

MICHIGAN DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT
FOOD & DAIRY DIVISION
DAIRY SECTION
P.O. BOX 30017
LANSING, MI 48909

APPLICATION TO INSTALL

(In accordance with Act 266, PA 2001, or Act 267, PA 2001)

[] Milk Pipeline
[] Farm Bulk Milk Tank

[] New Installation
[] Vacuum System

[] In-Line Sampler
[] Modification (Explain) _____

*NOTE: Any modification of the equipment must be reviewed by the Michigan Department of Agriculture and Rural Development.

This application is required to be submitted to and reviewed by a Food and Dairy Division Inspector prior to work commencing on any new pipeline or bulk tank installation to an existing system. Failure to submit this application for review may result in rejection of the system by the division and/or other penalties as stipulated in Act 266, PA 2001 or Act 267, PA 2001.

CHECK APPROPRIATE AREA AND FILL IN CORRESPONDING INFORMATION. PLEASE ATTACH A LAYOUT OF MILK HANDLING EQUIPMENT.

Permit Number: _____ Date: _____
County Number _____
Township Number: _____
Section Number: _____

Producer Name: _____
Address: _____
City _____ State _____ Zip _____
Phone Number: _____

Pipeline Information

Parlor: _____ Stanchion: _____
Number of cows: _____
Pipeline make: _____
Material: _____ Length: _____
Pitch: _____ Inches/10 ft: _____
Diameter: _____
Slope: Single: _____ Double: _____
Receiver location: _____
Moisture trap location: _____
Weight jars: Type: _____
Size-gal: _____
Number of milking units: _____
Type of filter used: _____
Where is filter located: _____
Milk hoses self draining: _____ [] Yes [] No
Milk pump location: _____
Milk pump size: _____
Separate abnormal milk/unit: _____ [] Yes [] No
Shields on milk lines through walls: _____ [] Yes [] No
Old holes in walls plugged: _____ [] Yes [] No
Milk inlets in up direction: _____ [] Yes [] No
Milk line welded: _____ [] Yes [] No
Inspection port locations on each run: _____ [] Yes [] No
Automatic takeoffs: _____ Type: _____
Back flush system: _____ [] Yes [] No

Cleaning Information

Washing equipment make: _____
Manual: _____ Automatic: _____ Gallons per cycle: _____
Cleaning program attached: _____ [] Yes [] No
Chemical addition type: _____
Chemical feed line/Non-corrosive: _____ [] Yes [] No
Disconnect for bulk line CIP chemicals: _____ [] Yes [] No
Jetter washer protection: _____ [] Yes [] No
Air injection location: _____
Pipeline CIP disconnect type: _____
CIP water supply line submerge: _____ [] Yes [] No
Wash vat type: _____
Number of wash vats: _____
Wash vat to be used as milk receiver: _____ [] Yes [] No
Water heater: Size (gal) _____
Type of water heater: Gas: _____ Electric: _____
Water use each cycle (gal):
1st _____ 2nd _____ 3rd _____
Temperature setting on water heater: _____
Temperature – each cycle:
1st _____ 2nd _____ 3rd _____
Preheater used: _____ Gal. _____
Number of additional water heaters: _____
Sizes: _____ Gallons: _____
Rinse recovery system used: _____ [] Yes [] No
Size: _____

Bulk Milk Tank Information

Distance from wall: _____
 Bulk milk tank make: _____
 New: _____ Used: _____ Size (gal.): _____
 Automatic washer: Yes _____ Type: _____
 Manual wash: Yes No
 Mechanical sanitation type: _____
 Agitation time: _____
 Recorder installed: Yes _____ Type: _____
 Deflector for bulk tank swing line: Yes No
 Raised edges on tank openings Yes No
 Compressor type: _____

Pre-Cooler Information

Pre-cooler : Yes No
 Pre-cooler type: _____
 Pre-cooler location: _____
 Pre-cooler capacity: _____
 Plate cooler lines welded at cooler: Yes No
 Potable water used on cooler: Yes No
 Cooler water drains to where: _____

 Cooler water line submerged: Yes No
 Sweet/Glycol water tank lid tight: NA Yes No
 Hot water used in plate cooler during CIP to keep water hot: Yes No
 Glycol Type: _____

Vacuum System Information

Vacuum pump: _____ Type: _____
 Size/hp: _____
 New : Used:
 CFM capacity: _____
 Vacuum regulator type: _____

Regulator location: _____
 Pulsation line: _____ Size: _____
 Length: _____
 Vacuum tank size: _____
 Type: _____

Milking Area Information

Style: _____
 Building size: _____
 Equipment manual provided for buyer and reviewed:
 Yes No
 Gutter type: _____
 Gutters flushed with water: _____
 Water for gutter submerged: Yes No

In-Line Sampler

Pounds of milk/day direct loaded: _____
 Sampling ratio: _____ mls or ozs/ _____ lb or gal or L
 Sample end volume desired _____ (max ¾ full)
 Sample container of approved design Yes No
 Sample container of approved material Yes No
 Material type: _____
 Sample container size: _____ mls or ozs or gals or Ls
 Number of milkings to fill tanker: _____
 Sampler Make: _____
 Sampler location: _____
 Sample collection location: _____
 Refrigerator (1) Size: _____ cu ft. (2) Size: _____ cu ft.

All materials, approval for the installation plans, approval of the installation and all other relevant areas relating to the equipment construction and usage must meet the requirements of the most recent addition of the PMO, item 9r. Utensils and Equipment Construction.

<p>Installer or representative (signature):</p>	<p>Producer (owner or authorized representative) signature:</p>
<p>Installer complete mailing address:</p>	<p>MDARD representative (signature):</p>
	<p>Plans reviewed (date):</p>
<p>Date of completion:</p>	<p>Final Inspection (date):</p>