South Coast Air Quality Management District

Form NOx/SOx-4

Regional Clean Air Incentives Market (RECLAIM)

Recordkeeping Form for Process Units or Rule 219 Exempt Units With Timers*

Form used to calculate emissions and to be kept at the Facility. Use NOx/SOx-1 (third & final month) and Quarterly Certification of Emissions to report 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)*

Quarter Begins: _____ Quarter Ends: _____ Pollutant: ○ NOx or ○ SOx *(Identify one pollutant only)* Associated Fuel Meter I.D. #_____

(a) Fuel Type_____

(b) Total Quarterly Fuel Usage_____ **(MMSCF, MGAL, or LBS/QTR)**

(c) Heating Value of Fuel Usage_____ **(MMBTU/MMSCF, MMBTU/GAL or MMBTU/LB)**

Recorded Data										Reported Data	
		(o)	(k)	(l)	(m)	(n)	(p)	(r)	(s)	(u)	
Timer (I.D. #)	Device* (I.D. #)	Device Type	Final Reading	Initial Reading	Operating Hours (HRS/QTR) (k)-(l)	Rated Capacity	Maximum Heat Input (MMBTU/QTR) (m)x(n)	Estimated Quarterly Fuel Usage (b)x(p)/(q)	Emission Factor	Quarterly Emissions (LBS/QTR) (r)x(s)	
											c
											c
											c
											c
											c
											c
											c
											c
					(q) Total Maximum Heat Input:						

(a) 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

(b) Units in LBS/QTR refer to solid fuels only.

(c) Units in MMBTU/LB refer to solid fuels only. If necessary, heating value is used to convert the associated emission factors to appropriate units of fuel usage.

(o) "P" for Process Units, "E" for Rule 219 exempt units, and "S" for fuel meter sharing of the above mentioned equipment.

* Device I.D. # is not required for equipment exempt under Rule 219.

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

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

© South Coast Air Quality Management District, Form NOx/SOx-4 (2014.07)

Validate/Print Reset