

**San Joaquin Valley Air Pollution Control District
Supplemental Application Form**

**Permit Application for Dairy Farms
Milking Center Modification**

This form must be accompanied by a completed Application for Authority to Construct and Permit to Operate form

Permit to be issued to:

Milking Center Prior to Modification	<input type="checkbox"/> N/A
Type of Milking Center: <input type="checkbox"/> Parallel <input type="checkbox"/> Herringbone <input type="checkbox"/> Rotary <input type="checkbox"/> Other _____	
Number of milking stalls: _____ How many times are the cows milked per day? _____	
What is the duration of each milking? _____	
Dimensions of milking center (Length x Width): _____	
Frequency milking center flushed? <input type="checkbox"/> Continuous <input type="checkbox"/> After Each Milking <input type="checkbox"/> Other _____	

Milking Center After Modification	<input type="checkbox"/> N/A
Type of Milking Center: <input type="checkbox"/> Parallel <input type="checkbox"/> Herringbone <input type="checkbox"/> Rotary <input type="checkbox"/> Other _____	
Number of milking stalls: _____ How many times are the cows milked per day? _____	
What is the duration of each milking? _____	
Dimensions of milking center (Length x Width): _____	
Frequency milking center flushed? <input type="checkbox"/> Continuous <input type="checkbox"/> After Each Milking <input type="checkbox"/> Other _____	

Milking Center #2/Hospital Barn Prior to Modification	<input type="checkbox"/> N/A
Type of Milking Center: <input type="checkbox"/> Parallel <input type="checkbox"/> Herringbone <input type="checkbox"/> Rotary <input type="checkbox"/> Other _____	
Number of milking stalls: _____ How many times are the cows milked per day? _____	
Dimensions of milking center (Length x Width): _____	
Frequency milking center flushed? <input type="checkbox"/> Continuous <input type="checkbox"/> After Each Milking <input type="checkbox"/> Other _____	

Milking Center #2/Hospital Barn After Modification	<input type="checkbox"/> N/A
Type of Milking Center: <input type="checkbox"/> Parallel <input type="checkbox"/> Herringbone <input type="checkbox"/> Rotary <input type="checkbox"/> Other _____	
Number of milking stalls: _____ How many times are the cows milked per day? _____	
Dimensions of milking center (Length x Width): _____	
Frequency milking center flushed? <input type="checkbox"/> Continuous <input type="checkbox"/> After Each Milking <input type="checkbox"/> Other _____	