South Coast Air Quality Management District

Form NOx/SOx-2

Regional Clean Air Incentives Market (RECLAIM)

Recordkeeping Form for Major and Large Sources

Form used to calculate emissions and to be kept at the Facility. Use Form NOx/SOx - 1 to report monthly emissions to the AQMD.

Mail To:
SCAQMD, RECLAIM Administration
P.O. Box 4830
Diamond Bar, CA 91765-0830

Tel: (909) 396-3119
www.aqmd.gov

Facility Name: _____ Facility I.D. #: _____ (If known)

Month: _____ Year: _____

Pollutant: ○ NOx or ○ SOx
(Identify one pollutant only)

Recorded Data

(A)	(B)	(C) Fuel Consumption (per month)			(D)	(E)*	(F)	(G)
Fuel Meter (I.D. #)	**Device (I.D. #)**	**Final Reading (a)**	**Initial Reading (b)**	**Fuel Consumed (c) = (a-b)**	**Units (MMSCF, MGAL, or **LBS/MONTH)**	**Fuel Type**	**Associated Emission Factor**	**Equipment-Specific Monthly Emissions (LBS/MONTH) (c)x(F)**

* 1 - Natural Gas only
2 - Oil only
3 - Natural Gas - Distillate Oil
4 - Natural Gas - Residual Oil
5 - Gasoline
6 - Natural Gas - LPG
7 - Process Gas - (includes Refinery Gas)
8 - Wood
9 - Coal
10 - Methanol
11 - Natural Gas - Methanol
12 - Diesel
13 - Other Fuel

** Units in LBS/MONTH refer to solid fuels only.

Reported By _____ *(Signature)* _____ *(Print or Type Name)*

Title _____ *(Print or Type Title)* **Phone #** _____ **Ext.** _____ **Date** _____

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Validate/Print Reset