

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B23001237	04/12/2023
Description of Work		
SFD/ CONSTRUCT 27.5' X 13' OPEN DECK WITH STEPS.		
check spelling		

Approved
R/E
5/8/2023

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
17487	TIMBERLEIGH	WAY
Unit Type	Unit #	X Coordinate
--Select--		-77.12187
		39.30078
City	State	Zip Code
WOODBINE	MD	21797
	Primary	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
905916	238	40075	259700	472700	213000	RURAL
Legal Description						
IMPSLOT 3 BL A S 1[]17487 TIMBERLEIGH WAY[]TIMBERLEIGH VILL						
check spelling						

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	3	604001	5				
Plan Area	State Tax Id	Subdivision Name	Primary				

Section	1404322266	Timberleigh Village
Area		Tax Map
		13
Grid	Zoning District	ADC Map
13-7	RC-DEO	4811-A2
SDP No.	Final Plan No.	WP File No.
Record Plat No.	WS Contract No.	FDP No.
Owner Occupied	Year Built	Historic District
<input type="radio"/> Yes <input type="radio"/> No	1977	<input type="radio"/> Yes <input checked="" type="radio"/> No
Historic District Registry No.	Stat Area	Flood Plain
	4-04	<input type="radio"/> Yes <input checked="" type="radio"/> No
Building No		

Owner * (This section is required.)

Search **Reset** **Clear**

Name

VACCARI PETER LEO

Address Line 1

17487 TIMBERLEIGH WAY

Address Line 2

Address Line 3

Mail City

WOODBINE

Mail State

MD



Mail Zip Code

21797

Phone

410-489-4813

Primary

Yes



E-mail

Cell Number

Fax Number

Professionals (This section is not required.)

License # *

08050121739

License Type

MHIC Co

Business Name

RHINE LAWN CARE & LANDSCAPING LLC

First Name

JOHN

Middle Name

LEE

Last Name

RHINE

Primary Yes	Address Line 1 12885 OLD FREDERICK RD		
	Address Line 2 12885 OLD FREDERICK RD		
	City SYKESVILLE	State MD	ZIP Code 21784-0000
	Phone 1 4104422445	Phone 2	Fax 4104894312
	E-mail CSM@RHINELANDSCAPING.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Applicant	First Name Jacquelynn	MI N	Last Name Davis
Relationship Applicant	Full Name JACQUELYNN N DAVIS		
Primary Yes	Organization Name Rhine Landscaping		
	Street Address P.O. Box 1825		
	Address Line 2		
	City Sykesville	State MD	Zip Code 21784
	Phone 410-422-2445	Cell	Fax
	E-mail jackie@rhinelandscaping.com		

