



APPLICATION TO INSTALL OR MODIFY A MILKING SYSTEM

State Form 54101 (R2 / 12-11)

INDIANA STATE BOARD OF ANIMAL HEALTH

DAIRY DIVISION

Discovery Hall

1202 East 38th Street, Suite 100

Indianapolis, IN 46205-2807

Telephone number: (317) 544-2400

Fax number: (317) 974-2011

This application must be completed and submitted to 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

New Installation Modification to Existing System Permit Number FA / FB- _____

Name _____ Telephone Number _____

Address _____ City / ZIP code _____ County _____

Milk Cooperative _____ Field Representative _____

Installer / Company Name (If using an installer please provide contact information) _____ Telephone Number _____

Address _____

Proposed Installation Date (month, day, year): _____ Number of cows to be milked: _____

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

1. Parlor Configuration: Parallel Tie-stall Stanchion Basement

Herringbone Rotary Other _____

2. Operation Design:

Pipeline - Diameter _____

- Low or High

- Restrictors? Yes No

Pails - Do you use a Step Saver or Sputnik? Yes No

3. Vacuum System*

CFM Rating (3 x units) _____

Number of claws / units _____

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)

Cistern

City / Public

Hauled

Spring

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

Water Heater

Type _____

(must maintain >120°F thru cycle)

Size _____

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

High Pressure Washer (must have backflow prevention)

5. **Wash / Sanitize System***

CIP

Manual COP

Jetter cover protection? Yes No

Air injection location _____

Sanitizer Agent -

Chlorine

Quaternary Ammonium

Acid

Other _____

Hydrogen Peroxide

**Wash cycle must be defined in writing, including water hardness, detergent and sanitizer must be posted in the milkhouse. If procedure changes a new program must be posted.*

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 if applicable 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 & type

-Bulk tank / silo

-Location of light fixtures

-Location of water supply

-Location of cove 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 back flow 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 (direction of opening, in/out, left/right)

Producer Signature Date (month, day, year)

Installer Signature (if applicable) Date (month, day, year)

Board of Animal Health Approval Signature

Date (month, day, year)