

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case # EH-PLANS-24-0
Type EnvHealth/Environmental Health/Plan Check/Application
Status In Review
Opened Date 03/08/2024
Application Name B24000616

For [unclear]
Approved 3/25

Description SFD/Construction of a 24' x 24' (576 sq-ft) detached garage. Block foundation. Wood framing and truss. One 16' door and one 36" door. Vinyl siding and asphalt roofing., 1 STORY, Slab on Grade, 0R, 0FB, 0HB, 0FP, OTHER STRUCTURE = None, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A.

Total Invoiced 0.00

Total Paid 0.00

Balance 0.00

Online BP
3/15/24

Assigned to Department Current Department Well and Septic Progr:
Assigned to Staff Current User Zack Silvast

Address * (This section is required.)

Table with columns: Primary, Street # (start), Direction, Street Name, Street Type, City, State, Zip Code, Address Status, Street Suffix (Direction), Unit Type. Row 1: 6734, Whitegate, RD, Clar..., MD, 21029.

Parcel (This section is not required.)

Table with columns: Primary, Parcel #, Book, Page, Parcel, Parcel Area, Land Value, Improved Value, Exemption Value, Legal Description, Tract. Note: 0 record(s) found.

Owner (This section is not required.)

Table with columns: Primary, Name, Mail Address Line1, Mail Address Line2, Mail Address Line3, Mail City, Mail State, Mail Zip Code, Phone, Country/Region. Row 1: John Seylar, 6734 Whitegate Rd., Clarksville, MD, 21029, 410-531-0001, US.

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type * Applicant
Primary Yes
First Name * John
Middle Name
Last Name * Seylar
Home Phone ((XXX)XXX-XXXX)

Organization Name *

n/a
Mobile Phone ((XXX)XXX-XXXX)
(410) 531-0001
E-mail
john.seylar@verizon.net
Business Phone ((XXX)XXX-XXXX)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Table with columns: Contact Address ID, Address Type, Address Line 1, City, State, Zip, Primary, Recipient, Status. 0 record(s) found.

Custom Fields

DATE TRACKING

Received Date 3/8/2024 Due Date 3/12/2024

Dates to Complete 14 Received by Food

Food Review Type --Select-- Equipment Specification Sheets Submitted

Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic

3/8/2024

FACILITY INFORMATION

Name of Business (dba) * n/a (Text)

Associated Building Permit Number (Text)

Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program. Yes No

Does the project include Private Septic? If Yes, forward to WS Program. Yes No

Is this a Prototype Food Service Facility? If Yes, refer to State. Yes No

Facility Fax 0 (Text)

Days of Operation 0 (Text)

Does this project have a Building Permit?

Yes No

Building Permit Issued Date

Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.

Yes No

Does the project include Food Services? If Yes, forward to FP Program.

Yes No

Facility Phone 0 (Text)

Facility Email 0 (Text)

PROPERTY INFORMATION

Water Source Private

Sewage Disposal Private

Design Wastewater Flow 0 (Number)

Permit Type --Select--

PLAT STATS

Total Number of buildable lots to be recorded 0 (Number) Total number of open space lots to be recorded 0 (Number)

Total number of bulk parcels to be recorded 0 (Number) Total number of lots / parcels to be recorded 0 (Number)

New buildable lots created 0 (Number) Date PLAT signed by Health Officer

PLAT Type --Select--

DEVELOPMENT PLANS

Property Type

Residential

Plan Version

Initial

Signature Required

Yes No

Engineer

0

(Text)

Number of paper copies

0

(Number)

Number of mylar copes

0

(Number)

Number of buildable lots created

0

(Number)

Number of non-buildable lots created

0

(Number)

Total Number of Lots

0

(Number)

Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required

Yes No

Coordinate State Review

Yes No

Proposed Septic System Type

--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select--

Licensed Type

--Select--

License Category

--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

Operating Seasonally Only

If Operating Seasonally. What is the start month?

(Text)

Are pets allowed in a outdoor seating area?

Yes No

Full Bar?

Yes No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category

--Select--

Total Seating Capacity

(Number)

Number of Restrooms

(Number)

Interior Restaurant Seating Capacity

(Number)

Bar Seating Capacity

(Text)

Outdoor Seating Capacity

(Text)

Does the restaurant have outdoor seating

Yes No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards

Yes No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units

(Number)

Description of Walk-In Freezer Units

(Text)

Is there a bulk ice machine available

Yes No

Space Limitation

Number of Hand Sinks Available

(Number)

Hood System

(Text)

Ventless Equipment

(Text)

PLUMBING

Size and installation of the water heater?

(Text)

Is there a grease interceptor or grease trap?

--Select--

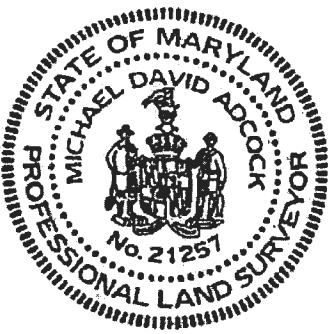
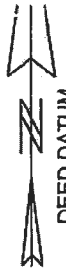
REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