Addtl Info

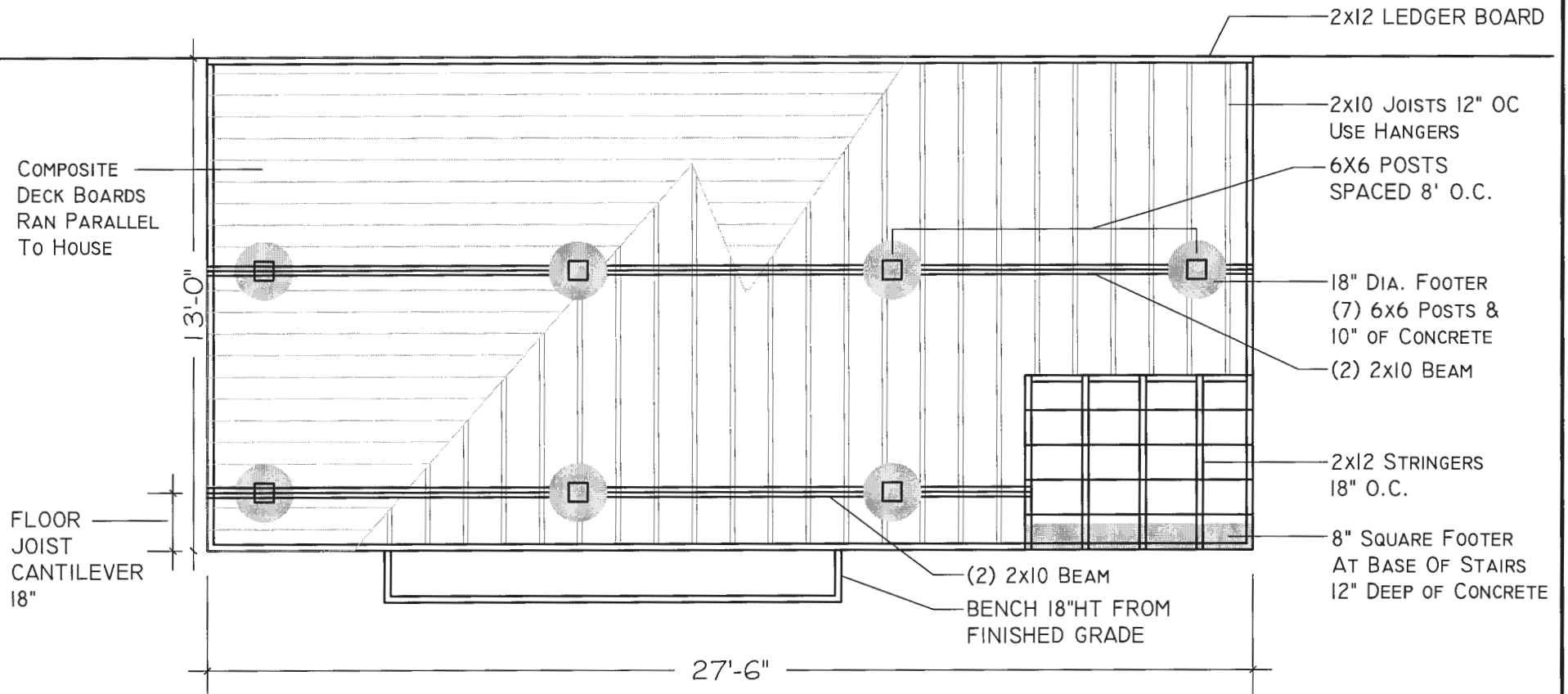
Est Construction Cost 30000	Housing Units * 0	Number of Buildings * 0	Public Owned No
Construction Type 434 - Additions, Alterations and Conversions - Residential			

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

Capital Project-No Fee <input type="radio"/> Yes <input checked="" type="radio"/> No	Capital Project Number <input type="text"/>	Fee Exempt * <input