

**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.

Facility Address:	Current Information in ADEQ's Database	Corrections, If Needed
	4900 S. Kerr Road Scott, AR 72142	_____
Responsible Official:		_____
Responsible Official Email:		_____
Cognizant Official:	Sidney Kerley	_____
Cognizant Official Email:		_____

1. Have you attached an updated disclosure statement?  
(Individual Homeowners are not required to submit a disclosure statement.)
2. Are the mailing and invoice addresses the same?  
(Individual Homeowners will not receive an invoice)

Yes or No or N/A      273474B

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: Beth Merchant  
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: 95-379011
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: <u>Beth Merchant</u>	TITLE: <u>Branch Manager</u>	SSN: _____
STREET: <u>4900 S. Kerr Road</u>		
CITY, STATE, ZIP: <u>Scott, Arkansas 72142</u>		
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

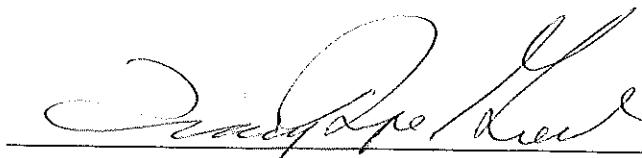
COMPANY  
TITLE:

Branch Manager

DATE:

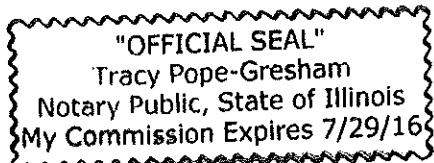
3/26/2014

SUBSCRIBED AND SWORN TO BEFORE ME THIS 26th DAY OF March 2014



**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