

METRIC

MIL-V-24694/2(SH)

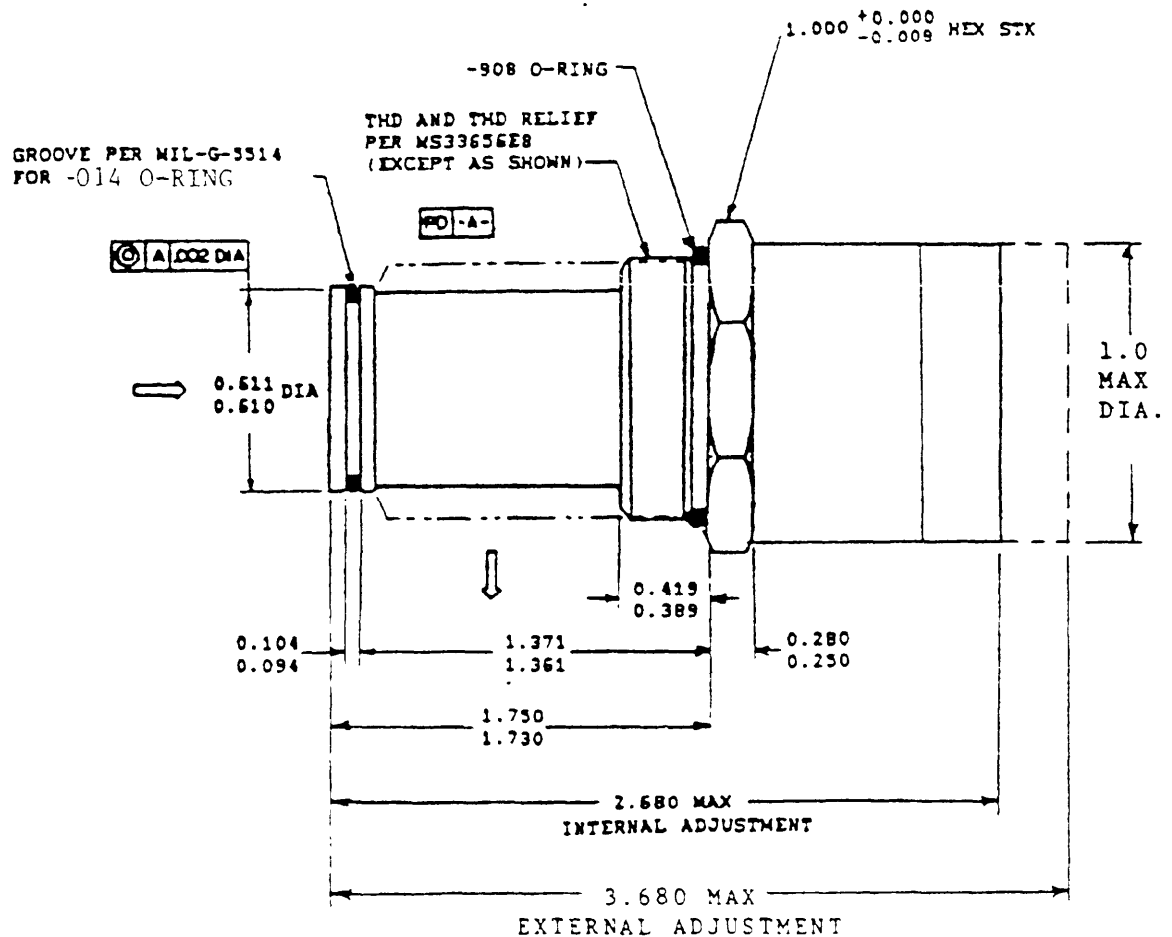
28 October 1987

## MILITARY SPECIFICATION SHEET

VALVE, HYDRAULIC RELIEF, 1.5 - 35 BAR,  
10 LPM CARTRIDGE TYPE

This specification is approved for use within the Naval Sea Systems Command, Department of the Navy, and is available for use by all Departments and Agencies of the Department of Defense.

The requirements for acquiring the hydraulic relief valve described herein shall consist of this document and the latest issue of MIL-V-24694.



All dimensions are shown in inches.

AMSC N/A

FSC 4810

DISTRIBUTION STATEMENT A Approved for public release; distribution unlimited

MIL-V-24694/2(SH)

TABLE I. Pressure class.

