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| DFRS-BFRB-028 (rev. 02/24) | | | | | | | | | |
|  | | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Food and Recreational Safety | | | | | | | |
| Application for Milk Handling Equipment and Facility Construction | | | | | | | | | |
| Wis. Stat. § 93.07(2) and Wis. Admin. Code § ATCP 65.14(6) | | | | | | | | | |
| Mail To: DATCP 718 W Clairemont Ave Ste 128, Eau Claire, WI 54701  Make Checks Payable To: DATCP | | | | | | | | | |
| * ATCP 65.14(6) requires installers to submit plans for review before installing, reconstructing, or extensively altering a bulk tank, milking system, milk handling system, milkhouse, milking parlor, or dairy farm water system. * Submit application with $25 fee to the address above. Fee must accompany the completed application or plans will not be reviewed. Failure to complete the application is subject to enforcement action under Wis. Stat. ch. 97 and Wis. Admin. Code ch. ATCP 65. * Drawings, plans or supplemental applications may be sent to the address above or to [datcpdfsplanreview@wisconsin.gov](mailto:datcpdfsplanreview@wisconsin.gov) with the producer’s name in the email subject line. * Only complete and legible plans will be reviewed. * Plan reviews are based on current Wisconsin regulations and standards. * Future modifications may be required as regulations and standards are updated. | | | | | | | | | |
| MILKING ANIMAL | | | | | | | | | |
| Cow | Goat | | | Sheep | | | Other - Please List: | | |
| EQUIPMENT INSTALLATION | | | | | | New | | | Modification |
| TYPE OF EQUIPMENT | | | | | | | | | |
| Bulk Tank | | | | | Can Milk | | | | Precooler |
| Pipeline Milker | | | | | Sputnik/Step Saver | | | | Silo |
| Direct Tanker | | | (Requires Supplemental Application for Direct Tanker F-fd-258) | | | | | | |
| Robotic Milking System (AMI) | | | | | | | (Requires Supplemental Application for AMI F-fd-344) | | |
| Manufacturer of AMI(s): | | | | | | | | Number of AMI’s installed: | |
| Dairy Farm Water System – Alternative Water Heating System | | | | | | | | | |
| In-Line Sampler – Manufacturer | | | | | | | | | |
| Other – explain | | | | | | | | | |
| NOTE: Immediately after installing or modifying any system listed above, the installer shall provide to the milk producer and the department a copy of the signed Certification of Installation Completion which certifies compliance with the construction standards of Wis. Admin. Code ch. ATCP 65. | | | | | | | | | |

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| FACILITY CONSTRUCTION | | | New | | | Modification | | | | |
| TYPE OF FACILITY | | | | | | | | | | |
| Stanchion Barn | Milkhouse | | | | | Milking Parlor | | | | |
| Swing Parlor | Flat Barn Parlor | | | | | Rotary Parlor | | | | |
| Open Air Parlor | Subway/Tunnel | | | | | Water Supply System | | | | |
| INSTALLER INFORMATION – Please Print Clearly | | | | | | | | | | |
| LEGAL NAME OF APPLICANT: | | | | | | | | | | |
| EMAIL | | | | | PHONE NUMBER  (     )     - | | | | | |
| MAILING STREET | | CITY | | | | | | STATE | | ZIP |
| INSTALLER’S SIGNATURE | | | | | | | | DATE: | | |
| DAIRY PLANT INFORMATION | | | | | | | | | | |
| DAIRY PLANT NAME: | PLANT NUMBER | | | | | PATRON NUMBER: | | | | |
| PRODUCER INFORMATION | | | | | | | | | | |
| PRODUCER LEGAL NAME | | | | | | PHONE NUMBER  (     )     - | | | | |
| FARM NAME/DOING BUSINESS AS: (DBA) | | | | | | | | | | |
| MAILING ADDRESS | | | | | | | | | | |
| PHYSICAL STREET (If different from above) | | | | CITY | | | | | STATE | ZIP |
| COUNTY NAME: | TOWN NAME: | | | | | SECTION NUMBER: | | | | |
| PRODUCERS SIGNATURE | | | | | DATE | | | | | |
| DATCP USE ONLY | | | | | | | | | | |
| PAYMENT RECEIVED 7000-G3 | | | | | | | | | | |
| REVIEWER: | | | | | | | DATE | | | |
| COMMENTS: | | | | | | | DATE STAMP:: | | | |
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| INSTRUCTIONS: Complete all blanks applicable to this installation. This application must be accompanied by a detailed legible drawing of the milking system and water distribution system showing the following items, when present: | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Bulk Milk Tank & Distances | | | | 6. High Point | | | 11. Pipeline Inspection Port | | | | | | 16. Wash Manifold | | | | | | | | 21. Air Blow | | | |
| 2. Double Wash Vats | | | | 7. Vacuum Test Port | | | 12. Milk Precooler | | | | | | 17. Pressure Tank | | | | | | | | 22. Air Filter | | | |
| 3. CIP Pipeline Vat | | | | 8. Air Injector | | | 13. Filter | | | | | | 18. Reclaimed Water Tank | | | | | | | | 23. Vacuum Moisture Trap/Drains | | | |
