



Nil-Cor®
an ANDRONACO INDUSTRIES company

**Nil-Cor® 300HD/310HD
Double-Offset HPBV
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"/> _____
HD Butterfly Body Subassembly Data				Pressure (units)	<input type="checkbox"/> psig <input type="checkbox"/> psia <input type="checkbox"/> _____
Body Type	3" to 42" Full-Face			Temperature (units)	<input type="checkbox"/> °F <input type="checkbox"/> °C <input type="checkbox"/> _____
	3" to 42" Threaded Lug			Fluid	State
Dimensions	Class 150 face-to-face dimensions per ISA S75.03-1992				Description
Leakage	Class VI per ANSI / FCI 70-2-1991			CASE →	Min Nor Max
				Inlet Pressure	
Part Name		310HD	300HD	Outlet Pressure	
Body	1	Glass Fiber/ Vinyl Ester	Graphite Fiber/ Vinyl Ester	ΔP Sizing	
Disc	3	Graphite Fiber/ Vinyl Ester	Graphite Fiber/ Vinyl Ester	Vapor Pressure	
				Critical Pressure	
Stem	4	17-4 PH Insert with Graphite Fiber/ Vinyl Ester Encapsulation		Temperature	
Washer	5	Graphite Fiber Reinforced TFE		Sp. Gr. @ _____°	
Seat	6	<input type="checkbox"/> Viton-A Elastomer <input type="checkbox"/> PTFE		Noise (dBA)	
				Required Cv	
Bearing Sea	7	<input type="checkbox"/> None <input type="checkbox"/> Viton Seals		Rated Cv	
Packing	8	Virgin TFE Chevron Style		ΔP Shutoff	
Gland	9	3"-12": Hastelloy-C / 14"-42": 18-8 SS		Pipe	Inlet Size: _____ / Schedule: _____
Gland Bolts	10	3"-12": Hastelloy-C / 14"-42": 18-8 SS			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		<input type="checkbox"/> NEMA 7 <input type="checkbox"/> NEMA 9	
	Supply: _____	<input type="checkbox"/> Psig <input type="checkbox"/> Vac / Hz <input type="checkbox"/> Vdc		<input type="checkbox"/> ATEX (Specify) _____	
	Fail Pos.	<input type="checkbox"/> Close <input type="checkbox"/> Open <input type="checkbox"/> Last			
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\$	