



APPLICATION TO INSTALL OR MODIFY AN EXISTING MILKING SYSTEM

Nevada Department of Agriculture / Food & Nutrition Division / Dairy Commission
405 S. 21st Street, Sparks, NV 89431 Telephone: (775) 353-3758 Fax number: (775) 353-3749

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		
<input type="checkbox"/> New Installation <input type="checkbox"/> 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:

- | | |
|--|--|
| -Milkhouse and barn dimensions & layout | -Hoseport |
| -Restroom or utility room if applicable | -Wash vats and hand sink |
| -Location of drains and type | -Bulk tank / silo |
| -Location of light fixtures | -Location of water supply |
| -Location of cow yard and size | -Water heater and water softener |
| -Location of cattle housing – size and type | -Heating / ventilation system vents |
| -Location of plate coolers if applicable | -Location of backflow prevention devices |
| -Location of milk receiver group | -Location of stock water tanks |
| -Location of calf, maternity, horse stalls etc. | -Proposed location of manure pile / lagoon |
| -Location of windows and doors <i>(direction of opening, in/out, left/right)</i> | |

Producer Signature

Date

Installer Signature *(if applicable)*

Date