



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. #: _____
 Month: _____ Year: _____
 Pollutant: NOx or ^(If known) SOx
(Identify one pollutant only)

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

- * 1 - Natural Gas only 5 - Gasoline 8 - Wood 12 - Diesel
 - 2 - Oil only 6 - Natural Gas - LPG 9 - Coal 13 - Other Fuel
 - 3 - Natural Gas - Distillate Oil 7 - Process Gas - 10 - Methanol
 - 4 - Natural Gas - Residual Oil (includes Refinery Gas) 11 - Natural Gas - Methanol
- ** Units in LBS/MONTH refer to solid fuels only.

Reported By _____ (Signature) _____ (Print or Type Name)
 Title _____ (Print or Type Title) Phone # _____ Ext. _____ Date _____