NEW YORK STATE | Agriculture and Markets

Application to Install or Modify Milk Handling Equipment on a Dairy Farm

Division of Milk Control | 10B Airline Dr. |Albany, NY 12235
(518) 457-1772 | (800) 554-4501

Pursuant to Part 2 of 1 NYCRR §2.64 paragraph (b), I hereby make application to install or modify milk handling equipment at the facility listed below. The equipment and installation will meet or exceed the 3A Accepted Practices for the Design, Fabrication & Installation of Milking and Milk Handling Equipment, Number 606-.

Submit two copies of this application to the regional Dairy Products Specialist II and one copy to the Certified Milk Inspector representing the producer or milk cooperative.

See the Milking Equipment Installers Guideline for complete instructions.

All applications must be accompanied by a detailed legible drawing of the milking system indicating not less than the following items when present:

1. Bulk milk Tank	**5. Floor drain**	**9. Receiver Group**	**13. Milk filters**	**17. Wash Manifold**	**21. Air Blow Assembly**
2. Double wash vat	**6. High Point**	**10. Weigh Jars**	**14. Vacuum pump**	**18. Reclaimed water tank**	**22. Pre-rinse divert valve**
3. CIP Pipeline vat	**7. Vacuum test port**	**11. Pipeline inspection port**	**15. Wash flow (blue line)**	**19. Backflow prevention device**	
4. Hand wash sink	**8. Air Injector**	**12. Milk Pre-cooler**	**16. Milk flow (red line)**	**20. Chart Recorder**	

Producer Information

Name, Farm DBA	Farm Number
Address, Phone, Email	
Cooperative / Milk Dealer (name & address)	
Fieldperson / CMI (name, address, phone, email)	
Producer Signature	

Installer Information

Name	NYS Installer Reg. #
Address, Phone, Email	
Installer Signature, Date	

Proposed Start Date for Project:

Milking Animal ☐ Cow ☐ Sheep ☐ Goat ☐ Other: _____

Equipment Installation ☐ New ☐ Used **Facility Construction** ☐ New ☐ Modification

Type of Equipment ☐ Pipeline Milking System (Make, if applicable _____)

☐ Bulk Tank / Silo ☐ Pre-cooler

☐ Direct Loading System (requires supplemental application) ☐ Automatic Milking Installation (requires supplemental application)

☐ Other: _____

Type of Facility ☐ Milking Parlor ☐ Stable Milking ☐ Milkhouse ☐ Other: _____

Milk line

1. Material(s):	7. Slope ☐ 0.8% (1in. /10ft.)
2. Diameter:	☐ 1.0% (1¼in./10ft) ☐ 1.2% (1½in./10ft)
3. Length:	☐ 1.5% (2in. /10ft.) ☐ 2.0% (2½in./10ft)
4. Number of Inspection Points:	8. ☐ High Line ☐ Low Line
5. Number of Units:	9. Max Height (for high lines)
6. Max. Units per slope:	10. Units washed in ☐ Parlor ☐ Milkhouse

Milk Receiver

1. Number of Receivers in System _____ 2. Size of Receiver Inlets _____
3. Size of Receiver Vacuum Inlet _____ 4. Receiver located in a pit? ☐ Yes ☐ No
Receiver located in a room other than milkhouse? ☐ Yes ☐ No Location: _____
Air blow assembly used? ☐ Yes ☐ No Location(s): _____

Filtration Location _____ Type: ☐ Pressure ☐ Gravity
Number of Filters _____ Filter Size _____

Vacuum System

1. Main Air Line Material _____ Diameter _____ Length _____
2. Pulsator Line Material _____ Diameter _____ Length _____
3. Automatic Drains in Pulsator Line? ☐ YES ☐ NO
4. Vacuum Pump #1 Brand _____ Model _____ Motor HP _____
5. Vacuum Pump #2 Brand _____ Model _____ Motor HP _____
6. Total Vacuum Pump Capacity _____ CFM / ASME at Normal Operating Level of _____ in. Hg
7. Design Wash CFM Required _____ @ _____ in. Hg
8. Vacuum Regulator Brand _____ Model _____
9. No. of Milk Units _____ CFM _____ No. of Meters _____ CFM _____ No. of Regulators _____ CFM _____
10. Other Equipment and CFM requirements: _____
11. Total CFM Requirement: _____

Milk Cooling and Storage – *Attach all cooling requirement and capacity calculations to this application*

1. **Pre-Cooler** ☐ Plate ☐ Tube ☐ Other _____
No. of sections in plate cooler _____ Coolant Media _____
Automatic Drain Valves ☐ Yes ☐ No

2. **Bulk Tank / Storage Silo**

Brand _____ Serial # _____ Capacity _____ Date of Manufacture _____

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Type of temperature recording system utilized (required on tanks manufactured after 1/1/2000) ☐ Chart ☐ Computer

Total Cooling System Capacity _____ Btu / Hr.

Cleaning & Sanitizing System – *Attach all water volume requirements for the wash system to this application*

Air Injector Location _____

Milk Line Wash System

Wash Vat Size _____ gallons (L)

Design Fill Rate _____ GPM

Wash Cycle Time _____ minutes

Wash Procedure Pre-Rinse _____gallons (L)

Wash Cycle _____gallons (L)

Acid / Post Rinse _____gallons (L)

Sanitize _____gallons (L)

Total Hot Water Required _____gallons (L)

Bulk Storage Tank Wash

Wash Procedure Pre-Rinse _____gallons (L)

Wash Cycle _____gallons (L)

Acid / Post Rinse _____gallons (L)

Sanitize _____gallons (L)

Total Hot Water Required _____gallons (L)

Water Heating Equipment

1. Type of heater ☐ Electric ☐ Gas ☐ Oil Other: _____
2. Capacity of Hot Water Storage System _____ gallons (L)
3. Heating Capacity of System _____ Btu / Hr. Input _____ gal. / hr. / 100°F Rise Recovery
4. Additional Water Heating (explain) _____

Manually Cleaned Components (check all that apply, list all others)

☐ Diverter Plug(s) ☐ Manual Shut-Off Valve(s) ☐ Milk Tank Outlet Valve(s)

List other components: _____

A cleaning program, including water hardness and detergent and sanitizer concentration, must be posted in the milkhouse. The program must be accurate for the cleaning chemicals currently available in the milkhouse.

Any future modification of this equipment must have prior written approval.

A post installation test and system evaluation must be completed prior to the first milking and the report must be available for review at the producer facility.

FOR OFFICE USE ONLY	**Date Plan Received:**
Plan Approval, **Dairy Products Specialist, Signature**	**Date**
Installation Approval, **Dairy Products Specialist, Signature**	**Date**

This application, when properly filled out by the regulatory agency, serves as the official approval. Please maintain a copy of the application for review by other regulatory agencies.