



**Nil-Cor®
Ceramic - Lined
Ball 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	1" to 6" Flanged		Temperature (units)	<input type="checkbox"/> °F	<input type="checkbox"/> °C	<input type="checkbox"/> _____
Dimensions	Class 150 face to face dimensions per ISA S75.03-1992		Fluid	State <input type="checkbox"/> Gas <input type="checkbox"/> Vapor <input type="checkbox"/> Liquid		
Leakage	Class IV per ANSI / FCI 70-2-1991 (former ANSI B16-104)			Description		
Trim	<input type="checkbox"/> Equal % Full Cv <input type="checkbox"/> Equal % Characterized		CASE →	Min	Nor	Max
300 Series			Inlet Pressure			
Part Name	key	Material of Construction	Outlet Pressure			
Body	1	Graphite Fiber / Reinforced Vinyl Ester	ΔP Sizing			
Body Liner	2	Ceramic	Flow Rate			
Ball	3	Ceramic	Vapor Pressure			
Seat Insert	4	Ceramic	Critical Pressure			
Seal	5	Teflon coated Viton	Temperature			
Stem	6	Hastelloy C insert in Graphite Fiber / Vinyl Ester	Sp. Gr. @ _____°			
Retainer	7	Graphite Fiber / Reinforced Vinyl Ester	Noise (dBA)			
Washer	8	Graphite Fiber / Reinforced TFE	Required Cv			
Packing	9	Virgin TFE, Chevron Style	Rated Cv			
Gland	10	Hastelloy C	ΔP Shutoff			
Gland Bolts	11	Hastelloy C	Pipe	Inlet	Size: _____ / Schedule: _____	
				Outlet	Size: _____ / Schedule: _____	
Actuators and Accessories			Incomplete Service Conditions / No Sizing Rev. <input type="checkbox"/>			
Control Mode	<input type="checkbox"/> On-Off <input type="checkbox"/> Modulating <input type="checkbox"/> Manual		NOTES			
Actuator	Type	<input type="checkbox"/> Spring Return <input type="checkbox"/> Double Acting <input type="checkbox"/> Electric / Digital <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				
	Manual	<input type="checkbox"/> Handwheel <input type="checkbox"/> Lever <input type="checkbox"/> Gear Box				
Positioner	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				
	Supply	<input type="checkbox"/> _____ Psig <input type="checkbox"/> 24Vdc <input type="checkbox"/> mA				
Solenoid <input type="checkbox"/> Yes <input type="checkbox"/> No	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				
	Failure	Main Valve to: <input type="checkbox"/> Close <input type="checkbox"/> Open				
Switch(es) <input type="checkbox"/> SPDT <input type="checkbox"/> DPDT	Qty / Mfr. / Model	_____ ea. /				
	Rating	_____ Volts / _____ Amps				
	Enclosure	<input type="checkbox"/> Nema 4 <input type="checkbox"/> Nema 7 <input type="checkbox"/> _____ (other)				
Position Transmitter	Mfr. / Model					
	Enclosure	<input type="checkbox"/> Nema 4 <input type="checkbox"/> Nema 7 <input type="checkbox"/> _____ (other)	Special Instructions Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Voltage	<input type="checkbox"/> _____ / _____ Vac / Hz <input type="checkbox"/> _____ Vdc	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 / Set		Net Price US\$			
	Gauge	<input type="checkbox"/> No <input type="checkbox"/> Yes Range _____ Psig				