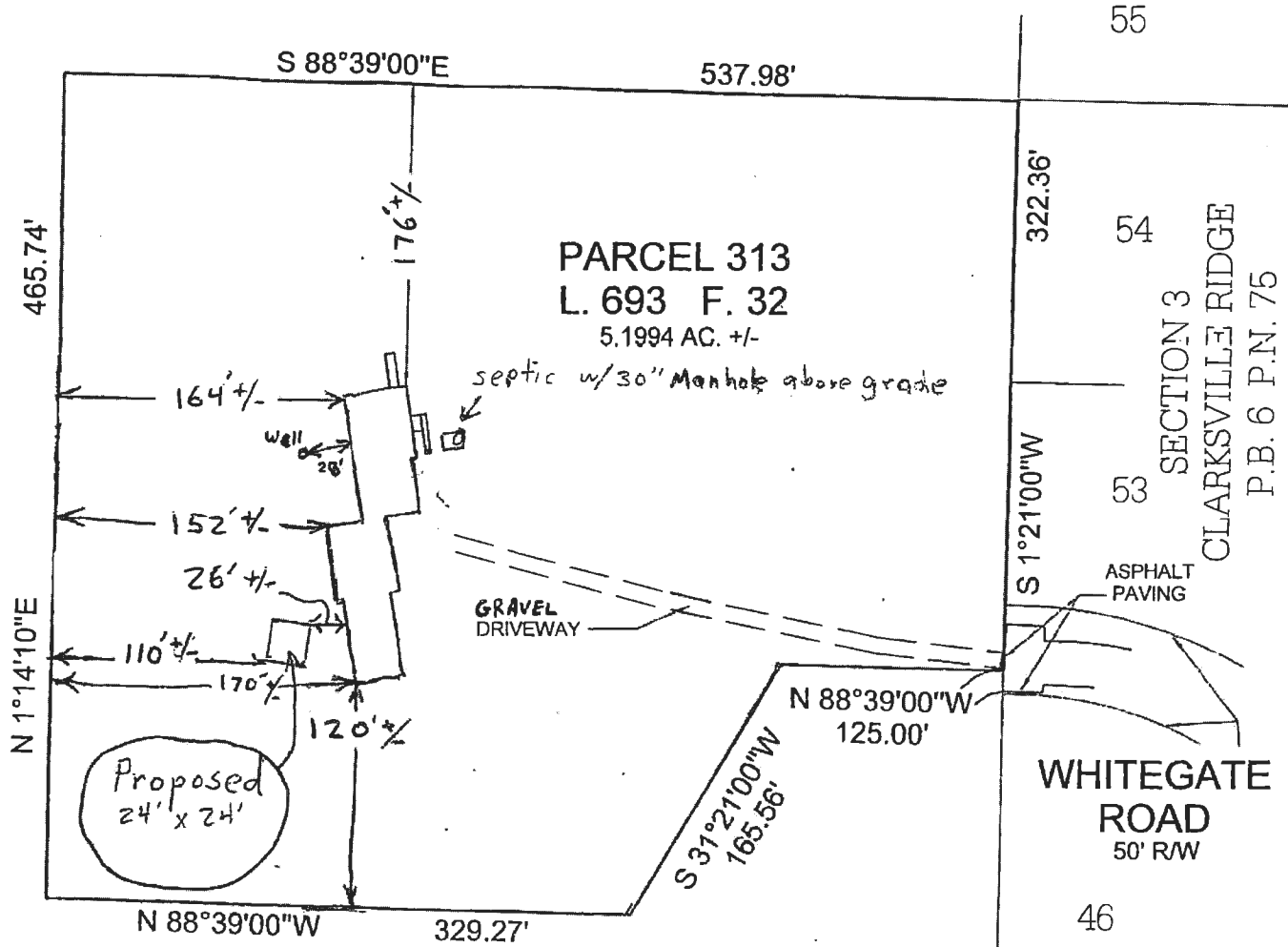
--Select--

Will there be a grease receptacle?

--Select--



DETAIL
1" = 40'



L. 4671 F. 574

Notes:
1. This plat is a benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agents in connection with contemplated transfer, financing or refinancing purposes. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures. This plat does not provide for the accurate identification of property

LOCATION SURVEY
6734 WHITEGATE ROAD

7

Braced Wall Panels

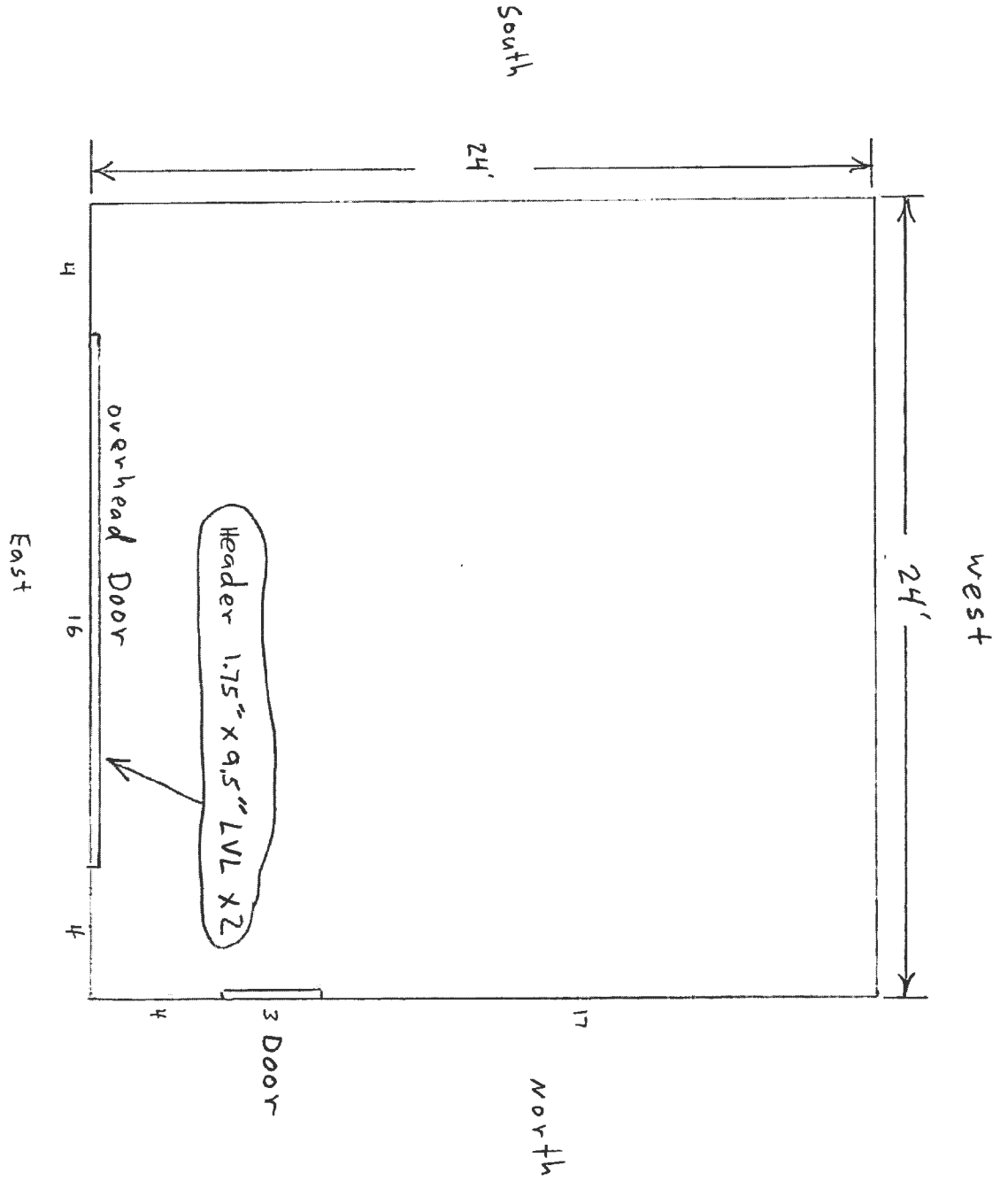
$$\text{(East)} \quad \frac{4' + 4'}{24'} = \frac{8}{24} = \underline{33\%}$$

