



APPLICATION TO INSTALL A PIPELINE MILKING SYSTEM ON A DAIRY FARM TO ACCOMPANY PLANS FOR APPROVAL

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| NAME OF PRODUCER | DATE |
| P.O. ADDRESS | TELEPHONE |

I HEREBY MAKE APPLICATION FOR PERMISSION TO INSTALL OR ALTER A C.I.P. MILKING SYSTEM.

I. Bulk Tank Brand Name _____ Size _____ gals.

II. A. Pipeline System: Make _____ Milking System No. Units _____
 Welded _____ or Gasketed _____ Transfer System Model No. _____
 Location of Inspection Ports _____ Pipeline Length _____ ft.
 Slope _____ inches per 10 ft. Diameter _____ in. Material _____
 Maximum height _____ ft. above cow platform.
 Type of Milk Inlets: Welded _____ Tap & Clamp On _____
 Location of Receiver Group: Distance above floor _____ From Wall _____
 Shield Provided _____ Proper Drainage Provided _____

B. Type: Releaser _____ Pump _____ Vacuum Tank _____ Receiver-No. of inlets _____
 Stable _____ Parlor _____ Weigh Jar _____ Low Line _____
 Distance of low line from wall _____

C. Filtration: Location _____ Type: Pressure _____ Gravity _____

D. Main Vacuum Supply Line Size: Diameter _____ in. Length _____ ft.
 Sanitary Coupling: Material type _____

E. Vacuum Pulsator Line Size: Diameter _____ in. Length _____ ft.

III. Vacuum Requirements: ASME Standard _____ New Zealand Standard _____

IV. Washing Equipment: Auto _____ Manual _____ Automatic pre-rinse divert valve _____

A. No. of wash vats _____ Time wash cycle _____ minutes.
 B. Water: Pre-rinse _____ gal. Wash _____ gal. Post-rinse _____ gal. Hot water needed _____ gal.
 C. Hot Water: Type of heater _____ Capacity _____ gal.
 D. Equipment to be washed by recirculation _____ Reverse flush _____
 E. Air Injection Device _____ yes _____ no
 F. Booster, Heater _____ BTU/hr.
 G. Units to be cleaned-in-place in parlor _____
 H. The following items are to be manually cleaned after each usage _____

V. Chart showing manufacturer's rinsing, washing, and sanitizing regimen shall be employed. Maintenance Schedule provided by Installer
 _____ yes _____ no
 Owner or authorized representative (Signature) _____
 Milking Machine Dealer (Signature, address, telephone no.) _____

VI. Facility Check for Stray Electricity _____ yes _____ no

VII. Installation Meets or Exceeds 3A Accepted Practices For The Design, Fabrication, and Installation of Milking and Milk Handling
 Equipment _____ yes _____ no

If no, explain: _____

THIS DETERMINATION MADE BY (SIGNATURE) _____

| | |
|--------------------|------------|
| APPROVAL | |
| ENFORCEMENT AGENCY | SANITARIAN |

Floor plan for milking barn, milkroom, and location of all equipment to be drawn on the reverse side of this sheet.

