



## Nil-Cor® Control Ball Valve Specification

<b>Nil-Cor®</b> <b>Control Ball Valve</b> <b>Specification</b>						Customer			
						Reference			
						Quote			
						Date			
						Prepared By			
Item:	Qty:	Tag(s):		<b>Service Conditions</b>					
Size:	Model:			Flow Rate (units)	<input type="checkbox"/> gpm	<input type="checkbox"/> scfh	<input type="checkbox"/> ____		
<b>Body Subassembly Data</b>						Pressure (units)	<input type="checkbox"/> psig <input type="checkbox"/> psia <input type="checkbox"/> ____		
Body Type	1" to 8" Flanged					Temperature (units)	<input type="checkbox"/> °F <input type="checkbox"/> °C <input type="checkbox"/> ____		
	10" Flanged-Consult Factory					Fluid	State	<input type="checkbox"/> Gas <input type="checkbox"/> Vapor <input type="checkbox"/> Liquid	
Dimensions	Class 150 face-to-face dimensions per ISA S75.03-1992						Description		
Leakage	Class VI per ANSI / FCI 70-2-1991					CASE →	<b>Min</b> <b>Nor</b> <b>Max</b>		
Trim	<input type="checkbox"/> Std. Round Port <input type="checkbox"/> V-Port Characterized <input type="checkbox"/> Linear <input type="checkbox"/> Other:					Inlet Pressure			
<b>Part Name</b>		<b>310 Series</b>	<b>300 Series</b>	<b>410 Series</b>	<b>500XP Series</b>	<b>610XP Series</b>	Outlet Pressure		
Body	1	Glass Fiber/ Vinyl Ester	Graphite Fiber/ Vinyl Ester	Glass Fiber/ Polysulfone	Graphite Fiber/ Novolac Epoxy	Glass Fiber/ Novolac Epoxy	ΔP Sizing		
Body Insert	2						Flow Rate		
Ball	3	Graphite Fiber/ Vinyl Ester	Graphite Fiber/ Vinyl Ester	Glass Fiber/ Polysulfone	Graphite Fiber/ Novolac Epoxy	Glass Fiber/ Novolac Epoxy	Vapor Pressure		
							Critical Pressure		
Stem	4	<input type="checkbox"/> FRP/Hast-C <input type="checkbox"/> Solid Hast-C <input type="checkbox"/> Other:					Temperature		
Washer	5	Graphite Fiber Reinforced TFE					Sp. Gr. @ ____°		
Seat	6	<input type="checkbox"/> <b>R</b> , Reinforced TFE, O-ring <input type="checkbox"/> <b>SR</b> , Reinforced TFE, Lip					Noise (dBA)		
		<input type="checkbox"/> <b>CF-Cavity Filler</b> <input type="checkbox"/> <b>OTHER-Specify:</b>					Required Cv		
Seal	7	TFE Coated Viton O-ring					Rated Cv		
Packing	8	Virgin TFE Chevron Style					ΔP Shutoff		
Gland	9	Hastelloy C					Pipe	Inlet	Size: ____ / Schedule: ____
Gland Bolts	10	<b>H</b> , Hastelloy C						Outlet	Size: ____ / Schedule: ____
<b>Actuators and Accessories</b>						<b>Area Classification:</b>			
Control Mode		<input type="checkbox"/> On-Off <input type="checkbox"/> Modulating <input type="checkbox"/> Manual				<input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Hazardous			
Actuator	Type	<input type="checkbox"/> Spring Return <input type="checkbox"/> Double Acting		<input type="checkbox"/> Electric / Digital <input type="checkbox"/> Manual		<b>Enclosure Protection:</b>			
	Mfr. / Model / Size						<input type="checkbox"/> NEMA 4,4X <input type="checkbox"/> IP65 <input type="checkbox"/> IP67 <input type="checkbox"/> Other ____		
	Action	<b>Air to:</b> <input type="checkbox"/> Open <input type="checkbox"/> Close					<b>Explosion Protection:</b>		
	Supply: _____	<input type="checkbox"/> Psig <input type="checkbox"/> Vac / Hz <input type="checkbox"/> Vdc					<input type="checkbox"/> NEMA 7 <input type="checkbox"/> NEMA 9		
	Fail Pos.	<input type="checkbox"/> Close <input type="checkbox"/> Open <input type="checkbox"/> Last					<input type="checkbox"/> ATEX (Specify) _____		
	Override	<input type="checkbox"/> None <input type="checkbox"/> Hand Jack <input type="checkbox"/> Declutchable Gear					<b>NOTES:</b>		
Positioner <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	<input type="checkbox"/> Pneumatic <input type="checkbox"/> Electro-Pneumatic <input type="checkbox"/> SMART							
	Mfr. / Model								
	Input	<input type="checkbox"/> 4-20mA <input type="checkbox"/> HART <input type="checkbox"/> Fieldbus <input type="checkbox"/> Other:							
	Action	<input type="checkbox"/> Direct <input type="checkbox"/> Reverse							
Solenoid <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	<input type="checkbox"/> 3-way <input type="checkbox"/> 4-way							
	Mfr. / Model								
	Mounting	<input type="checkbox"/> NAMUR <input type="checkbox"/> Nipple-Mount							
	Voltage	<input type="checkbox"/> ____ / ____ Vac / Hz <input type="checkbox"/> ____ Vdc							
	Failure	Main Valve to: <input type="checkbox"/> Close <input type="checkbox"/> Open							
Switch(es) <input type="checkbox"/> Yes <input type="checkbox"/> No	Mfr. / Model:								
	Contacts:	<input type="checkbox"/> SPDT <input type="checkbox"/> DPDT							
	Type:	<input type="checkbox"/> Mechanical <input type="checkbox"/> Proximity					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Rating	____ Volts / ____ Amps					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Position Transmitter	Mfr. / Model						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Feedback	<input type="checkbox"/> 4-20 mA 4 <input type="checkbox"/> Other ____				Special Instructions Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Mount	<input type="checkbox"/> Integral w/Positioner <input type="checkbox"/> Stand-Alone					Estimated delivery	____ weeks	
Air Filter	Local Indicator	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		Partial shipments	<input type="checkbox"/> No allowed <input type="checkbox"/> Allowed		
Volume Tank	<input type="checkbox"/> No <input type="checkbox"/> Yes, Capacity: ____ (in <sup>3</sup> )				Shipping weight, lbs	Unit:	Total:		
Booster, Qty: ____ ea.	Volume:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Signal: <input type="checkbox"/> Yes <input type="checkbox"/> No		Unit Price US\$			
Airset	Mfr. & Model :			Gauge: <input type="checkbox"/> Yes <input type="checkbox"/> No		Net Price US\$			