$$\text{(North)} \quad \frac{4' + 17'}{24'} = \frac{21}{24} = \underline{87\%}$$

$$\text{(West)} \quad \frac{24'}{24'} = \underline{100\%}$$

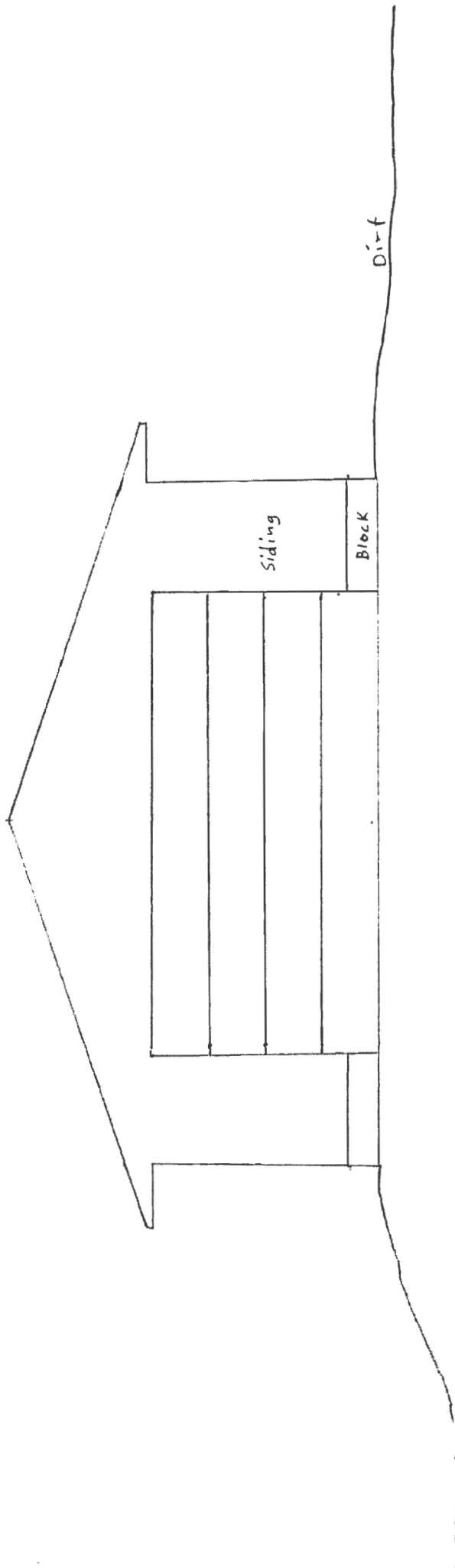
$$\text{(South)} \quad \frac{24'}{24'} = \underline{100\%}$$

①



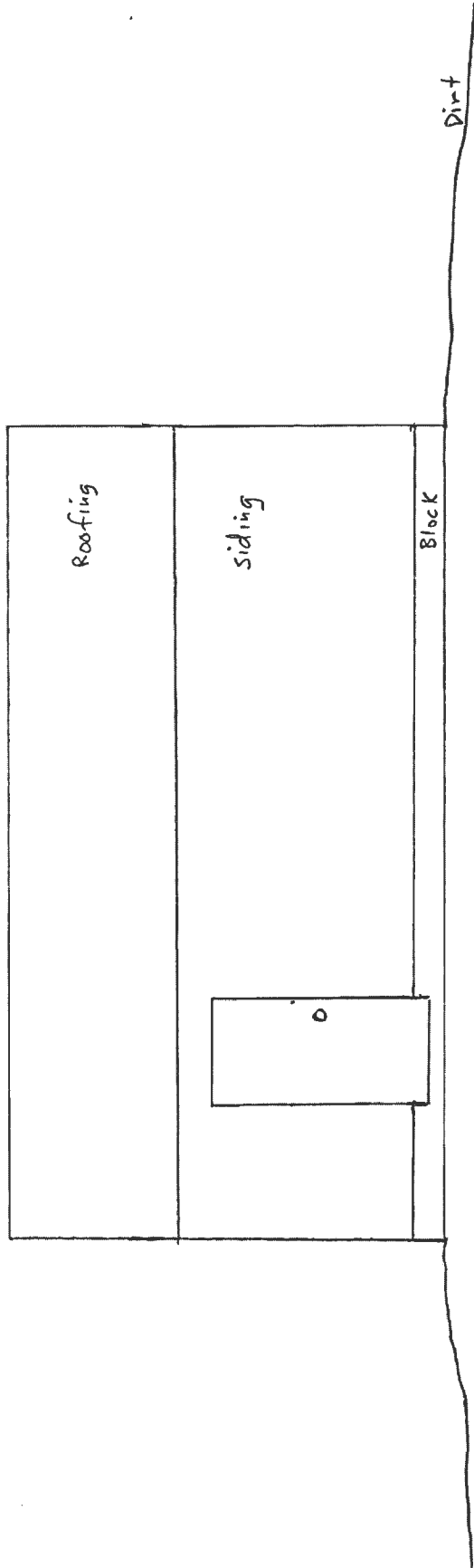
Floor Plan

6734 Whitegate Rd.
Clarksville MD
410-531-0001
John Saylor
2-13-2024



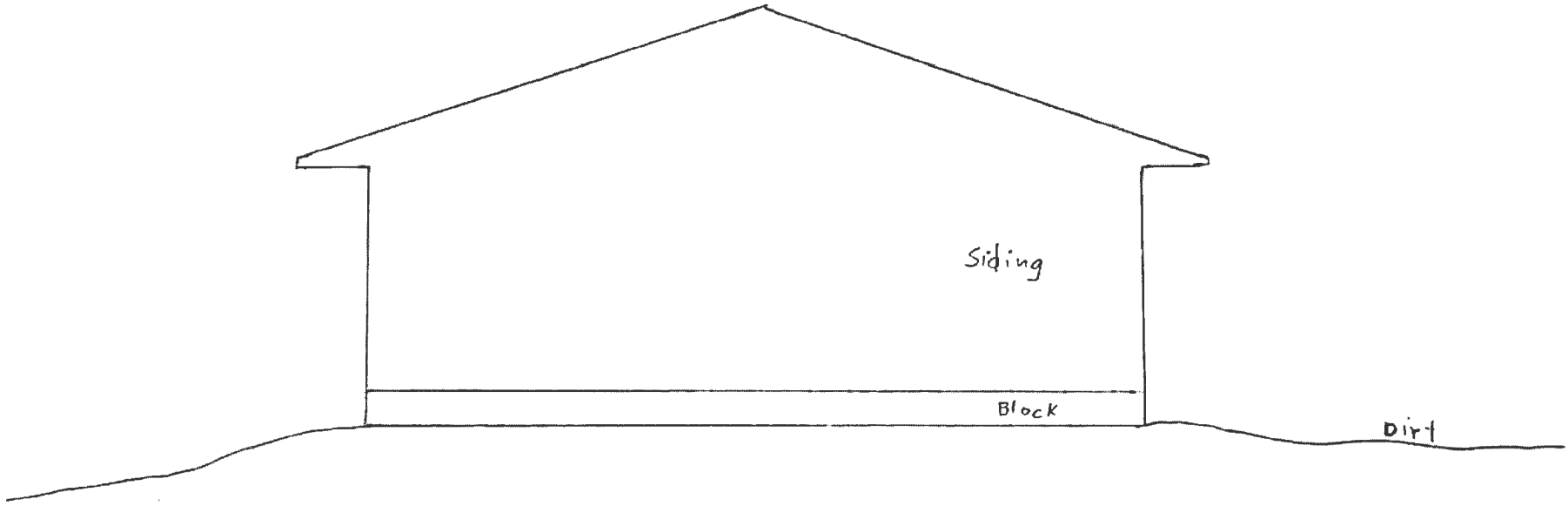
East Elevation

2



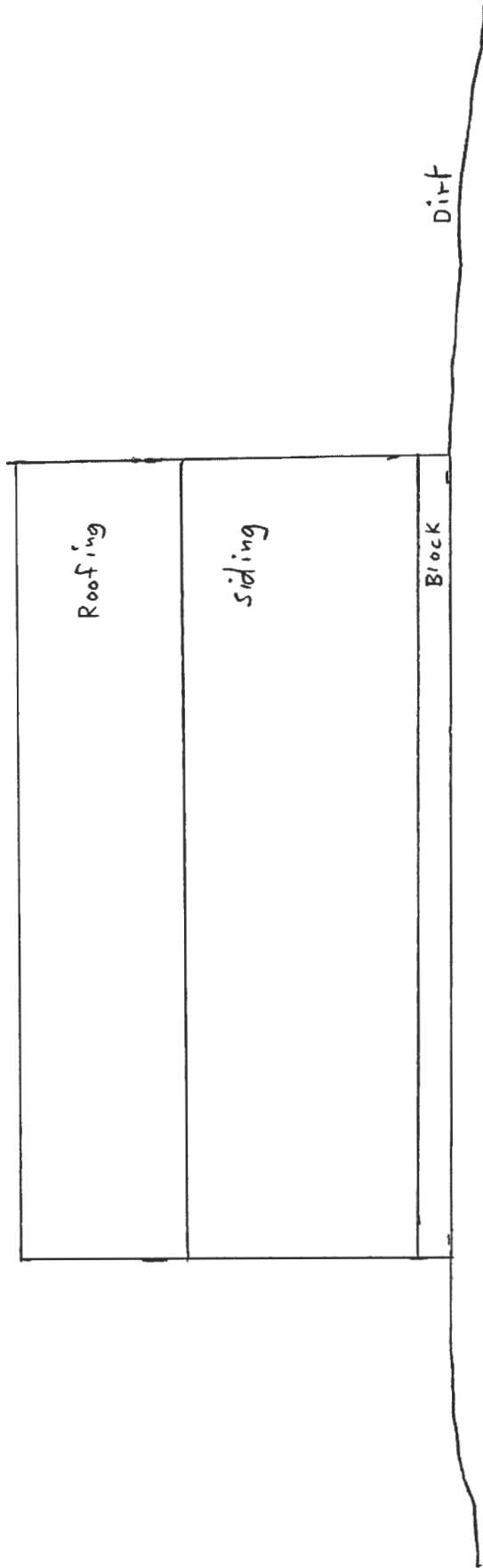
North Elevation

3

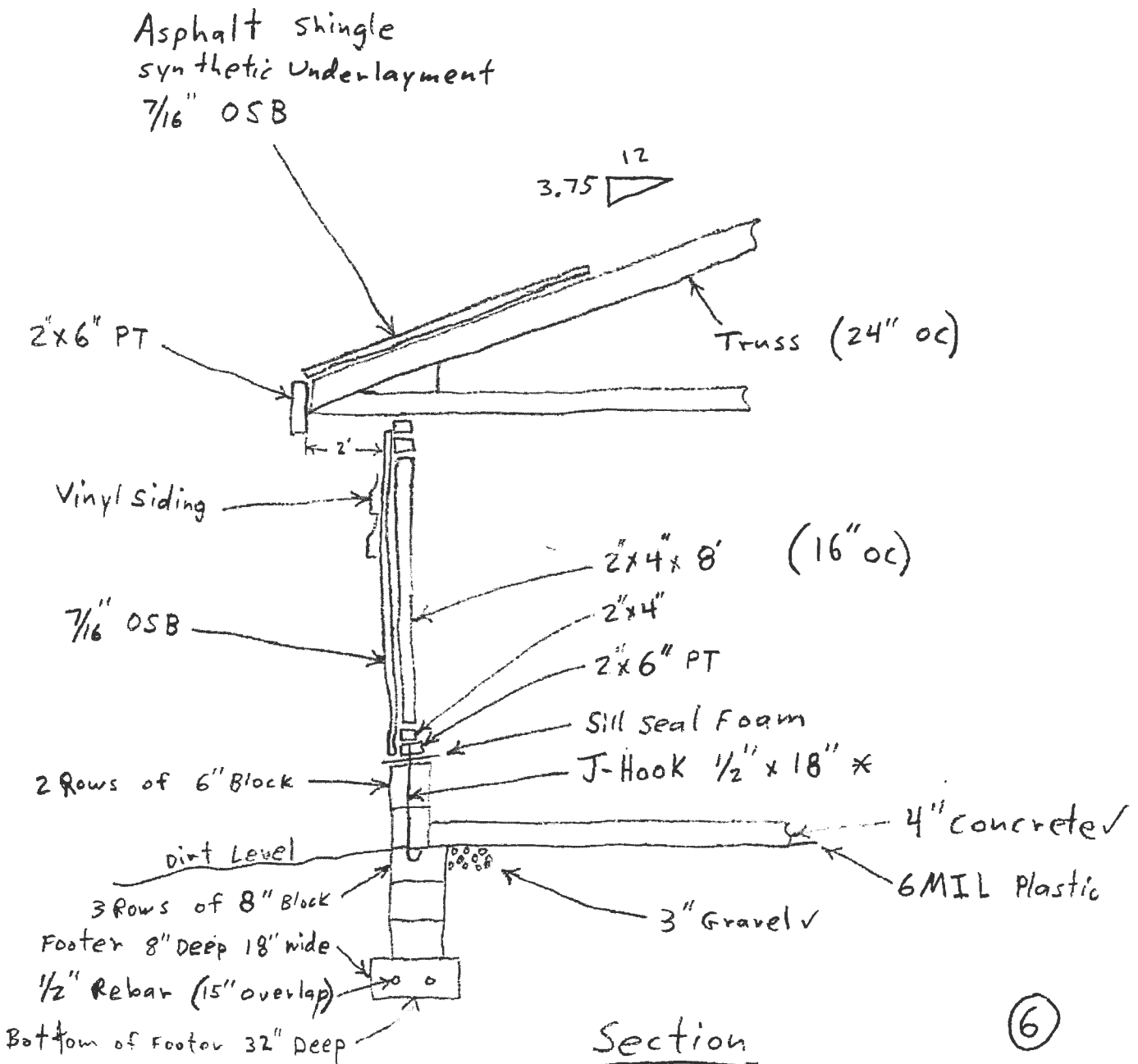


7

West Elevation



* J-Hooks; 12" or less from corners and every 6' or less and near every end.



Real Property Data Search ()
 Search Result for HOWARD COUNTY

*TSP records
 online*

[View Map](#) [View GroundRent Redemption](#) [View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 05 Account Number - 353629

Owner Information

Owner Name: SEYLAR JOHN RUSSELL Use: RESIDENTIAL
 Principal Residence: YES
 Mailing Address: 6734 WHITEGATE RD Deed Reference: /16428/ 00130
 CLARKSVILLE MD 21029-1619

Location & Structure Information

Premises Address: 6734 WHITEGATE RD Legal Description: PAR 1 5.199 ACRES
 CLARKSVILLE 21029-0000 6734 WHITEGATE RD
 CLARKSVILLE

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:
 0035 0021 0313 5020202.14 2002 PAR 1 2023 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
 1975 3,559 SF 5.1900 AC

StoriesBasementType ExteriorQualityFull/Half BathGarage Last Notice of Major Improvements
 2 YES STANDARD UNITFRAME/4 2 full/ 1 half 2 Attached

Value Information

	Base Value	Value		
		As of 01/01/2023	Phase-in Assessments As of 07/01/2023	As of 07/01/2024
