



**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 8" 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"/> Std. Round Port <input type="checkbox"/> V-Port Characterized <input type="checkbox"/> Other:		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			
Seal	4	Teflon coated Viton	Critical Pressure			
Stem	5	<input type="checkbox"/> Solid Hast-C <input type="checkbox"/> GR/VE/Hast-C <input type="checkbox"/> Other:	Temperature			
Retainer	6	Graphite Fiber / Reinforced Vinyl Ester	Sp. Gr. @ ____°			
Washer	7	Graphite Fiber / Reinforced TFE	Noise (dBA)			
Packing	8	Virgin TFE, Chevron Style	Required Cv			
Gland	9	Hastelloy C	Rated Cv / Port	/		
Gland Bolts	10	Hastelloy C	ΔP Shutoff			
Helicoils	11	(Optional) Mounting Pad Helicoils, 18-8 SS	Pipe	Inlet	Size: ____ / Schedule: ____	
				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\$			