Lead Weights				
Non – Ferrous Scrap Metal				
Other (specify):				
Battery Manufacturing Scrap	4.75	4.75	0	

### SECTION 4 – PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

Yes.    No.

If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

**SECTION 5 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Solid Waste Management  
625 Broadway  
Albany, New York 12233-7260  
Fax 518-402-9041  
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

Tim Johnston Digitally signed by Tim Johnston  
Date: 2021.03.01 14:03:09  
-05'00'  
\_\_\_\_\_  
Signature

03/01/2021  
\_\_\_\_\_  
Date

Tim Johnston  
\_\_\_\_\_  
Name (Print or Type)

Co-Founder and Executive Chairman  
\_\_\_\_\_  
Title (Print or Type)

tim.johnston@li-cycle.com  
\_\_\_\_\_  
Email (Print or Type)

100 Latona Rd  
\_\_\_\_\_  
Address

Rochester  
\_\_\_\_\_  
City

NY 14615  
\_\_\_\_\_  
State and Zip

(647) 330-0366  
\_\_\_\_\_  
Phone Number

ATTACHMENTS:  YES  NO



# RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@dec.ny.gov) or call 518-402-8678.

**Complete and submit this form by March 1, 2021.**

This annual report is for the year of operation from January 01, 2020 to December 31, 2020

## SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
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FACILITY LOCATION ADDRESS: <b>1669 Lake Ave</b>	FACILITY CITY: <b>Rochester</b>	STATE: <b>NY</b>	ZIP CODE: <b>14615</b>
FACILITY TOWN: <b>Greece</b>	FACILITY COUNTY: <b>Monroe</b>	FACILITY PHONE NUMBER: <b>(647) 330-0366</b>	
FACILITY NYS PLANNING UNIT: <a href="#">A list of NYS Planning Units can be found at the end of this report.</a> Monroe			NYSDEC REGION #: <b>8</b>
360 PERMIT #: <a href="#">Refer to DEC Permit</a>	DATE ISSUED: <b>3/27/2020</b>	DATE EXPIRES: <b>3/26/2025</b>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <a href="#">(Refer to DEC Registration 28R20021</a>
FACILITY CONTACT: <b>Andrew Fleming</b>	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: <b>(585) 313-5111</b>	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: <b>andrew.fleming@li-cycle.com</b>			
OWNER INFORMATION			
OWNER NAME: <b>Eastman Kodak Company</b>	OWNER PHONE NUMBER: <b>(585)-588-7483</b>	OWNER FAX NUMBER:	
OWNER ADDRESS: <b>343 State Street</b>	OWNER CITY: <b>Rochester</b>	STATE: <b>NY</b>	ZIP CODE: <b>14650</b>
OWNER CONTACT: <b>Bryan Gallergher</b>	OWNER CONTACT EMAIL ADDRESS: <b>bryan.gallergher@kodak.com</b>		
OPERATOR INFORMATION			
OPERATOR NAME: <b>Li-Cycle Inc</b>	<input type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2020?  Yes; Complete this form.

No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <http://www.dec.ny.gov/chemical/52706.html>.

## SECTION 2 - MATERIAL RECEIVED

**Please provide the tonnages of materials received.** This includes all materials received at your facility regardless of their destination after processing.  
 DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities received and the percentages measured by each method:  
 100 % Scale Weight \_\_\_\_\_ % Estimated \_\_\_\_\_  
 \_\_\_\_\_ % Truck Count \_\_\_\_\_ % Other Specify: \_\_\_\_\_

Recycling Type: Source Separated ▼

Material	Tip Fee \$/Ton	January tons	February tons	March tons	April tons	May (tons)	June tons	July (tons)
Commingled Containers <small>metal, glass, plastic</small>								
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
<b>Total Tons Received</b>								
Material	August tons	September tons	October tons	November tons	December tons	Total Year tons	Daily Avg. (tons)	
Commingled Containers <small>metal, glass, plastic</small>								
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
<b>Total Tons Received</b>								

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

### SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

**Please identify where the material is coming from.** The total tons received reported below should equal the total tons received in Section 2 Solid Waste Received . **DO NOT REPORT IN CUBIC YARDS!**

- If the material **WAS** received from another solid waste management facility, please write in the name *and address* of the facility along with the appropriate state, county and planning unit/municipality.
- If the material **WAS NOT** received from another solid waste management facility, please write in “**Direct Haul**” along with the appropriate state, county and planning unit/municipality where the material was generated.

Specify transport method, list type of material s and percentages of total material transported by each:

\_\_\_\_\_ % Road: Material s : \_\_\_\_\_ % Rail: Material s : \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material s : \_\_\_\_\_ % Other specify: \_\_\_\_\_): Material s : \_\_\_\_\_

SERVICE AREA OF MATERIAL RECEIVED <small>where the material is coming from</small>					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name Address OR “Direct Haul”</small>	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECEIVED
Commingled Containers <small>metal, glass, plastic</small>					
Commingled Paper <small>all grades</small>					
Single Stream <small>(total</small>					
Other <small>(specify</small>					
<b>TOTAL MATERIAL RECEIVED (tons) :</b> _____					

If the material type is not listed, use one of the “Other” lines and fill in the name of the material. If more “Other” lines are needed, cross out an unused type and fill in the other materials name. If still more “Other” lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials

## SECTION 4 – RESIDUE

Total residue tons \_\_\_\_\_ Residue destination Name Address \_\_\_\_\_  
**Percent Residue Calculation:** Total tons residue/Total tons material received x 100 \_\_\_\_\_

## SECTION 5 – RECYCLABLES RECOVERED MATERIALS

**Please identify destination of recyclable materials.** Indicate the name of the facility, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material recovered. **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method, list type of materials and percentages of total material transported by each:

\_\_\_\_\_ % Road: Material s : \_\_\_\_\_ % Rail: Material s : \_\_\_\_\_  
 \_\_\_\_\_ % Water: Material s : \_\_\_\_\_ % Other specify: \_\_\_\_\_): Material s : \_\_\_\_\_

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>out of facility</small>
Commingled Paper <small>all grades</small>					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard/ Boxboard					
Other Paper <small>(specify</small>					
<b>TOTAL PAPER RECOVERED (tons) :</b>					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.