| 4. Hand Wash Sink | | | | 9. Receiver Group | | | 14. Vacuum Pump | | | | | | 19. Backflow Prevention Device | | | | | | | | 24. Jetter Line/Cup | | | |
| 5. Floor Drain | | | | 10. Weigh Jars | | | 15. Wash Flow | | | | | | 20. Air Gap Connection | | | | | | | | 25. Lights | | | |
| FABRICATION OF MILKING SYSTEM | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. MILKLINE | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Material(s) | | | | | 7. Percent slope | | | | | | | | | | | | .8% (1 inch/10 feet) | | | | | | | |
| 1. Diameter | | | | | 1.0% (1¼ inch/10 feet) | | | | | | | | | | | | 1.2% (1½ inch/10 feet) | | | | | | | |
| 1. Length | | | | | 1.5% (2 inch/10 feet) | | | | | | | | | | | | 2.0% (2½ inch/10 feet) | | | | | | | |
| 1. Welded  Gasketed | | | | | 5. Number of Units: | | | | | | | | | | | | 6. Max Units per Slope: | | | | | | | |
| 8.  High Line  Low Line | | | | | 9. Max Height from **Cow Platform**: | | | | | | | | | | | | 10. Units washed in  Parlor  Milkhouse | | | | | | | |
| 1. MILKRECEIVER | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Number of Receiver Inlets | | | | | Size of Receiver Milk Inlet(s) | | | | | | | | | | | | Size of Receiver Vacuum Inlet | | | | | | | |
| 1. Located in a Pit?  YES  NO | | | | | | | | | | Located in a Mini-Milkhouse?  YES  NO | | | | | | | | | | | | | | |
| 1. OTHER SYSTEM COMPONENTS WITH VACUUM REQUIREMENTS (FILL IN THOSE THAT APPLY) | | | | | | | | | | | | | | | | | | | | | | | | |
| ITEM | | | | | QUANTITY | | | | | | | | | | | | ADDITIONAL VACUUM REQUIREMENTS | | | | | | | |
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| 1. VACUUM SYSTEM AND AIR SUPPLY | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Main Airline | | | Material: | | | | | | | | | | | | | Diameter: | | | | | | | Length: | |
| 1. Pulsator Line | | | Material: | | | | | | | | | | | | | Diameter: | | | | | | | Length: | |
| 1. Automatic Drains in Pulsator Lines: | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Vacuum Pump(s): | | | Brand: | | | | | | Model(s): | | | | | | | | | | | | | Motor hp: | | |
| 1. Total Vac Pump Capacity: | | | | | | | | | | | CFM/ASME at Normal Operating Level of: | | | | | | | | | | | | | In Hg |
| 1. Air Supply: | | Minimum psig: | | | | | | | | | | | | Micron Filtration Level: | | | | | | | | | | |
| 1. Other (specify) | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. MILK COOLING AND STORAGE SYSTEM | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Pre-Cooler | Plate  Tube | | | | | | | | | Backflow Prevention: | | | | | | | | | | Other: | | | | |
| Number of sections in plate cooler: | | | | | | | | | | Does each section freely drain:  YES  NO | | | | | | | | | | | | | | |
| Coolant:  Well water single use  Recirculated water  Recirculated glycol 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of coolant preservative used: | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Bulk Milk Tank or silo | | | | Brand | | | | Model: | | | | | | | Capacity: | | | | Date of Manufacture | | | | | |
| Bulk Milk Tank or silo | | | | Brand | | | | Model: | | | | | | | Capacity: | | | | Date of Manufacture: | | | | | |
| Bulk tank temperature recorder provided? (Required on tanks manufactured after 1/1/2000) | | | | | | | | | | | | | | | | | | | | | | | | |
| Type: | | | | | | Chart: | | | | | | | | | | | | Computer: | | | | | | |
| 1. Type of cleaning:  MANUALLY CLEANED  CIP | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Distances from bulk milk tank to walls, ceiling and equipment provided on plan:  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. WATER HEATING EQUIPMENT | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Water heating system adequate for all milking:  YES  NO | | | | | | | | | | Capacity: | | | | | | | | | | | | | | |
| 1. On-demand or continuous flow hot water systems:  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | |
| Total hot water usage requirements and system capacity provided:  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. For Alternative Water Heating Systems- Heating Media Used: | | | | | | | | | | | | Additional Additives Used: | | | | | | | | | | | | |
| 1. PHYSICAL SEPARATION OF WASH SYSTEM LINES FROM: | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Milking System During Milking:  YES | | | | | | | | | | 1. Milk Tank During Milk Storage:  YES | | | | | | | | | | | | | | |
| 1. FACILITY CONSTRUCTION FINISH SCHEDULES | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Complete wall, floor, ceiling and lighting schedule provided for new facility construction or modification:  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Has a sanitary waste permit been applied for:  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | |