South Coast Air Quality Management District Form NOx/SOx-4 **Regional Clean Air Incentives Market (RECLAIM)**

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

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

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.

Facility Name:						Facility I.D. #:				(If known)
Quarter Begins: Quarter Ends:									. ,	
	(a) Fuel Ty	pe			many one ponatant only					
(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)	(I)	(m)	(n)	(p)	(r)	(s)	(u)
Timer (I.D. #)	Device* (I.D. #)	Device Type	Final Reading	Initial Reading	Operating Hours (HRS/QTR) (k)-(I)	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)
(q) Total Maximum Heat Input:										
 a) 1 - Natural Gas only 2 - Oil only 3 - Natural Gas - Distillate Oil 6 - Natural Gas - LPG 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 				8 - Wood 11 - Natural Gas - Methanol 9 - Coal 12 - Diesel				Other Fuel		
(o) "P" for Pro	ocess Units, "E" for 0. # is not required t	Rule 219 exer	mpt units, and "S" t	or fuel meter shar	ng of the above r	nentioned equipme	nt.	te units of fuel usag	e.	
Reported By (Signature)						(Print or Type Na	me)			
Title		(Pr	rint or Type Title)			Phone #		Ext.	Date	