



## Combustion System Improvement (372) Engine Replacement Implementation Record

IL-ENG-24

Name \_\_\_\_\_ County \_\_\_\_\_

Planned By \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

Plan Checked \_\_\_\_\_ Date \_\_\_\_\_

Purpose:  Improve air quality by reducing emissions  Improve energy efficiency

Plan Approved \_\_\_\_\_ Date \_\_\_\_\_

**Existing Engine Information and Decommissioning**

Existing Engine	Purpose / Location on Farm	Fuel Type	Make/Model	Model Year	Serial No.	Rated BHP	Annual Hours Used	Decommissioning	
								Method	Date
1									
2									
3									

*After being replaced, the existing engine must be rendered inoperable by one of the following methods:*

1. *Disposing for scrap metal. A dated receipt is required, identifying the engine and certifying that no parts or components were or will be parted-out, used or sold as parts, or used to rebuild an engine intended for destruction.*
2. *Creating a permanent hole at least six inches in diameter to include a portion of the oil pan rail (sealing surface), or by cutting the engine block into multiple pieces. The disabled engine (or written, signed and dated certification that the engine has been disabled as required) must be kept on-farm for inspection.*

3. *Other* \_\_\_\_\_

**Replacement Engine Information**

New Engine	Purpose / Location on Farm	Fuel Type	Make/Model	Model Year	Serial No.	Rated BHP	Annual Hours Used	Date Installed
1								
2								
3								

**Emissions and Efficiency Information** *(Emissions in Tons/Yr; Efficiency in %)*

Engine 1	Existing	Replacement	Improvement	Engine 2	Existing	Replacement	Improvement	Engine 3	Existing	Replacement	Improvement
NO <sub>x</sub>				NO <sub>x</sub>				NO <sub>x</sub>			
VOC				VOC				VOC			
PM10				PM10				PM10			
Eff. %				Eff. %				Eff. %			

**USDA Program Participant Certification:**

To the best of my knowledge these records accurately reflect the actual combustion system improvement(s) implemented.

**NRCS Acceptance:**

Completed practice meets NRCS standards and specifications.

\_\_\_\_\_  
USDA Program Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NRCS Representative Signature

\_\_\_\_\_  
Date