



# Nil-Cor®

## Control Ball Valve Specification

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 6" Flanged					Temperature (units)	<input type="checkbox"/> °F	<input type="checkbox"/> °C	<input type="checkbox"/> _____
	8" Flangeless (Installed between ANSI 150 flanges)					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"/> Equal % Full Cv <input type="checkbox"/> Equal % Characterized <input type="checkbox"/> Linear Characterized					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	Hastelloy C insert in: see Ball material					Temperature		
Washer	5	Graphite Fiber Reinforced TFE					Sp. Gr. @ _____°		
Seat	6	<input type="checkbox"/> R, Reinforced TFE, O-ring <input type="checkbox"/> SR, Reinforced TFE, Lip					Noise (dBA)		
		<input type="checkbox"/> CF-Cavity Filler <input type="checkbox"/> OTHER-Specify: _____					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	H, Hastelloy C						Outlet	Size: _____ / Schedule: _____
<b>Actuators and Accessories</b>						Incomplete Service Conditions / No Sizing Rev. <input type="checkbox"/>			
Control Mode		<input type="checkbox"/> On-Off <input type="checkbox"/> Modulating <input type="checkbox"/> Manual				<b>NOTES</b>			
Actuator	Type	<input type="checkbox"/> Spring Return <input type="checkbox"/> Double Acting							
		<input type="checkbox"/> Electric <input type="checkbox"/> Manual							
	Mfr. / Model / Size								
	Action	Air to: <input type="checkbox"/> Open <input type="checkbox"/> Close / Fail: <input type="checkbox"/> Close <input type="checkbox"/> Open							
	Supply: _____	<input type="checkbox"/> Psig <input type="checkbox"/> Vac / Hz <input type="checkbox"/> Vdc							
Positioner	Manual	<input type="checkbox"/> Handwheel <input type="checkbox"/> Lever <input type="checkbox"/> Gear Box							
	Type	<input type="checkbox"/> Pneumatic <input type="checkbox"/> _____ (Other)							
	Mfr. / Model								
	Input	<input type="checkbox"/> _____ to _____ Psig <input type="checkbox"/> 4-20mA <input type="checkbox"/> Digital or Hart							
	Action	<input type="checkbox"/> Direct <input type="checkbox"/> Reverse							
Solenoid	Supply	<input type="checkbox"/> _____ Psig <input type="checkbox"/> 24Vdc <input type="checkbox"/> mA							
	Type	<input type="checkbox"/> 3-way <input type="checkbox"/> 4-way							
	Mfr. / Model								
	Enclosure	<input type="checkbox"/> Nema 4 <input type="checkbox"/> Nema 7 <input type="checkbox"/> _____ (other)							
	Voltage	<input type="checkbox"/> _____ / _____ Vac / Hz <input type="checkbox"/> _____ Vdc							
Switch(es)	Failure	Main Valve to: <input type="checkbox"/> Close <input type="checkbox"/> Open							
	Qty / Mfr. / Model	_____ ea. / _____							
	Rating	_____ Volts / _____ Amps				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Position Transmitter	Enclosure	<input type="checkbox"/> Nema 4 <input type="checkbox"/> Nema 7 <input type="checkbox"/> _____ (other)				<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Voltage	<input type="checkbox"/> _____ / _____ Vac / Hz <input type="checkbox"/> _____ Vdc				Special Instructions Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	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 / Set	_____							
	Gauge	<input type="checkbox"/> No <input type="checkbox"/> Yes		Range _____ Psig		Net Price US\$			