Land:	286,400	312,600		
Improvements	335,500	524,400		
Total:	621,900	837,000	693,600	765,300
Preferential Land:	0	0		

Transfer Information

Seller: SEYLAR JOHN RUSSELL Date: 09/08/2015 Price: \$0
 Type: NON-ARMS LENGTH OTHER Deed1: /16428/ 00130 Deed2:
 Seller: HIRZEL ROBERT K AND WIFE Date: 09/27/2006 Price: \$560,000
 Type: ARMS LENGTH IMPROVED Deed1: /10267/ 00320 Deed2:
 Seller: Date: Price:
 Type: Deed1: Deed2:

Exemption Information

Partial Exempt Assessments:	Class	07/01/2023	07/01/2024
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00 0.00	0.00 0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: Approved 09/29/2008

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date:

1/28/75
afternoon
file appl'd
WVZ
FS

PERMIT

SEWAGE DISPOSAL SYSTEM

P. 21096
A. 17506

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5

DATE 1/27/75

Patrick Lendrim IS PERMITTED TO INSTALL ALTER

ADDRESS Forsythe Road, Sykesville, Md. PHONE 442-2416

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Clarkeville Meadows ROAD 6734 White Gate ~~BOX~~ Parcel A

PROPERTY OWNER Robert & Virginia Hirzel

ADDRESS RD 1 Box 117C Hanover, Md. 796-2841

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 500 sq. ft. absorbent sidewall area to begin below the first 4 1/2 ft.

of original grade. Max. depth permitted for dry well is 12 ft. below original grade.

