

APPLICATION TO INSTALL OR MODIFY A MILKING SYSTEM ON A DAIRY FARM

Name of Producer _____ No. _____ Telephone () _____
Mailing Address _____
Shipping to _____ Field Person _____
Projected Milking Rate (lbs/hr) _____ Bulk Tank Capacity (gal) _____ BTU Capacity _____/hr

I HEREBY MAKE APPLICATION FOR PERMISSION TO INSTALL A CLEANED-IN-PLACE PIPELINE SYSTEM. THIS EQUIPMENT WILL CONFORM TO OR EXCEED 3A SANITARY STANDARDS FOR THE DESIGN, FABRICATION AND INSTALLATION OF MILKING AND MILK HANDLING EQUIPMENT.

EQUIPMENT MANUFACTURER _____
Installer's Name _____ Proposed Installation Date _____
Telephone () _____ Address _____

PLEASE SUBMIT THIS COMPLETED APPLICATION FOR PLAN APPROVAL AT LEAST 10 DAYS PRIOR TO INSTALLATION.

CONFIGURATION: Parlor _____ Around-the-Barn _____ Transfer Station _____
Highline _____ Lowline _____ # of Units and Type _____
Circle Applicable: Weigh Jars Milk Meters Auto Takeoffs (Portable/Stationary)
Precooler: Y N Mfgr _____ Location _____ Coolant(s) _____

PIPELINE: Material(s) _____ Location of Receiver Group _____
Diameter Pipe _____ # of slopes _____ Length _____ # of wash loops _____ Restrictor: Y N
Line Coupling Type: Gasketed _____ Welded _____ Receiver: # of inlets _____ Diameter of inlets _____

VACUUM SYSTEM: Use ASME Standard at 15 In. Hg.
Pump 1: Make _____ Model _____ Motoe Size _____ CFM Capacity _____
Pump 2: Make _____ Model _____ Motor Size _____ CFM Capacity _____
Pump 3: Make _____ Model _____ Motor Size _____ CFM Capacity _____
Test Ports: Y N Pulsation Line Size _____ in. Total CFM Capacity _____
Main Header: Diameter _____ in. Length _____ Distribution Tank: Y N Material _____
Regulator(s): Make and Model _____ Location _____

WASHING EQUIPMENT:
Automatic CIP _____ Manual _____ Automatic Pre-rinse Diverter: Y N Milk Line Position Switch: Y N
No. of Wash vats _____ Vertical _____ Horizontal _____ Covered: Y N
Pre-rinse Time _____ Wash Time _____ Acid Rinse Time _____ Sanitize Time _____
Gallons of Hot Water Required _____
Water Heater: Electric _____ Gas _____ Oil _____ Boiler _____
Capacity _____ gallons Recovery Rate _____ gals/hr/100 degrees F rise
Heat Recovery Unit: Y N Type _____ Capacity _____ gals.
Air Injector Type and Location _____
Milker Units Cleaned in: Parlor _____ (CIP) Milkhouse _____
Manually Cleaned: Abnormal Milk Equipment _____ Milker Unit Exteriors _____ Diverter Plug(s) _____
Cleaning program including water hardness, detergent, and sanitizer must be posted in the milkhouse. If the procedure changes, a new program must be posted.

SIGNATURES:
Producer _____ Date _____
Field Person _____ Date _____
Regional Sanitarian (Plan) _____ Date _____
Regional Sanitarian (Installation) _____ Date _____
Installer _____ Date _____

INSTRUCTIONS:

A: A detailed drawing must be included to show the following: (1) High point (2) Milk flow (3) CIP Flow direction (4) Milk receiver (5) Air Injector(s) (6) Inspection points (7) Wash vats (8) Bulk Milk Tank (9) Precooler (if applicable)

B: Any future modification of this equipment must have prior written approval.

C: This application, when properly completed and signed, should be posted under plastic in the milkhouse.

**EXAMPLES OF MINIMUM VACUUM REQUIREMENTS
PIPELINE MILKERS**

(VACUUM LEVEL 15 INCHES MERCURY)

MINIMUM CFM CAPACITY = 35 CFM (ASME)

Component	ASME Standard	
	CFM	LPM
Milker unit	6.0	170.0
Vacuum operated releaser	5.0	142.0
Vacuum bulk tank	2.0	57.0
Milk meter with air bleeds	1.0	28.0
Milk meter without air bleeds	0.0	0.0
Milk meter- sampling jars devices	1.0	28.0
Samitary couplings per 20	1.0	28.0
Inlets per 10 (milk & vacuum)	1.0	28.0
Reserve for regulator (ea.)	3.0	85.0
Receiver group and milk pump	0.0	0.0
Weigh jar	1.0	28.0

Scale _____ inches = _____ feet

