



## APPLICATION TO INSTALL OR MODIFY AN EXISTING MILKING SYSTEM

Nevada Department of Agriculture / Food & Nutrition Division / Food Safety  
405 S. 21<sup>st</sup> 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:

- 35 CFM is used as the base plus 3 CFM per unit
- If more than one receiver group, sharing a common vacuum source, 35 CFM is still the base measure.
- 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 Wat  
 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