

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 June 30, 2014.** Please keep a copy of this form for your records once completed and signed.

Permit Tracking Number: ARG550266 AFIN: 43-02234

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:	4900 S. Kerr Road Scott, AR 72142	<hr/> <hr/> <hr/>
Responsible Official:		<hr/>
Responsible Official Email:		<hr/>
Cognizant Official:	Sidney Kerley	<hr/>
Cognizant Official Email:		<hr/>

1. Have you attached an updated disclosure statement?
(Individual Homeowners are not required to submit a disclosure statement.)

☒ Yes or No or N/A

27847 FB

2. Are the mailing and invoice addresses the same?
(Individual Homeowners will not receive an invoice)

☒ Yes or No

If "No" please provide
invoice address

Outfall Currently Listed in ADEQ's Database*


Outfall	Latitude			Longitude		
001	34°	47'	34.8"	92°	07'	46.8 "

* If a change to the above outfall is needed, please be sure to provide the outfall number, 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 Individual Treatment Facility Discharge General Permit ARG550000.

Responsible Official Name:	Beth Merchant
Responsible Official Title:	Branch Manager
Responsible Official Signature:	
Date:	1/25/2014

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

Water Division, General Permits Section
Arkansas Department of Environmental Quality
5301 Northshore Drive
North Little Rock, AR 72118-5317

DISCLOSURE STATEMENT

Arkansas Code Annotated Section 8-1-106 requires that all applicants for the issuance, or transfer of any permit, license, certification or operational authority issued by the Arkansas Department of Environmental Quality (ADEQ) file a disclosure statement with their applications. The filing of a disclosure statement is mandatory. No application can be considered complete without one.

Disclosure statement means a written statement by the applicant which contains:

- (A) The full name, business address, and social security number of the applicant and all affiliated persons;
- (B) The full name and business address of any legal entity in which the applicant holds a debt or equity interest of at least five percent (5%) or which is a parent company or subsidiary of the applicant, and a description of the ongoing organizational relationships as they may impact operations within the state;
- (C) A description of the experience and credentials of the applicant, including any past or present permits, licenses, certifications, or operational authorizations relating to environmental regulation;
- (D) A listing and explanation of any civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the applicant and affiliated persons in the ten (10) years immediately preceding the filing of the application, including administrative enforcement actions resulting in the imposition of sanctions, permit or license revocations or denials issued by any state or federal authority, actions that have resulted in a finding or a settlement of a violation, and actions that are pending;
- (E) A listing of any federal environmental agency and any other environmental agency outside this state that has or has had regulatory responsibility over the applicant; and
- (F) Any other information the Director of the Arkansas Department of Environmental Quality may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

The following persons or entities are not required to file a disclosure statement:

- (A)(1) Governmental entities, consisting only of subdivisions or agencies of the federal government, agencies of the state government, counties, municipalities, or duly authorized regional solid waste authorities as defined by § 8-6-707.
- (2) This exemption shall not extend to improvement districts or any other subdivision of government which is not specifically instituted by an act of the General Assembly; and
- (B) Applicants for a general permit to be issued by the department pursuant to its authority to implement the National Pollutant Discharge Elimination System for storm water discharge.
- (C) If the applicant is a publicly held company required to file periodic reports under the Securities and Exchange Act of 1934 or a wholly owned subsidiary of a publicly held company, the applicant shall not be required to submit a disclosure statement, but shall submit the most recent annual and quarterly reports required by the Securities and Exchange Commission which provide information regarding legal proceedings in which the applicant has been involved. The applicant shall submit such other information as the director may require that relates to the competency, reliability, or responsibility of the applicant and affiliated persons.

Deliberate falsification or omission of relevant information from disclosure statements shall be grounds for civil or criminal enforcement action or administrative denial of a permit, license, certification, or operational authorization.

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 6 and 19.
- B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 5, 7, 8, and 17 through 19.
- C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 5, and 7 through 19.

Mail to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division(s)]
P.O. Box 8913
Little Rock AR 72219-8913

Hand Deliver to:
ADEQ
DISCLOSURE STATEMENT
[List Proper Division (s)]
8001 National Drive
Little Rock AR 72209

1. APPLICANT: (Full Name) Insurance Auto Auctions Inc.	2. SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER: 95-3790111
3. MAILING ADDRESS (Number and Street, P.O.Box Or Rural Route) : Two Westbrook Corporate Center, Suite 500	
4. CITY, STATE, AND ZIPCODE: Westchester, IL, 60154	

5. (check all that apply.)
- ☐ Individual ☒ Corporate or Other Entity
- ☐ Permit ☐ License ☐ Certification ☐ Operational Authority
- ☐ New Application ☐ Modification ☒ Renewal Application (If no changes from previous disclosure statement, complete number 6 and 19.)
- ☐ Air ☒ Water ☐ Hazardous Waste ☐ Regulated Storage Tank ☐ Mining ☐ Solid Waste
- ☐ Environmental Preservation and Technical Service

6. 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 I filed with ADEQ on _____

Signature of Individual or Authorized Representative of Firm or Legal Entity
(Also complete #19.)

