



# DAIRY FARM EQUIPMENT INSTALLATION OR MODIFICATION APPLICATION

NORTH DAKOTA DEPARTMENT OF AGRICULTURE  
DAIRY DIVISION  
SFN 62355 (7-2023)

North Dakota Department of Agriculture  
600 E Boulevard Ave Dept 602  
Bismarck ND 58505-0020  
Phone 701-328-2299  
Fax 701-328-4567

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. **Failure to submit this application may result in rejection of the system, preventing use until compliance can be verified.**

|   |  |                          |          |
|---|--|--------------------------|----------|
| Type of Application<br><input type="checkbox"/> New Installation <input type="checkbox"/> Modification to Existing Facility |  | Permit Number (if known) |          |
| Name  | Telephone Number                             | County                   |          |
| Address of Farm (Number and Street)   | City   | State                    | ZIP Code |
| Mailing Address (if different)  | City   | State                    | ZIP Code |
| Milk Buying Company   | Name of Field Representative                 |                          |          |
| Name of Equipment Installer   |  | Telephone Number         |          |
| Address   | City   | State                    | ZIP Code |
| Proposed Installation Date (month, day, year)   | Number of Cows or Other Animals to be Milked |                          |          |
| Brief Description of the Proposal   |  |                          |          |

### New Construction Building

|   |   |
|---|---|
| Site Location - Are animal housing areas 50 feet minimum from water well location?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| Water Supply for the Milk House and Milking Area<br><input type="checkbox"/> Well <input type="checkbox"/> Well Multiple <input type="checkbox"/> City/Public <input type="checkbox"/> Other (specify): | Backflow Prevention?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Toilet Room On-Site?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Separate septic system shall be approved by local health sanitarian<br>Does the producer have an approval letter?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

### Milk Load Out Plans

|  |
|--|
| Bulk Milk Tanks or Silo?<br><input type="checkbox"/> Yes (see milk storage section) <input type="checkbox"/> No  |
| Direct Load of Tanker?<br><input type="checkbox"/> Yes (direct load systems shall have the following) <input type="checkbox"/> No <ul style="list-style-type: none"> <li>- Sloped concrete parking slab under tankers</li> <li>- Loadout doors providing access to the tanker valves directly from within the milkinghouse</li> <li>- Indicating and recording milk temperature probes and charts in pipeline; milk shall be pre-cooled to &lt;45F prior to loading</li> <li>- Tankers shall have ability to accept compressed filtered air at the farm for agitation purposes</li> <li>- Approved plans for in-line sampling on farm or acceptable agreement with processor for tanker agitation and sampling at processor</li> </ul> |

### Milking Operation Design

#### Parlor Configuration

- Parallel  Tie-stall  Stanchion  Herringbone  Rotary  Robot (Number of Units: \_\_\_\_\_)  
 Other (specify): \_\_\_\_\_

Submit floorplans with the layout of milking equipment (See blueprints or drawings section of this application)

### Milk Storage Plans

#### Bulk Milk Tank(s)

- No  Yes - if yes, provide the following:

Number of Tanks (provide the make, size, and manufactured date for each tank on a separate attachment)

Will any tanks be bulkheaded through a milk-house wall?

- No  Yes - then annular space around the agitator shaft shall be fully protected from the weather

- Do not install tanks directly above floor drains, and
- Do not install light fixtures directly above tank opening

#### Milk Silo

- No  Yes - silos shall have the following:

- Indicating and recording thermometers, with paper or digital charts accessible to the inspector
- Approved universal sampling port with written sampling protocol (Appendix B, Item IV of PMO)

Milk tanks manufactured after January 1, 2000, and all silos shall have recording thermometers installed. Valves on silos and milk tanks shall be close coupled.

### Milk Cooling

#### Will you precool the milk?

- Yes  No

#### If yes, what type of coolant will be used?

- Glycol  Recirculated Water  Single Pass Well/City Water

#### Plate Coolers shall have the following:

- If a plate exchange has a by-pass valve, then a backflow preventer shall be installed in the bypass loop.
- Non-recirculated plate cooler water may prevent backflow by either eliminating submerged inlets and/or installing approved backflow prevention devices
- Water may be only reused to clean the parlor or water the cows.

### Treated Cow Milking and Abnormal Milk

#### Do you have a separate system for abnormal milk?

- Yes  No

If No, explain procedure for separating abnormal milk from saleable milk supply

- Milking equipment cannot share vacuum source, if treated cows are milked with healthy cows

### Cleaning Operations

#### Wash/Sanitize System

- CIP  Manual COP; (three compartment sink required in milkhouse, unless otherwise allowed in PMO)

If high pressure spray washers are going to be used for cleaning the barn, parlor and outside of the equipment, then the following is required;

- Permanently mounted pressure pump shall have vacuum relief valve and testing valve upstream from the pump
- Portable pressure washers shall have vacuum relief valve on at least an 18 inch stand-pipe, or draw water from a separate tank

**Blueprints, Floorplans, and Schematics**

The installer, contractor or farmer shall submit a blueprint, floor plan or schematic of the milking system, for any planned changes to the milking system or major renovation to the dairy.

Please indicate the following regarding pipelines on schematic or layout of the equipment, if appropriate:

- The milk flow direction
- The location of the vacuum trap
- The high point of the pipeline
- The location points for each pipeline run
- The location of air injectors

Please indicate the following regarding the structure and specific equipment:

- Milkhouse and Barn dimensions and layout
- Hose port and hose pad
- Restroom or utility room, if applicable
- Wash vats and hand sink
- Location of drains and type
- Bulk tank / silo
- Location of water supply
- Location of back flow prevention devices
- Location of stock water tanks
- Location of manure pile / lagoon

Other Comments

|  |             |
|--|-------------|
| Signature of Producer                  | Date Signed |
| Signature of Installer (if applicable) | Date Signed |
| Signature of Inspection Reviewer       | Date Signed |