

APPLICATION TO INSTALL OR MODIFY A MILKING SYSTEM

I. Name of Producer: _____ Date: _____
Address: _____ Phone: (____) _____
State Regulatory Milk Permit#: _____ State: _____ Zip: _____
Milk Plant/Buyer: _____

I HEREBY MAKE APPLICATION FOR PERMISSION TO INSTALL OR MODIFY A MILKING SYTEM TO BE CLEANED IN PLACE, THIS EQUIPMENT WILL CONFORM TO, OR EXCEED ACCEPTED PRACTICES #606-03, SDCL 39-6.

II. INSTRUCTIONS:

- A) All blanks that apply to this installation must be completed.
B) This application must be accompanied by a legible detailed drawing of the milking system showing the following: 1) High Point, 2) Direction of Milk Flow, 3) Receiver(s) or Transfer Station, 4) Air Injector(s), 5) Inspection Points, 6) Wash Vat(s), 7) Bulk Milk Tank(s), 8) Milk Pre-Cooler(s) 9) Air Blow(s).

III. FABRICATION OF MILKING SYSTEM:

A) MILK LINE:

- 1) Material(s) _____, 2) Diameter _____ inches, 3) Length _____ feet,
4) Number of Slopes _____, 5) Slope _____ inches per 10 foot, 6) Highline _____,
7) Maximum Height from Floor _____ inches, 10) Low Line _____

B) RECEIVER:

- 1) Number of Inlet(s) _____, 2) Size of Inlet(s) _____ inches,
3) Size of Vacuum Inlet _____ inches, 4) Sanitary Trap yes ___ no ___

C) AUXILIARY MILKING EQUIPMENT:

Table with 3 columns: Item, NUMBER, BRAND. Rows include Milk Weighing Devices, Automatic Detachers, Automatic Backflush, End of Milking Indicators, Milk Filtration, Transfer Station (Vacuum/Electric), and Other (specify).

D) VACUUM SYSTEM:

Table with 4 columns: Item, Material, Diameter, Length. Rows include Main Vacuum Supply Line, Vacuum Pulsation Line, Automatic Drains in Vacuum Pulsation Lines, Number of Milker Units, Vacuum Pump(s) (Brand/Model/Horsepower), Total Vacuum Pump Capacity, Vacuum Regulator (Brand/Model), Number of Distribution Tank(s), and Other.

E) MILK COOLING and STORAGE SYSTEM:

- 1) Pre-Cooler yes ___ no ___ Brand _____ Type _____
- 2) Type of Coolant(s) _____
- 3) Coolant Reclaimed for Potable Use yes ___ no ___
- 4) Coolant Used for Cattle Water yes ___ no ___
- 5) Bulk Milk Tank: Brand _____ Model _____ Serial # _____
 Date of Manufacture _____ Milk Capacity _____ gallons
 Cooling Capacity BTU/HR _____

F) Cleaning and Sanitizing System:

- 1) Automatic _____ Manual _____
- 2) Automatic Pre-Rinse Diverter Valve _____
- 3) Wash Procedure: Pre-Rinse _____ gallons
 Wash Cycle _____ gallons Time _____ minutes
 Acid/Post Rinse _____ gallons *NOTE—Water temperature of
 Sanitize _____ gallons wash cycle must be maintained
 at 120°F or higher.
- 4) Milker Units Cleaned-In-Place (Parlor) yes ___ no ___

G) WATER HEATING EQUIPMENT:

- 1) Type of Heater Electric _____ Gas _____ Other _____
- 2) Capacity of Heater _____ gallons 3) Recovery Rate - Gal/HR/100°F Rise ___ gallons
- 4) Additional Water Heating _____ Type _____

H) Manually Cleaned Components: (circle all that apply)

Diverter Plug(s) Manual Shut-Off Valve(s) Bulk Milk Tank Outlet Valve(s)
 List other components in this system: _____

I) Physical Separation of Wash System (CIP) Lines From:

- 1) Milking System During Milking yes ___ no ___
- 2) Bulk Milk Tank During Milk Storage yes ___ no ___

IV. ANY FUTURE MODIFICATION OF THIS EQUIPMENT MUST HAVE PRIOR WRITTEN APPROVAL

Owner or Authorized Representative (signature): _____ Date _____

Installer/Dealer (signature): _____ (address): _____ (phone #): _____

OFFICIAL ACTION

PLAN APPROVAL

Sanitarian (signature): _____ Date: _____

INSTALLATION APPROVAL

Sanitarian (signature): _____ Date: _____