7. Describe the experience and credentials of the Applicant, including the receipt of any past or present permits, licenses, certifications or operational authorization relating to environmental regulation. (Attach additional pages, if necessary.)

This is a renewal of the General Permit (Permit Number ARG550000).

8. List and explain all civil or criminal legal actions (except minor traffic violations) by government agencies against the Applicant * in the last ten years including:

1. Administrative enforcement actions resulting in the imposition of sanctions;
2. Permit or license revocations or denials issued by any state or federal authority;
3. Actions that have resulted in a finding or a settlement of a violation; and
4. Pending actions.

(Attach additional pages, if necessary.)

9. List all officers of the Applicant. (Add additional pages, if necessary.) *See attachment*

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

10. List all directors of the Applicant. (Add additional pages, if necessary.) *See attachment*

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

11. List all partners of the Applicant. (Add additional pages, if necessary.) *N/A*

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

12. List all persons employed by the Applicant in a supervisory capacity or with authority over operations of the facility subject to this application.

NAME: Beth Merchant TITLE: Branch Manager SSN: _____
STREET: 4900 S. Kerr Road
CITY, STATE, ZIP: Scott, Arkansas 72142

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____
STREET: _____
CITY, STATE, ZIP: _____

13. List all persons or legal entities, who own or control more than five percent (5%) of the Applicant's debt or equity. see 15.

NAME: _____ TITLE: _____ SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

14. List all legal entities, in which the Applicant holds a debt or equity interest of more than five percent (5%).

NAME: _____ TITLE: _____ EMPLOYER ID #: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ EMPLOYER ID #: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ EMPLOYER ID #: _____

STREET: _____

CITY, STATE, ZIP: _____

15. List any parent company of the Applicant. Describe the parent company's ongoing organizational relationship with the Applicant.

NAME: Kar Holdings

STREET: 13085 Hamilton Crossing Blvd.

CITY, STATE, ZIP: Carmel, IN 46032

Organizational Relationship:

Holding Company

16. List any subsidiary of the Applicant. Describe the subsidiary's ongoing organizational relationship with the Applicant.

NAME: NA

STREET: _____

CITY, STATE, ZIP: _____

Organizational Relationship:

17. List any person who is not now in compliance or has a history of noncompliance with the environmental laws or regulations of this state or any other jurisdiction and who through relationship by blood or marriage or through any other relationship could be reasonably expected to significantly influence the Applicant in a manner which could adversely affect the environment.

NAME: N/A TITLE: _____ SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

NAME: _____ TITLE: _____ SSN: _____

STREET: _____

CITY, STATE, ZIP: _____

18. List all federal environmental agencies and any other environmental agencies outside this state that have or have had regulatory responsibility over the Applicant.

U.S. Environmental Protection Agency and various state and local environmental departments.

18. VERIFICATION AND ACKNOWLEDGEMENT

The Applicant agrees to provide any other information the director of the Arkansas Department of Environmental Quality may require at any time to comply with the provisions of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any changes, modifications, deletions, additions or amendments to any part of this Disclosure Statement as they occur by filing an amended Disclosure Statement.


DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENTS SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION OR OPERATIONAL AUTHORIZATION.

State of Illinois

County of Cook

I, Beth Merchant, swear and affirm that the information contained in this Disclosure Statement is true and correct to the best of my knowledge, information and belief.

APPLICANT
SIGNATURE:



Beth Merchant

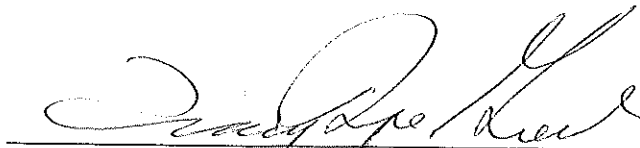
COMPANY
TITLE:

Branch Manager

DATE:

3/26/2014

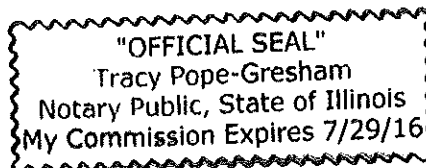
SUBSCRIBED AND SWORN TO BEFORE ME THIS 26th DAY OF March 20 14



NOTARY PUBLIC

MY COMMISSION EXPIRES:

7-29-16



Answer to Question Number 9 - List of Corporate Officers

Thomas C. O'Brien
Social Security Number 345-48-2242
President, CEO
526 S. Blackstone
La Grange, IL 60525

John W. Kett
Social Security Number 350-66-1188
Sr. VP and CFO
422 Fairview
Elmhurst, IL 60126

Sidney L. Kerley
Social Security Number 417-27-4116
Vice President, General Counsel & Secretary
30 E. Huron, Unit 4507
Chicago, IL 60611

Answer to Question Number 10 - List of Directors

Thomas C. O'Brien
Social Security Number 345-48-2242
President, CEO
526 S. Blackstone
La Grange, IL 60525

John W. Kett
Social Security Number 350-66-1188
Sr. VP and CFO
422 Fairview
Elmhurst, IL 60126