Place dry well 345 ft. from front lot line and 208 ft. from right side line as seen when

facing lot from the front.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

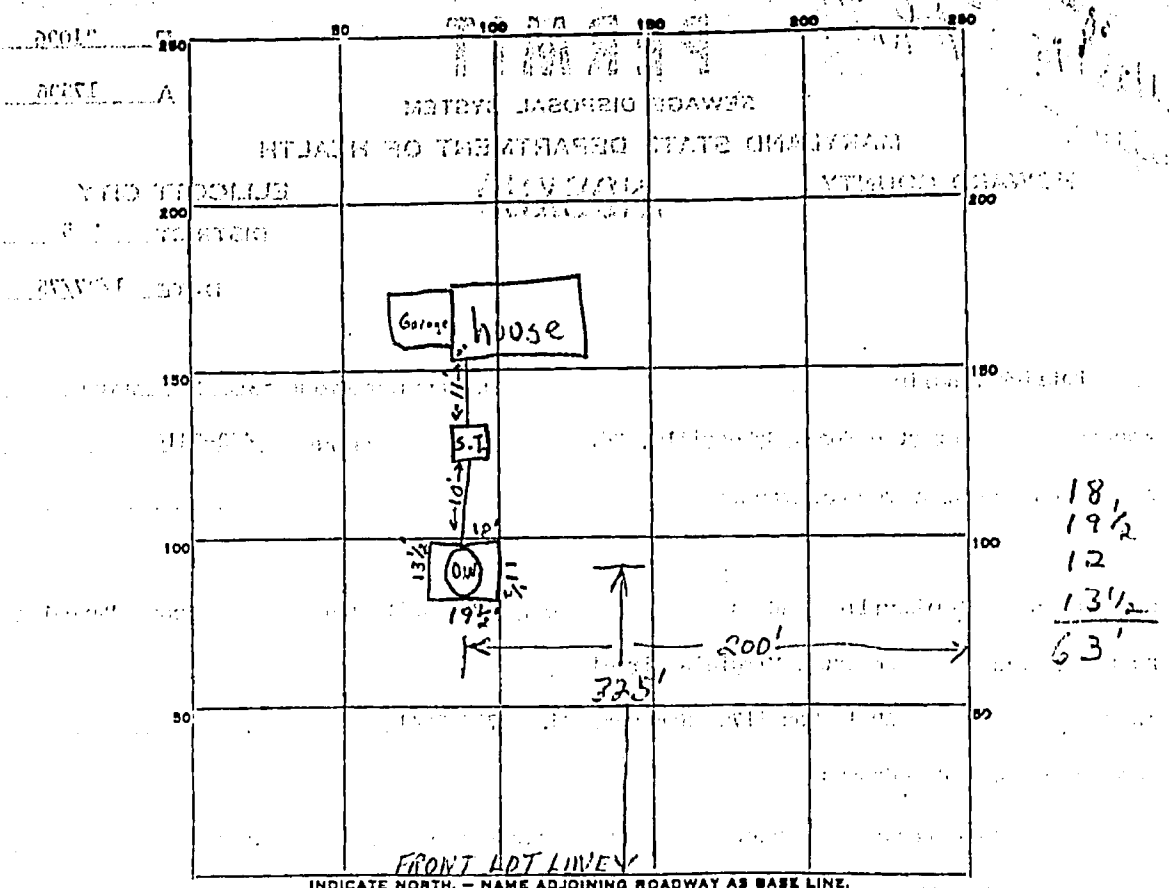
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL - stand pipes must be 6" in diam.

PLANS APPROVED BY D. W. Monaghan DATE 6/25/74
cast iron, concrete or terra cotta acceptable.

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 17506



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD S.T. | D.W.
 SEPTIC TANK, LEVEL 125 gal 4 inch CLEANOUTS
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____ 63'
 SEEPAGE PITS, INSIDE DIAMETER 63+ FT. DEPTH BELOW INLET 7 1/2 FT. 7.5
 ABSORBENT AREA 473 SQ. FT. 37.5
 441 472.5

REMARKS 1/28/75 Specs call for 500 ft. However, according to perc tests, 480 ft would have been sufficient. It would be impractical to add trenches for either 7 ft or 27 ft. This job approved, is warning to Lindgren, that next short systems won't be.

DATE SYSTEM APPROVED 1/28/75 INSPECTOR W. Zupp & J. Spencer

APPLICATION

A 17506

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE Aug 1972

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Phase One, Ltd,

ADDRESS Urban Life Center, Columbia, Md PHONE 730-8200

PROPERTY LOCATION:

SUBDIVISION Adjacent to Clarksville Ridge LOT NO. 8

ROAD AND DESCRIPTION Intersection Rt 32 & Whitegate Lane

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 3 acres + TYPE BLDG: 4 Bedroom Res.
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Alan C. Borg

Alan C. Borg, Pres.

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

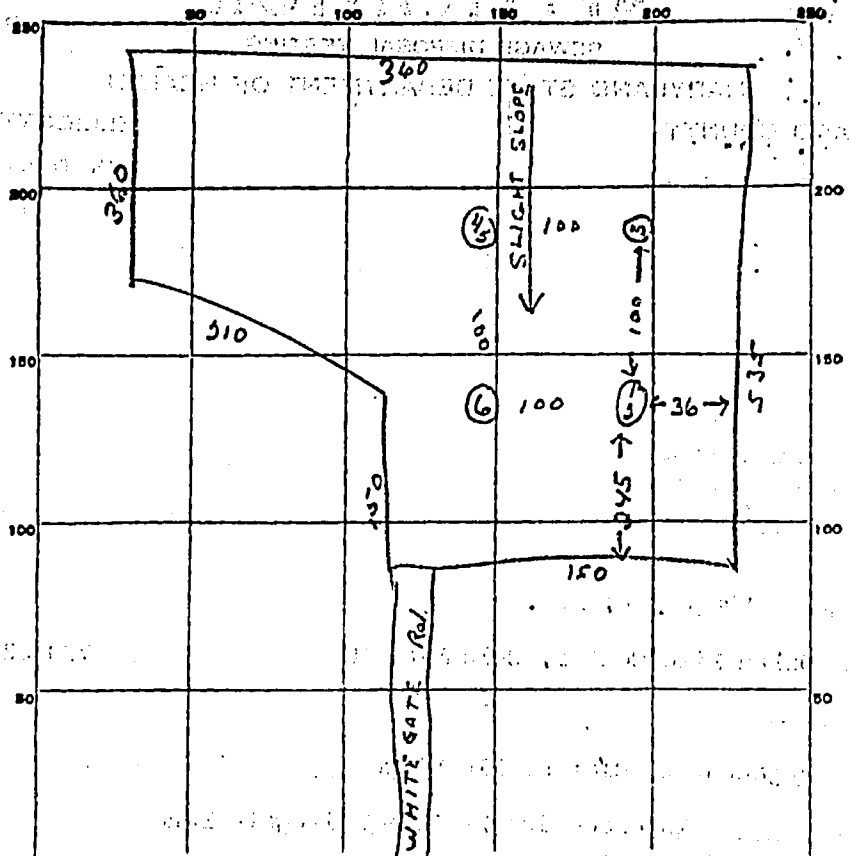
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