type="radio"/> Yes <input checked="" type="radio"/> No	Roadside Tree Project Permit <input type="radio"/> Yes <input checked="" type="radio"/> No	Roadside Tree Project Permit # <input type="text"/>
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RESIDENCE



DECK & STEPS FRAMING PLAN - TOP VIEW

STEVEN & LESLIE VACCARI

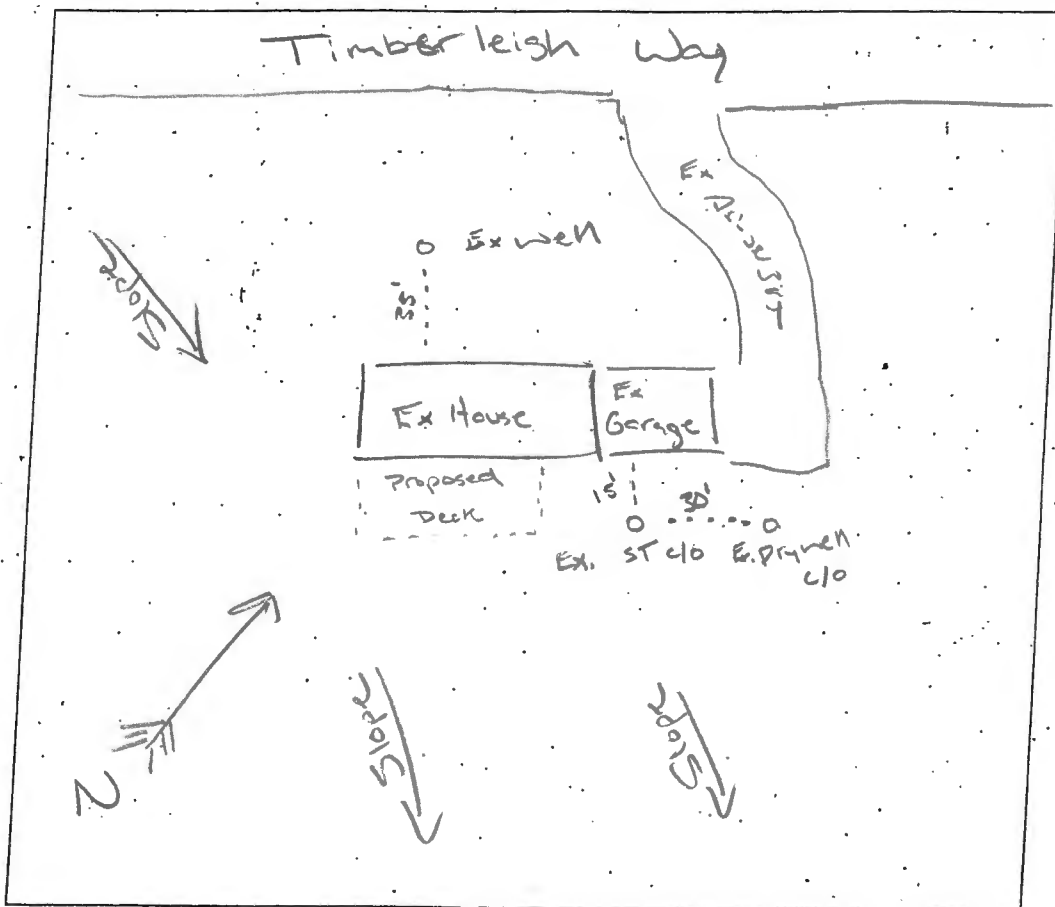
17487 TIMBERLEIGH WAY
WOODBINE, MARYLAND 21797

