



South Coast Air Quality Management District

Form NOx/SOx-3

Regional Clean Air Incentives Market (RECLAIM)



Recordkeeping Form for Process Units or Rule 219 Exempt Units With Fuel Meters

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. #: _____
 Quarter Begins: _____ Quarter Ends: _____
 Pollutant: NOx or SOx (If known)
 (Identify one pollutant only)

Recorded Data									Reported Data
		(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Fuel Meter* (I.D. #)	Device* (I.D. #)	Device Type	Final Reading	Initial Reading	Estimated Quarterly Fuel Usage (MMSCF, MGAL, LBS/QTR) (b)-(c)	Fuel Type	Fuel Heating Value (MMBTU/MMSCF or MGAL/LBS)	Emission Factor (LB/MMSCF, LB/MGAL Or LB/LB)	Quarterly Emissions (LBS/QTR) (d)x(g)

- (a) "P" for Process Units, "E" for Rule 219 exempt units, and "S" for fuel meter sharing of the above mentioned equipment.
- (b) Units in LBS/QTR refer to solid fuels only.
- (e) 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 -
 4 - Natural Gas - Residual Oil (includes Refinery Gas) 11 - Natural Gas - Methanol
- (f) 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.

* 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 _____