10727

APPLICATOR



Lot #8
Panel A

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

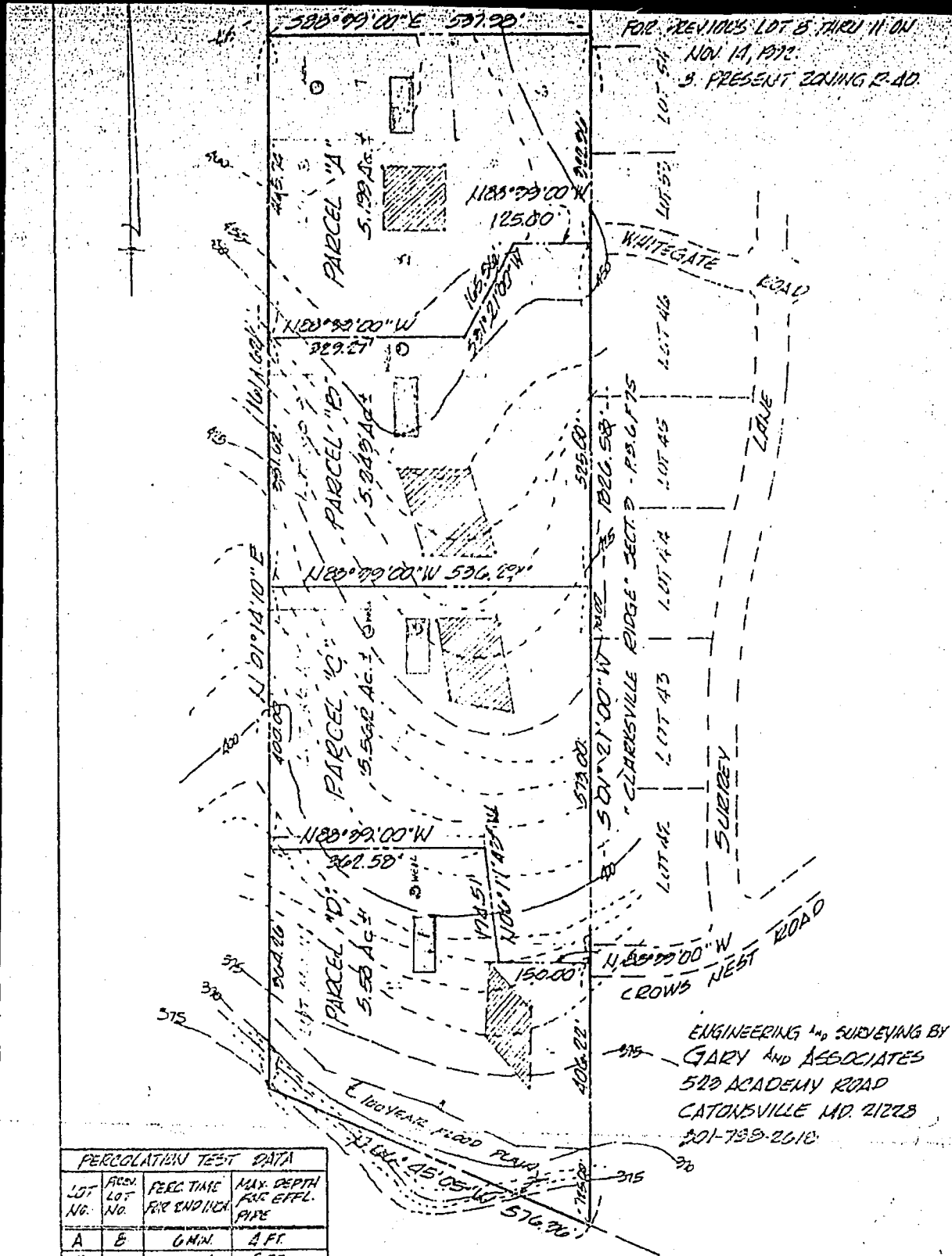
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/13/72	1	12 ft	11:49	11:52	11:52	11:55	3 min
	2	5 ft	11:51	11:53	11:53	11:55	2 min
	3	11 ft	Same	Soil			
	4	12 ft	12:04			12:07	3 min
	5	4 1/2 ft	12:05	12:12	12:12	12:28	16 min
	6	11 ft	Same	Soil			

LOT 8

max depth
4 ft
avg time
6 min

SOIL AUGER FINDING _____
 TESTED BY R. Ture
 REMARKS _____

Lot #8



PERCOLATION TEST DATA

LOT NO.	PERM. LOT NO.	PERC. TIME FOR ENGINEER	MAX. DEPTH FOR EFFL. PIPE
A	8	6 MIN.	4 FT.
B	9	6 MIN.	5 FT.
C	10	12 MIN.	5 FT.
D	11	16 MIN.	4 FT.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS
[Signature] 6/14/74
 THUMBED QUALITY MEASUREMENT DATE

ENGINEERING & SURVEYING BY
 GARY AND ASSOCIATES
 520 ACADEMY ROAD
 CATONSVILLE MD. 21228
 301-799-2610

PLAT SHOWING PERCOLATION AREAS
 CLARKSVILLE MEADOWS
 (PREVIOUSLY CALLED MEADOW RIDGE)
 5TH ELECTION DIST. HOWARD CO. MD.
 SCALE: 1" = 200' MAY 10, 1974

C 1 1302
1 2 3 (SEQ. NO.)
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-5 ON ALL CARDS)

SEQUENCE NO.
(WRA USE ONLY)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAVES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITH-
IN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
COUNTY NUMBER

DATE RECEIVED
(WRA USE ONLY)

DATE WELL COMPLETED
2-26-75

DEPTH OF WELL
100
22 (TO NEAREST FOOT) 20

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HC-173-07311
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 217

OWNER K-M Custom Builders
LAST NAME FIRST NAME
STREET OR RFD 6734 Whitegate rd. POST OFFICE Clarksville MD

WELL LOG
STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

BROWN
SAND
STONE

3 100

WELL DESCRIPTION
GROUTING RECORD
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES [X] NO []
TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT [X] BENTONITE CLAY []
NO. OF BAGS 9 NO. OF POUNDS 846
GALLONS OF WATER 55
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 40 FT.