Class	Nominal set pressure range, differential	
	Bar (1 x 10 <sup>5</sup> pascals)	lb/in <sup>2</sup>
-A	1.4 - 7.0	20.3 - 101.5
-B	7.0 - 14.0	101.5 - 203
-C	14.0 - 20.0	203 - 290
-D	20.0 - 28.0	290 - 406
-E	28.0 - 35.0	406 - 507.5

TABLE II. Adjustment type.

Dash letters	Description
IN	Internal adjustment
EX	External adjustment

## Requirements:

1. Allowable reseal leakage 8 mL<sup>3</sup> per minute maximum with maximum fluid viscosity of 75 centistokes.
2. Surface roughness shall not exceed 125 microinches in accordance with ANSI B46.1. Remove all burrs and break sharp edges 0.005 minimum.
3. Material shall be in accordance with MIL-V-24694.
4. Rated flow shall be 10 liters per minute.

Part number: The part number shall consist of the basic number of this specification sheet, plus the applicable class letters selected from table I, and the adjustment type dash letters selected from table II. For valves whose pressure range covers more than one class, the letters designating the minimum and maximum settings are used to form the part number.

Example: M24694/2-C-IN Valve with a pressure range of 14.0 to 20 bar differential, internal adjustment  
M24694/2-AE-IN Valve with a pressure range of 1.4 to 35 bar differential, internal adjustment

Preparing activity:

Navy - SH

(Project 4810-N057-2)

**INSTRUCTIONS:** In a continuing effort to make our standardization documents better, the DoD provides this form for use in submitting comments and suggestions for improvements. All users of military standardization documents are invited to provide suggestions. This form may be detached, folded along the lines indicated, taped along the loose edge (*DO NOT STAPLE*), and mailed. In block 5, be as specific as possible about particular problem areas such as wording which required interpretation, was too rigid, restrictive, loose, ambiguous, or was incompatible, and give proposed wording changes which would alleviate the problems. Enter in block 6 any remarks not related to a specific paragraph of the document. If block 7 is filled out, an acknowledgement will be mailed to you within 30 days to let you know that your comments were received and are being considered.

**NOTE** This form may not be used to request copies of documents, nor to request waivers, deviations, or clarification of specification requirements on current contracts. Comments submitted on this form do not constitute or imply authorization to waive any portion of the referenced document(s) or to amend contractual requirements.

(Fold along this line)

(Fold along this line)

DEPARTMENT OF THE NAVY

COMMANDER  
NAVAL SEA SYSTEMS COMMAND (SEA 5523)  
DEPARTMENT OF THE NAVY  
WASHINGTON, DC 20362-5101



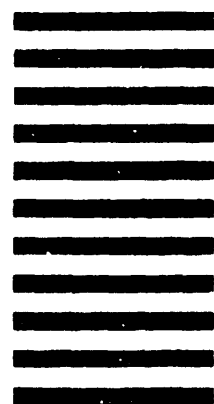
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**OFFICIAL BUSINESS**  
PENALTY FOR PRIVATE USE \$300



POSTAGE WILL BE PAID BY THE DEPARTMENT OF THE NAVY

COMMANDER  
NAVAL SEA SYSTEMS COMMAND (SEA 5523)  
DEPARTMENT OF THE NAVY  
WASHINGTON, DC 20362-5101



## STANDARDIZATION DOCUMENT IMPROVEMENT PROPOSAL

(See Instructions - Reverse Side)

1 DOCUMENT NUMBER M11-1-14674 (SH)	2 DOCUMENT TITLE VALVE, HYDRAULIC RELIEF, 1.5 - 35 BARS (22 - 500 POUNDS PER SQUARE INCH) CARTRIDGE TYPE, GENERAL SPECIFICATION FOR
3a NAME OF SUBMITTING ORGANIZATION	4 TYPE OF ORGANIZATION (Mark one) <input type="checkbox"/> VENDOR  <input type="checkbox"/> USER  <input type="checkbox"/> MANUFACTURER  <input type="checkbox"/> OTHER (Specify) _____
b ADDRESS (Street, City, State, ZIP Code)	
5 PROBLEM AREAS a Paragraph Number and Wording          b Recommended Wording          c Reason/Rationale for Recommendation	
6 REMARKS	
7a NAME OF SUBMITTER (Last, First, MI) - Optional	b WORK TELEPHONE NUMBER (Include Area Code) - Optional
c MAILING ADDRESS (Street, City, State, ZIP Code) - Optional	8 DATE OF SUBMISSION (YYMMDD)

(TO DETACH THIS FORM, CUT ALONG THIS LINE.)