



Wisconsin Dept. of Agriculture, Trade & Consumer Protection
Division of Food Safety

Application for Milk Handling Equipment

Please Mail Directly to: 200 N. Jefferson, Suite 146-A
Green Bay, WI 54301

- Wisconsin regulations require a plan to be submitted and reviewed before installation of milking and milk handling equipment.
- Only plans that are complete and legible will be reviewed.
- A fee of \$25 for pipeline milker plans must accompany this form or plans will be returned. No fee is charged for bulk tank plans.
- The review of your plan and /or application is based on Wisconsin regulations and standards in effect at this time.
- This installation will be inspected at the time of the next inspection for compliance with Wisconsin regulations and standards. Modification of this installation may be required at some future date as regulations and standards are updated.

TYPE OF INSTALLATION

<input type="checkbox"/> NEW	<input type="checkbox"/> MODIFICATION
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TYPE OF EQUIPMENT

<input type="checkbox"/> BULK TANK	<input type="checkbox"/> PRECOOLER
<input type="checkbox"/> PIPELINE MILKER	<input type="checkbox"/> SILO
<input type="checkbox"/> DIRECT TANKER (Requires Supplementary Application)	
<input type="checkbox"/> Other – explain	

TYPE OF FACILITY

<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING
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MILKING AREA

<input type="checkbox"/> STANCHION BARN	<input type="checkbox"/> MILKING PARLOR
<input type="checkbox"/> SWING PARLOR	<input type="checkbox"/> FLAT BARN PARLOR
<input type="checkbox"/> OPEN AIR PARLOR	

W DATCP USE ONLY

PAYMENT RECEIVED 129-68-7000	
REVIEWER	DATE
REV COMMENTS	DATE STAMP

**INSTALLER MUST SIGN THIS STATEMENT UPON
COMPLETING INSTALLATION AND FORM SHALL
BE POSTED WITH INSPECTION REPORTS IN MILK HOUSE**

I hereby certify that I have installed the equipment as described on this application and in compliance with Chapter ATCP 60, Wisconsin Administrative Code

SIGNATURE OF EQUIPMENT INSTALLER OR REPRESENTATIVE

DATE OF COMPLETION

Please Print

INSTALLER INFORMATION

NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE #	SIGNATURE	DATE

DAIRY PLANT INFORMATION

DAIRY PLANT NAME		
PLANT LOCATION	PLANT NO	PATRON NO

PRODUCER INFORMATION

NAME		
DBA(FARM NAME)		
MAILING ADDRESS		
CITY	STATE	ZIP
COUNTY NAME & #	TOWNSHIP NAME & #	SECTION
PHONE NUMBER		
PRODUCER'S SIGNATURE		DATE

Continue on Reverse Side

INSTRUCTIONS

- All blanks that apply to this installation must be completed
- This application must be accompanied by a detailed legible drawing of the milk system showing the following:

1. Bulk Milk Tank	5. Floor Drain	9. Receiver Group	13. Filter
2. Double Wash Vats	6. High Point	10. Weigh Jars	14. Vacuum Pump
3. CIP Pipeline Vat	7. Vacuum Test Port	11. Pipeline Inspection Port	15. Wash Flow
4. Hand Wash Sink	8. Air Injector	12. Milk Precooler	16. Wash Manifold

FABRICATION OF MILKING SYSTEM

A. Milkline

1. Material(s)	7. Percent slope <input type="checkbox"/> .8% (1 inch/10 feet)
2. Diameter	<input type="checkbox"/> 1.0% (1¼ inch/10 feet) <input type="checkbox"/> 1.2% (1½ inch/10 feet)
3. Length	<input type="checkbox"/> 1.5% (2 inch/10 feet) <input type="checkbox"/> 2.0% (2½ inch/10 feet)
4. WELDED <input type="checkbox"/> GASKETED <input type="checkbox"/>	8. HIGH LINE <input type="checkbox"/> LOW LINE <input type="checkbox"/>
5. Number of Units	9. Max. Height from Floor
6. Max. Units Per Slope	10. Units Washed in PARLOR <input type="checkbox"/> MILKHOUSE <input type="checkbox"/>

B. Receiver

1. Number of Receiver Inlets _____
2. Size of Receiver Milk Inlet(s) _____
3. Size of Receiver Vacuum Inlet _____

C. Other system components with vacuum requirements (Fill in those that apply)

ITEM	QUANTITY	ADDITIONAL VACUUM REQUIREMENTS

D. Vacuum System

1. Main Airline Material _____ Diameter _____ Length _____
2. Pulsator Line Material _____ Diameter _____ Length _____
3. Automatic Drains in Pulsator Lines YES NO
4. Vacuum Pump(s) Brand _____ Model(s) _____ Motor hp _____
5. Total Vac Pump Capacity _____ CFM/ASME at Normal Operating Level of _____ in. Hg.
6. Vacuum Regulator Brand _____ Model _____
7. Other (specify) _____

E. Milk Cooling and Storage System

1. Pre-Cooler Brand _____ Type _____ Model _____
 Number of passes in plate cooler _____
 Coolant Well water single use Recirculated water Recirculated glycol
 Type of coolant preservative used _____
2. Bulk Milk Tank Brand _____ Model _____ Capacity _____
 Date of Manufacture _____
 Bulk tank temperature recorder provided? (Required on tanks manufactured after 1/1/2000) YES NO
3. Type of cleaning MANUALLY CLEANED CIP
4. Distances from bulk milk tank to walls, ceiling and equipment provided on plan? YES NO
5. Silo Brand _____ Model _____ Capacity _____
6. Tanker Brand _____ Model _____ Capacity _____

F. Water Heating Equipment

1. Water heating system has been designed to be adequate for all milkhous operations YES NO
2. Capacity of water heating system is _____ Gallons

G. Physical Separation of Wash Systems (Lines) From

1. Milking System During Milking YES
2. Milk Tank During Milk Storage YES