CASING RECORD
CASING TYPES (INSERT APPROPRIATE CODE BELOW) STEEL [X] CONCRETE []
MAIN CASING TYPE [S] NOMINAL DIAMETER (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42

OTHER CASING (IF USED)
DIAMETER (INCH) DEPTH (FEET)
FROM TO

SCREEN RECORD
SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW) STEEL [X] BRASS [] COPPER []
PLASTIC [] OTHER []

C 2
1 2 3 (SEQ. NO.) 6
DEPTH (NEAREST WHOLE FOOT)
FROM 10 TO 100

CIRCLE APPROPRIATE BOXES
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME
C.A. Brownwell & Son
SIGNATURE C.A. Brownwell & Son

DIAMETER OF SCREEN 58 (NEAREST INCH)
FROM 58 TO 60

GRAVEL PACK
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F []

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3
1 2 3 (SEQ. NO.) 6

PUMPING TEST
HOURS PUMPED (TO NEAREST HOUR) 2
PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON 20
METHOD USED TO MEASURE PUMPING RATE ROTARY
WATER LEVEL (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING 25 (NEAREST FOOT)
WHEN PUMPING 95 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
A AIR [] P PISTON [] T TURBINE []
C CENTRIFUGAL [] R ROTARY [X] O OTHER (DESCRIBE BELOW) []
J JET [] S SUBMERSIBLE []

PUMP INSTALLED
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES [X] NO []
CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
ABOVE [X] BELOW [] LAND SURFACE (NEAREST FOOT) 40 51

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Handwritten notes and signatures: "Sealed", "M.D.", "Drilled"

Info Legend About

6734 WHITEGATE RD

Detailed Search

Add Layer

Howard County Base Map

BASE MAP LAYERS

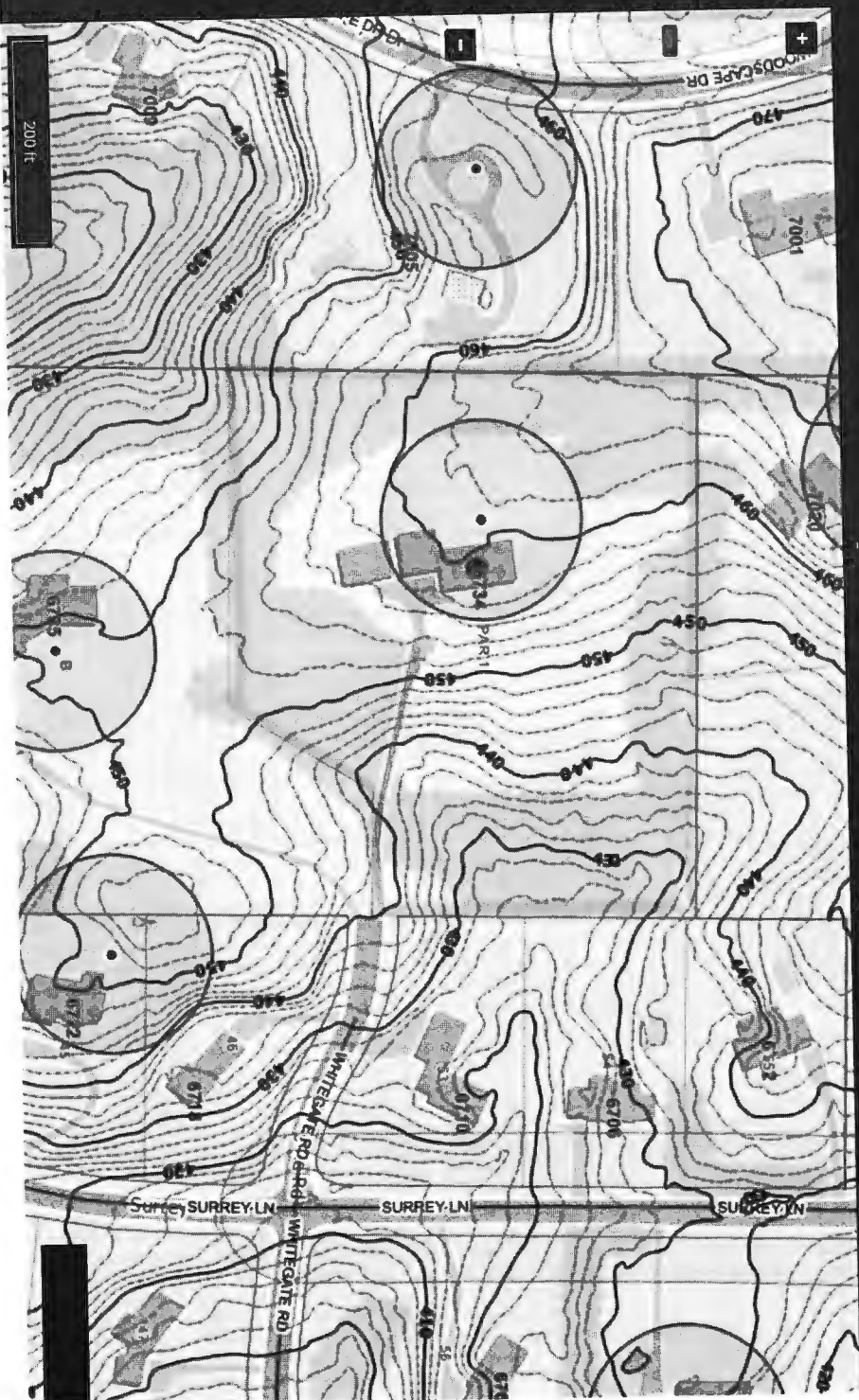
HEALTH SPECIAL LAYERS

UTILITY LAYERS

GEOGRAPHY

PLANNING

ADDED LAYERS



Navigation icons: Home, Location, Length, Area, Select, Point, Line, Polygon, Clear

- Entire Property 6933 soils
- Not in Baltimore Geneiss