



South Coast Air Quality Management District

Form QCE-1
Corrections To Monthly Reported Emissions
 (Major and Large Sources)
And Quarterly Reported Emissions
 (Process Units and Equipment Exempt Under Rule 219)

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 Ending: _____ Year: _____ Pollutant: NOx or SOx
Month Year (Identify one pollutant only)

Attach a separate form if more than one pollutant and/or more entries are needed.

Month	Fuel Meter (I.D. #)	Device (I.D. #)	(a) Previously Reported Emissions (LBS/MO or QTR)	Check If Quarterly	(b) Corrected Emissions (LBS/MO or QTR)	Reason For * Correction (Use one of the codes below)

* **Codes:**
 "1" Data entry error.
 "2" Missing data procedures were not followed.

Note: Attach a separate statement for each device corrected explaining the justification for the change.

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

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