**SECTION 5 – RECYCLABLES RECOVERED MATERIALS** (continued)

GLASS RECOVERED						
RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED	TONS RECOVERED out of facility
Container Glass						
Industrial Scrap Glass						
Other Glass <small>(specify)</small>						
<b>TOTAL GLASS RECOVERED (tons) :</b>						
METAL RECOVERED						
RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED	TONS RECOVERED out of facility
Aluminum Foil / Trays						
Bulk Metal						
Enameled Appliances / White Goods						
Industrial Scrap Metal						
Tin Aluminum Containers						
Other Metal <small>(specify)</small>						
<b>TOTAL METAL RECOVERED (tons) :</b>						

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

**SECTION 5 – RECYCLABLES RECOVERED MATERIALS** continued

**PLASTIC RECOVERED**

RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>out of facility</small>
Commingled Plastic #1 - #7)					
PET plastic #1)					
HDPE plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film Bags					
Other Plastics (specify					
<b>TOTAL PLASTIC RECOVERED (tons :</b>					

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

**VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS – w hole bottles	1 cubic yard 0.35 tons	GLASS - crushed mechanically	1 cubic yard 0.88 tons	ALUMINUM – cans – w hole	1 cubic yard 0.03 tons
GLASS - semi crushed	1 cubic yard 0.70 tons	GLASS - uncrushed manually	55 gallon drum 0.16 tons	ALUMINUM – cans – flattened	1 cubic yard 0.125 tons
PAPER - high grade loose	1 cubic yard 0.18 tons	PLASTIC – PET – whole	1 cubic yard 0.015 tons		
PAPER - high grade baled	1 cubic yard 0.36 tons	PLASTIC – PET - flattened	1 cubic yard 0.04 tons		
PAPER - mixed loose	1 cubic yard 0.15 tons	PLASTIC – PET - baled	1 cubic yard 0.38 tons	WHITE GOODS - uncompacted	1 cubic yard 0.10 tons
NEWSPRINT - loose	1 cubic yard 0.29 tons	PLASTIC - styrofoam	1 cubic yard 0.02 tons	WHITE GOODS - compacted	1 cubic yard 0.5 tons
NEWSPRINT - compacted	1 cubic yard 0.43 tons	PLASTIC – HDPE – whole	1 cubic yard 0.012 tons		
CORRUGATED – loose	1 cubic yard 0.015 tons	PLASTIC – HDPE – flattened 1	1 cubic yard 0.03 tons		
CORRUGATED - baled	1 cubic yard 0.55 tons	PLASTIC – HDPE - baled	1 cubic yard 0.38 tons	FERROUS METAL - cans whole	1 cubic yard 0.08 tons
		PLASTIC – mixed (grocery bags	45 gallon bag 0.01 tons	FERROUS METAL - cans	1 cubic yard 0.43 tons

**SECTION 5 – RECYCLABLES RECOVERED MATERIALS** continued

**MIXED MATERIAL RECOVERED**

RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>out of facility</small>
Commingled Containers <small>metal, glass, plastic</small>					
Commingled Paper Containers					
Single Stream <small>(total)</small>					
Other <small>(specify)</small>					

**TOTAL MIXED MATERIAL RECOVERED (tons) :** \_\_\_\_\_

**MISCELLANEOUS MATERIAL RECOVERED**

RECOVERED MATERIAL	DESTINATION <small>Name Address</small>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <small>See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>out of facility</small>
Electronics					
Textiles					
Other <small>(specify)</small>					

**TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons) :** \_\_\_\_\_

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

## SECTION 6 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility during the reporting period?

Yes  No If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

## SECTION 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

Yes  No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

## SECTION 8 – PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

Yes  No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

## SECTION 9 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

Yes  No If yes, attach additional sheets identifying changes with a justification for each change.

## SECTION 10 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

Yes  No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

## SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts).

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental  
Conservation Division of Materials Management  
Bureau of Solid Waste Management  
625 Broadway  
Albany, New York 12233-  
7260 Fax 518-402-9041  
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

**Tim Johnston** Digitally signed by Tim Johnston  
Date: 2021.03.01 14:05:18 -05'00'  
\_\_\_\_\_  
Signature

**03/01/2021**  
\_\_\_\_\_  
Date

**Tim Johnston**  
\_\_\_\_\_  
Name (Print or Type)

Co-Founder and Executive Chairman  
\_\_\_\_\_  
Title (Print or Type)

**tim.johnston@li-cycle.com**  
\_\_\_\_\_  
Email (Print or Type)

**100 Latona Rd**  
\_\_\_\_\_  
Address

**Rochester**  
\_\_\_\_\_  
City

**New York 14615**  
\_\_\_\_\_  
State and Zip

**(647) 330-0366**  
\_\_\_\_\_  
Phone Number

ATTACHMENTS: \_\_\_ YES  NO