



Nil-Cor® Series 700 Butterfly Control Valve Specification

			Customer	
			Reference	
			Quote	
			Date	
			Prepared By	
Item:	Qty:	Tag(s):	Service Conditions	
Size:	Model:		Flow Rate (units)	<input type="checkbox"/> gpm <input type="checkbox"/> scfh <input type="checkbox"/> ____
Body Subassembly Data			Pressure (units)	<input type="checkbox"/> psig <input type="checkbox"/> psia <input type="checkbox"/> ____
Body Type	2" -12" Full-Face Wafer, Through-drilled Flange Bolt Holes		Temperature (units)	<input type="checkbox"/> °F <input type="checkbox"/> °C <input type="checkbox"/> ____
	2" -12" Full-Face Lug, Threaded Flange Bolt Holes		Fluid	State
Dimensions	Face-To-Face per MSS-SP-67			Description
Leakage	Class VI per ANSI / FCI 70-2-1991		CASE →	Min Nor Max
			Inlet Pressure	
Part Name	Standard Options		Outlet Pressure	
Body	1	<input type="checkbox"/> Full-Face Wafer, Through Drilled <input type="checkbox"/> Threaded Lug	ΔP Sizing	
Body Bolts	5	<input type="checkbox"/> B7/ZN Dichromate <input type="checkbox"/> 316 SS <input type="checkbox"/> Hastelloy-C <input type="checkbox"/> Other	Vapor Pressure	
Liner	3	<input type="checkbox"/> EPDM <input type="checkbox"/> Hypalon <input type="checkbox"/> Other	Critical Pressure	
			Temperature	
			Sp. Gr. @ _____°	
Disc/Stem	4	<input type="checkbox"/> Ni Plated-DI/EPDM <input type="checkbox"/> 316 SS <input type="checkbox"/> Titanium GR.2	Noise (dBA)	
ISO Pad	5	Glass Fiber/Vinyl Ester High-Strength Structural Composite	Required Cv	
			Rated Cv	
Options	SPECIFY SPECIAL OPTIONS BELOW		ΔP Shutoff	
	A		Pipe	Inlet Size:____ / Schedule:____
	B			Outlet Size:____ / Schedule:____
Actuators and Accessories			Area Classification:	
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	Enclosure Protection:	
	Mfr. / Model / Size		<input type="checkbox"/> NEMA 4,4X <input type="checkbox"/> IP65 <input type="checkbox"/> IP67 <input type="checkbox"/> Other _____	
	Action	Air to: <input type="checkbox"/> Open <input type="checkbox"/> Close	Explosion Protection:	
	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	NOTES:		
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 ³)	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\$	