

From: [Baker, Joel](#)
To: [Water Permit Application](#)
Subject: Recertification NOI for permit# ARG550000
Date: Friday, June 07, 2019 1:11:20 PM
Attachments: [Recertification NOI IAA Little Rock.pdf](#)
[ADEQ IAA LITTLE ROCK.pdf](#)

Here is our Recertification NOI and our ADEQ disclosure statement. We have requested the Good faith certificate from our corporate office in Chicago. As soon as they come in we will submit those to you.

Thank you.

Joel Baker
Branch Manager, Little Rock
501.266.9564

Insurance Auto Auctions, Inc.

4900 S. Kerr Rd, Little Rock, AR 72142

Read, link, and like: [IAA-Auctions.com](#) | [facebook](#) | [twitter](#) | [linked in](#) | [IAAI.com](#)

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Recertification Notice of Intent (NOI)
Individual Treatment Facility Discharge General Permit ARG550000

You must **complete, certify, and sign this Recertification Notice of Intent (NOI) form** and return it to the Department in order to continue permit coverage under the General Permit ARG550000. You must submit this form **no later May 31, 2019.** Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG550266 AFIN: 43-00234
Permittee Name: Insurance Auto Auctions, Inc.

If any changes need to be made to the information shown below, please update the new information in the corrections section below and/or attach documentation.

	Current Information in ADEQ's Database	Corrections (if needed)
Facility Address:	IAA Little Rock 4900 S. Kerr Road Scott, AR 72142	
Responsible Official:	Joel S. Baker	
Responsible Official Email:	joel.baker@iaai.com	
Cognizant Official:	Sidney Kerley	
Cognizant Official Email:		

1. Have you attached an updated disclosure statement?
(Homeowners are exempt) Yes ☒ No ☐ N/A ☐

2. Are the mailing and invoice addresses the same?
(Homeowners are not subject to the annual fee) Yes ☒ No ☐ N/A ☐

If "No" please provide invoice address → _____

Outfall Currently Listed in ADEQ's Database*

Outfall ARG550266: Latitude 34° 47' 34.8" N; Longitude 92° 07' 46.8" W

* If a change to the above outfall is needed, please be sure to provide the correct coordinates, and an explanation of the required changes.

Additional Comments: _____

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

I certify that I have read and will comply with all the requirements of the renewal Individual Treatment Facility Discharge General Permit (ARG550000).

Responsible Official Name:

Joel Baker

Responsible Official Title:

Branch Manager

Responsible Official Signature:

Joel Baker

Date:

6/7/2019

Return the NOI form to the address below or send it electronically to water.permit.application@adeq.state.ar.us:

Office of Water Quality, Permits Branch
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT

Instructions for the Completion of this Document:

- A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.

If Not Submitting by ePortal, Mail Original to:

ADEQ

DISCLOSURE STATEMENT

[List Proper Division(s)]

5301 Northshore Drive

North Little Rock, AR 72118-5317

1. APPLICANT: (Full Name)
Insurance Auto Auctions, Inc.
2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route)
4900 S. Kerr Road
3. CITY, STATE, AND ZIPCODE:
Little Rock, AR 72142

4a. Applicant Type:
<input type="radio"/> Individual <input checked="" type="radio"/> Corporate or Other Entity
4b. Reason for Submission:
<input type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Operational Authority
<input type="checkbox"/> New Application <input type="checkbox"/> Modification <input checked="" type="checkbox"/> Renewal Application (If no changes from previous disclosure statement, complete number 5 and 18.)
4c. Programs:
<input type="checkbox"/> Air <input checked="" type="checkbox"/> Water <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Regulated Storage Tank <input type="checkbox"/> Mining <input type="checkbox"/> Solid Waste <input type="checkbox"/> Used Tire Program

5. Declaration of No Changes:
The violation history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement that was filed with ADEQ on _____