Scale: 1/4" = 1'-0"

SITE INSPECTION SHEET

OWNER: Vaccari Leo PHONE #: _____
ADDRESS: 17487 Timberleigh CONTRACTOR: _____
Woodbine, MD 21797 WELL TAG #: HO-73-2050
SUBDIVISION: Timberleigh Village LOT: 3 COUNTY #: Howard
PROPOSAL: B23001237 - Proposing deck 27.5' x 13'

LOCATION DIAGRAM



COMMENTS: Well appears to be in great condition. Two
piece cap and everything secure w/ tag. No signs of
failure w/ septic system. Septic appears to
be in functioning condition.

DATE: 5/8/2023 INSPECTOR: RSF

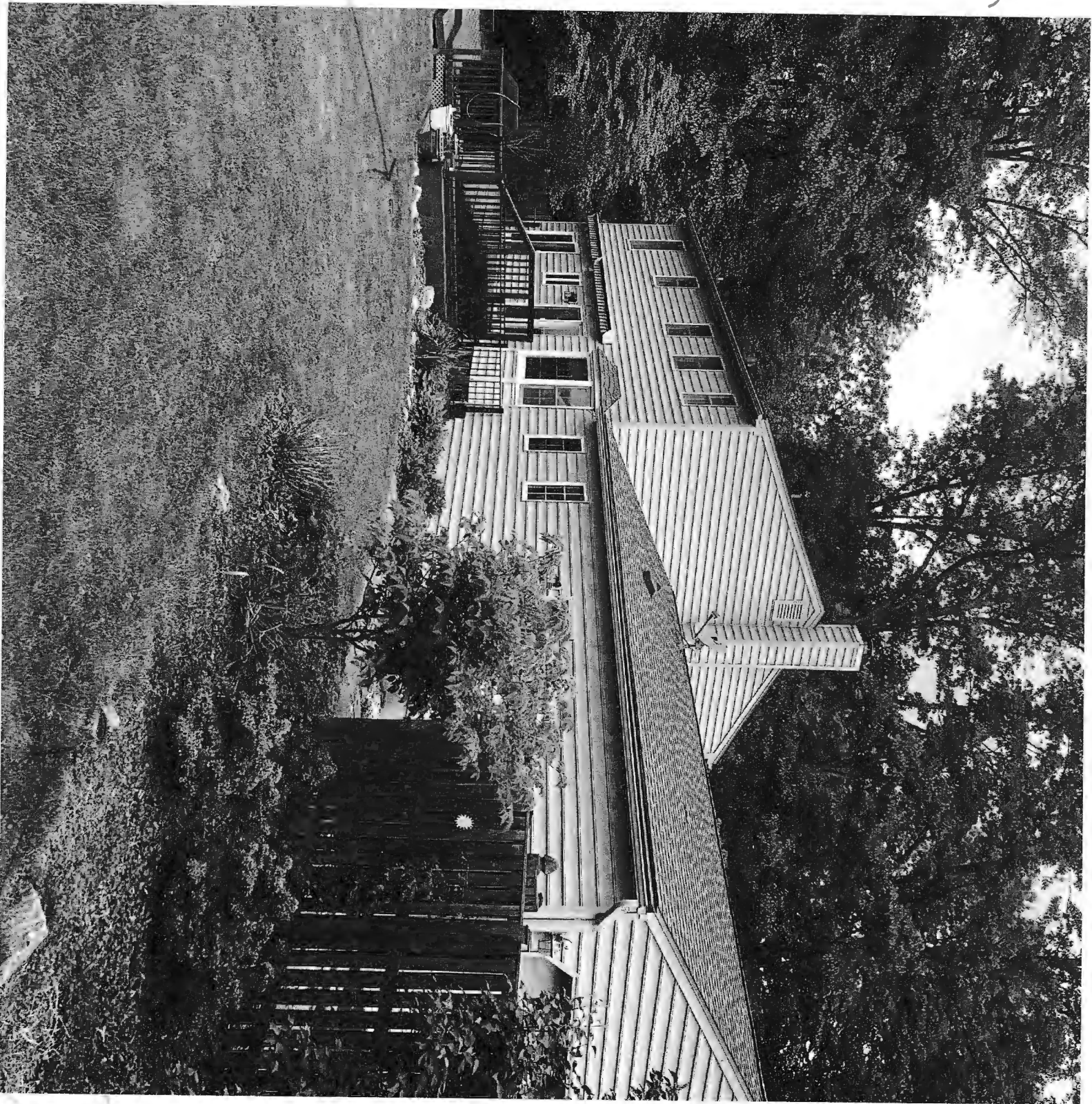
17487
Timberleigh
Ln
(rental)
5/8/2023





17487
Timberleigh
Way
(Barrywood)
5/8/2023

ST
c/o



ST
c/o

9/13/77
4/12/78

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 9/10/77

INDEXED

Kastner Plumbing & Heating

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 13556 Argo Drive, Dayton, Md. 21036

PHONE 725-5000

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Timberleigh Village,

ROAD Timberleigh Way

LOT 3, Sec. 1

PROPERTY OWNER Tech-Con-Development

Peter & Leslie Vaccari

ADDRESS

SPECIFICATIONS 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL - To have 175 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 4 to 4 1/2 ft. below original grade and maximum depth 12 ft. below original grade. Locate dry well 15 ft. from left line and 155 ft. from rear when facing lot from Timberleigh Way.

NOTE: NO DRY WELL IS TO EXCEED 15 FOOT IN DIAMETER.

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 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY H. Snyder & C. B. Streaker

DATE 9/19/73

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.

BUDG. PERMIT SIGNED

AND RETURNED 11/16/80

Serial # 557-02

addition

17818

9/13/77
4/2/78

File

7/12/77 0 P.M. not ready
26539 P.M. Trench
A 17818 File only
fender

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 4th

DATE 9/10/77

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BLDG. PERMIT SIGNED

AND RETURNED 11/16/80

Serial # 554-02
addition

17818

PRELIMINARY

APPLICATION

A 17818

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 12/28/72

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER William B. Martin and wife

ADDRESS Route 94, Woodbine, Md. 21797 PHONE 489-4983

PROPERTY LOCATION:

