# Application to Install a Pipeline Milking System

I hereby make application for permission to install or alter a C.I.P. milking system.

## I. Bulk Tank Brand Name
- **Make**: ____________________
- **Size**: ___________ gals.

## II. A. Pipeline System: Make
- **Milking System**: ____________________
- **No. of Units**: ___________
- **Type**: Welded, Gasketed
- **Transfer System Model No.**: ____________________
- **Location of Inspection Ports**: ____________________
- **Pipeline Length**: ___________ ft.
- **Slope**: ___________ inches per 10 ft.
- **Diameter**: ___________ in.
- **Material**: ____________________
- **Maximum height**: ___________ ft. above cow platform.

## II. B. Type
- **Releaser**: ____________________
- **Pump**: ____________________
- **Vacuum Tank**: ____________________
- **Receiver- No. of inlets**: ___________
- **Stable**: ____________________
- **Parlor**: ____________________
- **Weigh Jar**: ____________________
- **Low Line**: ____________________

## II. C. Filtration
- **Location**: ____________________
- **Type**: Pressure, Gravity

## II. D. Main Vacuum Supply Line Size:
- **Diameter**: ___________ in.
- **Length**: ___________ ft.

## II. E. Vacuum Pulsator Line Size:
- **Diameter**: ___________ in.
- **Length**: ___________ ft.

## III. Vacuum Requirements:
- **ASME Standard**: ____________________
- **New Zealand Standard**: ____________________

## IV. Washing Equipment:
- **Auto**: ____________________
- **Manual**: ____________________
- **Automatic pre-rinse divert valve**: ____________________
- **No. of wash vats**: ___________
- **Time wash cycle**: ___________ minutes.
- **B. Water**: Pre-rinse gal.
  - Wash gal.
  - Post-rinse gal.
  - Hot water needed gal.
- **H. Equipment to be washed by recirculation**: ____________________
- **Air Injection Device**: yes, no
- **Booster, Heater**: ___________ BTU/hr.

## V. Chart showing manufacturer's rinsing, washing, and sanitizing regimen shall be employed. Maintenance Schedule provided by installer
- **Owner or authorized representative (Signature)**: ____________________
- **Milkling Machine Dealer (Signature, address, telephone no.)**: ____________________

## VI. Facility Check for Stray Electricity
- **Yes**: ___________
- **No**: ___________

## VII. Installation Meets or Exceeds 3A Accepted Practices For The Design, Fabrication, and Installation of Milking and Milk Handling Equipment
- **Yes**: ___________
- **No**: ___________

If no, explain: ____________________

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*This determination made by (signature)*

**ENFORCEMENT AGENCY**

**SANITARIAN**

Floor plan for milking barn, milkroom, and location of all equipment to be drawn on the reverse side of this sheet.