



INSTALL OR MODIFY A MILKING SYSTEM

State Form 54101 (R5 / 4-19)

INDIANA STATE BOARD OF ANIMAL HEALTH
DAIRY DIVISION
Discovery Hall
1202 East 38th Street, Suite 100
Indianapolis, IN 46205-2898
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 includes the items listed on this application. Plans will be reviewed and you will be contacted by this office upon approval of the application.

Type of application ☐ New Installation ☐ Modification to (Permitted) Existing Facility		Permit Number (Existing Facility) FA / FB	Inspector (Existing Facility)
Name			
E-mail address		Cellular telephone ()	Land line ()
Address of farm (number and street, city, state, and ZIP code)			County
Mailing address (If different) (number and street, city, state, and ZIP code)			
Marketing agent		Name of field representative	
Name of company / installer (If using an installer; please provide contact information.)			
E-mail address			Telephone number ()
Address (number and street, city, state, and ZIP code)			
Proposed installation date (month, day, year)		Number of cows to be milked	
Brief description of installation or modification:			
Please complete the following information. (Check ☐ or fill in the blank, as appropriate.)			
1. Parlor Configuration: ☐ Parallel ☐ Tie-stall ☐ Stanchion ☐ Robot - Number of units: ☐ Herringbone ☐ Rotary ☐ Other (Explain):			
2. Operation Design: ☐ Pipeline - Diameter: - Low or High? - Restrictors? ☐ Yes ☐ No (Butterfly valves are not to be considered restrictors.) ☐ 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 and 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 Location of wells: Point of use backflow prevention? ☐ Yes ☐ No (Show location on plans.) Water Heater Type: (Must maintain >120°F through cycle.) Size: ☐ Water Softener (Must drain properly – show location on plans.) ☐ High Pressure Washer (Water supply must be protected.)			

5. Wash / Sanitize System* ☐ CIP ☐ Manual COP Jetter cover protection? ☐ Yes ☐ No Air injection location: Sanitizer Agent - ☐ Chlorine ☐ Quaternary Ammonium ☐ Acid ☐ Other (Explain): ☐ Hydrogen Peroxide <i>*Wash cycle must be defined in writing, including water hardness, detergent and sanitizer, and must be posted in the milkhouse. If procedure changes, a new program must be posted.</i>									
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 <i>Temperature recording devise and refrigeration required.</i>									
7. Abnormal Milk Separate System for abnormal milk? ☐ Yes ☐ No <i>If no, please explain:</i>									
8. Blueprints / Drawing (Required for submission) Please indicate the following regarding pipeline: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> -Milk flow direction -Air injectors </td> <td style="width: 50%; vertical-align: top;"> -Trap high Point (This may change during installation.) -Inspection points </td> </tr> </table> Please indicate the following regarding the structure and specific equipment: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> -Milkhous and barn dimensions and layout -Restroom or utility room, if applicable -Location of drains, drain lines, and type -Location of light fixtures -Location of cowyard and size -Location of cattle housing – size and type -Location of plate coolers, if applicable -Location of milk receiver group -Location of calf, maternity, horse stalls, etc. -Location of windows and doors (Direction of opening, in/out, left/right) </td> <td style="width: 50%; vertical-align: top;"> -Hoseport and hauler pad -Wash vats and hand sink -Bulk tank / silo -Location of water supply -Water heater and water softener -Heating / ventilation system vents -Location of back flow prevention devices -Location of stock water tanks -Proposed location of manure pile / lagoon </td> </tr> </table>						-Milk flow direction -Air injectors	-Trap high Point (This may change during installation.) -Inspection points	-Milkhous and barn dimensions and layout -Restroom or utility room, if applicable -Location of drains, drain lines, and type -Location of light fixtures -Location of cowyard and size -Location of cattle housing – size and type -Location of plate coolers, if applicable -Location of milk receiver group -Location of calf, maternity, horse stalls, etc. -Location of windows and doors (Direction of opening, in/out, left/right)	-Hoseport and hauler pad -Wash vats and hand sink -Bulk tank / silo -Location of water supply -Water heater and water softener -Heating / ventilation system vents -Location of back flow prevention devices -Location of stock water tanks -Proposed location of manure pile / lagoon
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Signature of Producer				Date signed (month, day, year)					
Signature of installer (If applicable)				Date signed (month, day, year)					
Date of contact (month, day, year)	Initial	Date of contact (month, day, year)	Initial	Date of contact (month, day, year)	Initial				
Signature of Board of Animal Health for approval		Application to Sell Raw Milk Submitted (new installation)		Date signed (month, day, year)					
		☐ Yes ☐ No							