SUBDIVISION Timberleigh Village LOT NO. 3, Sect. 1

ROAD AND DESCRIPTION Route 94

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ William B. Martin

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

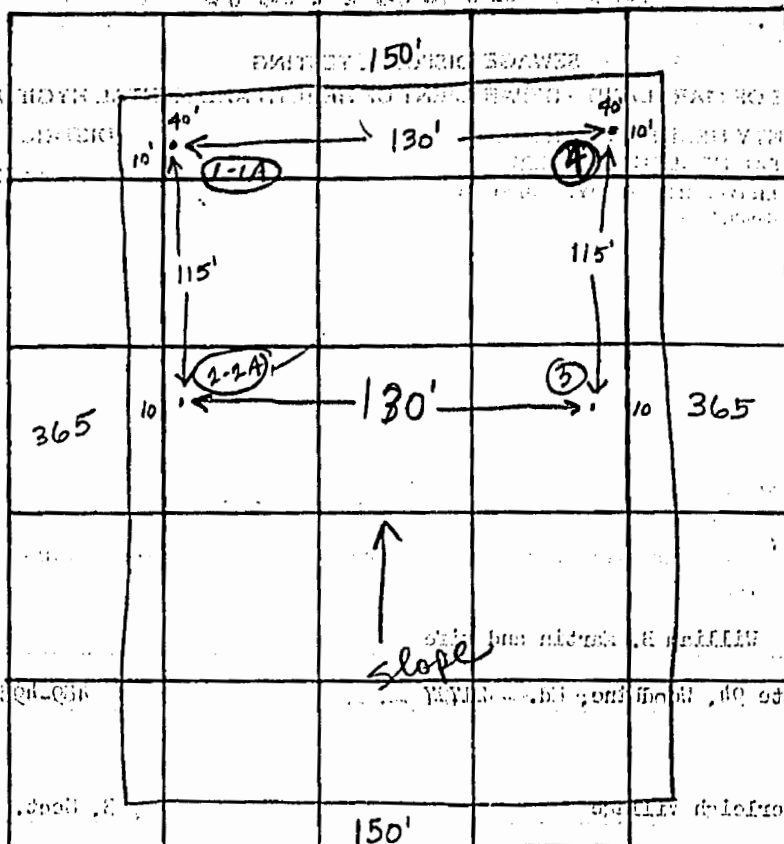
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

81871

APPLICATION

PERMITTING



Lot 3

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE. ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/11/73	TO 1	4'	1035	1041	1041	1056	15
	1A	12'	1032	1039	1039	1041	2
	2	4 1/2'	1037	1043	1043	1050	7
	2A	12'	1037	1041	1041	1058	17
	3	12'	TOP 3' - clay Bottom 9' - Good			Dry	
	4	12'	TOP 3' - clay Bottom 9' - Good			Dry	

Note



Air Time

10

min

Inlet

4 1/2'



REMARKS

Dry Well at 2-2A

TYPE OF SOIL

Inlet 4' Max Depth 13'

TESTED BY

H Snyder

ALSO PRESENT:

214 6/71

61

5190

SEQUENCE NO.
(WRA USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
COUNTY NUMBER **A17818**
PERMIT NO. FROM "PERMIT TO DRILL WELL" **17-73-20510**
28 29 30 31 32 33 34 35 36 37

DATE RECEIVED (WRA USE ONLY)
5/24/77
DATE WELL COMPLETED
5/24/77
DEPTH OF WELL **300**
22 (TO NEAREST FOOT) 28
DRILLERS IDENTIFICATION NO. **42**

OWNER **TEC-CON DEV. INC.**
LAST NAME **TEC** FIRST NAME **CON**
STREET OR RFD **2000 CENTURY RD. #2A** POST OFFICE **COLUMBIA MD.**

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
SHALE	2	50	
SHALE	50	70	
BROWN SLATE	70	80	✓
BLUE SLATE	80	300	✓

5-24-77,
78' open
2' above q.
75' deep cement
or 7.5.

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) **Y**
TYPE OF GROUTING MATERIAL (CIRCLE BOX)
CEMENT **C** BENTONITE CLAY **B**
NO. OF BAGS **125** NO. OF POUNDS **2500**
GALLONS OF WATER **125**
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM **0** FT. TO **76** FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)
ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER
MAIN CASING TYPE **ST** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **84**
OTHER CASING (IF USED) DIAMETER (INCH) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)
ST STEEL **BR** BRASS **HO** OPEN HOLE
PL PLASTIC **OT** OTHER
C 2
1 2 3 (SEQ. NO.) 6
DEPTH (NEAREST WHOLE FOOT)
FROM **40** TO **300**
SLOTSIZE 1. 2. 3.

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

GRAVEL PACK
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **F**
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
Y (E.R.O.S.) **W** **O**
TELESCOPE CASING **70** LOG INDICATOR **72** OTHER DATA AVAILABLE **74 75 76**

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **2**
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **24**
METHOD USED TO MEASURE PUMPING RATE **BUCKET**
WATER LEVEL (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING **40** (NEAREST FOOT)
WHEN PUMPING **300** (NEAREST FOOT)
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
A AIR **P** PISTON **T** TURBINE
C CENTRIFUGAL **R** ROTARY **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) **Y**
CAPACITY:
GALLONS PER MINUTE (TO NEAREST GALLON) **31** **36**
PUMP HORSE POWER **37** **41**
PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
+ ABOVE **-** BELOW
LAND SURFACE (NEAREST FOOT) **50** **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).

HOUSE
WELL 35
10
201

HEALTH