



## Nil-Cor® Series 710 Butterfly Control Valve Specification

<b>Nil-Cor® Series 710 Butterfly Control Valve 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	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 <input type="checkbox"/> Gas <input type="checkbox"/> Vapor <input type="checkbox"/> Liquid		
Dimensions	Face-To-Face per MSS-SP-67			Description		
Leakage	Class VI per ANSI / FCI 70-2-1991		CASE →	<b>Min</b>	<b>Nor</b>	<b>Max</b>
			Inlet Pressure			
<b>Part Name</b>	<b>Standard Options</b>		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/PTFE Coated <input type="checkbox"/> 316 SS <input type="checkbox"/> Hastelloy-C <input type="checkbox"/> Other	Vapor Pressure			
Liner	3	<input type="checkbox"/> PTFE/Silicone Back-up <input type="checkbox"/> TFM/Viton Back-up <input type="checkbox"/> PTFE/Viton Back-up <input type="checkbox"/> UHMWPE/Silicone Back-up	Critical Pressure			
			Temperature			
			Sp. Gr. @ ____°			
Disc/Stem	4	<input type="checkbox"/> Ni-Plated DI/PFA <input type="checkbox"/> 316 SS <input type="checkbox"/> Titanium GR.2 <input type="checkbox"/> Ni-Plated DI /UHMWPE	Noise (dBA)			
			Required Cv			
ISO Pad	5	Glass Fiber/Vinyl Ester High-Strength Structural Composite	Rated Cv			
Options	SPECIFY SPECIAL OPTIONS BELOW		ΔP Shutoff			
	A		Pipe	Inlet	Size: ____ / Schedule: ____	
	B			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 ( <b>Specify</b> ) _____			
	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\$			