



APPLICATION TO INSTALL OR MODIFY AN EXISTING MILKING SYSTEM

Nevada State Dairy Commission

4600 Kietzke Lane, Suite A-107, Reno NV 89502 Telephone: (775) 688-1211 Fax number: (775) 688-1218

This application must be completed and submitted the above address along with a blueprint / drawing which include the items listed on this application. Plans will be reviewed and you will be contacted by this office upon approval of the application.

APPLICANT INFORMATION

New Installation

Modification to Existing System

Name of applicant

Telephone number

County

()

Name of farm

Address of farm (number and street, city, state and ZIP code)

Installer / Company Name

Telephone Number

Address

Proposed Installation Date: _____

Number of cows to be milked: _____

Please complete the following information: (check or fill in the blank appropriate)

1. Parlor Configuration: Parallel Tie-stall Stanchion Basement
 Herringbone Rotary Other _____

2. Operation Design:

Pipeline Diameter _____

Size of Hot Water Heater _____ gal – must maintain >120 °F thru cycle

Low or High

Restrictors: Yes No

Size of Line Washer _____

3. Vacuum System*

CFM Rating (3 x units) _____

Number of claws / unit _____

Distribution tank? _____ Yes No

Automatic drains & pulsator airlines Yes No

*Vacuum pump requirements:

a. 35 CFM is used as the base plus 3 CFM per unit

b. If more than one receiver group, sharing a common vacuum source, 35 CFM is still the base measure.

c. If there are separate vacuum sources for each receiver, then each receiver group will be figured separately.

4. Water Supply:

Well (1)

Wells (multiple)

City / Public

Hauled

Cistern

Spring

Point of use backflow prevention? Yes No (Show location on plans)

Water Softener (Must drain properly – show location on plans)

High Pressure Washer (must have backflow prevention)

5. Wash / Sanitize System

System of Cleaning (CIP)

- Vacuum Gravity Vacuum Recirculation
- Centrifugal Pressure Recirculation

or Manual

Letter cover protection? Yes No

Air injection location _____

Sanitizing Agent: Chlorine Quaternary Ammonium Acid
 Hydrogen Peroxide Other _____

6. Cooling / Storage / Transfer

Bulk Tank Silo Cans

Bulk Tank Size _____ Brand _____ Year _____

Pre-cooler? Type of coolant Glycol Chilled Water Well Water

Load out pump? Yes No

Truck shelter? Yes No

Direct Load System

Load-out bays? How Many? _____

Pre-cooler? Type of Coolant Glycol Chilled Water Well Water

In-Line sampling device? Anderson Isolok QMI

Temperature recording device and refrigeration required.

7. Abnormal Milk

Separate System for abnormal milk? Yes No

If no, please explain -

8. Blueprints / Drawing

Please indicate the following regarding pipeline:

- Milk flow direction
- Air injectors
- Trap –high Point *(this may change during installation)*
- Inspection points

Please indicate the following regarding the structure and specific equipment:

- | | |
|---|--|
| <ul style="list-style-type: none"> -Milkhouse and barn dimensions & layout -Restroom or utility room if applicable -Location of drains and type -Location of light fixtures -Location of cow yard and size -Location of cattle housing – size and type -Location of plate coolers if applicable -Location of milk receiver group -Location of calf, maternity, horse stalls etc. -Location of windows and doors <i>(direction of opening, in/out, left/right)</i> | <ul style="list-style-type: none"> -Hoseport -Wash vats and hand sink -Bulk tank / silo -Location of water supply -Water heater and water softener -Heating / ventilation system vents -Location of backflow prevention devices -Location of stock water tanks -Proposed location of manure pile / lagoon |
|---|--|

Producer Signature

Date

Installer Signature *(if applicable)*

Date