

C1 1441 SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER

ST/CO USE ONLY  
 DATE Received  
 MM DD YY  
 8 13

DATE WELL COMPLETED  
 MM DD YY  
 3 20 08

Depth of Well  
 22 200 26  
 (TO NEAREST FOOT) 0. K. (BB)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 Ho-95-1292

OWNER: Toll Brothers  
 STREET OR RFD: Independence Way TOWN: Columbia  
 SUBDIVISION: Homewood Crossing SECTION: \_\_\_\_\_ LOT: 63

**WELL LOG**  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown Shale	0	51	
Gray Limestone	51	200	✓

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT:  CM BENTONITE CLAY:  BC  
 NO. OF BAGS: 14 NO. OF POUNDS: 1396  
 GALLONS OF WATER: 84  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 47 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: PL Nominal diameter top (main) casing (nearest inch): 06 Total depth of main casing (nearest foot): 60

OTHER CASING (if used)

EACH CASING	diameter		depth (feet)	
	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** DEPTH (nearest ft.)

EACH CASING	1		2		3	
	8	11	15	17	21	21
1	<u>140</u>	<u>60</u>	<u>200</u>			
2						
3						

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

**C 3** PUMPING TEST

HOURS PUMPED (nearest hour) 03  
 PUMPING RATE (gal. per min.) 20  
 METHOD USED TO MEASURE PUMPING RATE: 19 gal  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING: 56 ft.  
 WHEN PUMPING: 56 ft.  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29: 29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } 01 (nearest foot)

**LOCATION OF WELL ON LOT**  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

No Survey stakes

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  Y  N

CIRCLE APPROPRIATE LETTER  
 A 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: M S D 009  
 DRILLERS SIGNATURE: [Signature]  
 LIC. NO.: D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**MDE USE ONLY**  
 (NOT TO BE FILLED IN BY DRILLER)  
 T \_\_\_\_\_ (E.R.O.S.) W Q \_\_\_\_\_  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76 \_\_\_\_\_  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

Date Received (APA) \_\_\_\_\_  
**OWNER INFORMATION**  
 8 MM DD YY 13  
 15 Last Name Toll Brothers Owner First Name 34  
 36 11423 Hunt Crossing Ct Street or RFD 55  
Ellicott City Md 21042  
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**  
 8 COUNTY Howard 21  
 23 SUBDIVISION Homewood Crossing 42  
 SECTION 44 46 LOT 63 48 50  
Columbia  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 5 M I  
 73 76 77 78

**DRILLER INFORMATION**  
 Driller's Name Allen Compton M S D 009 76 License No. 81  
 Firm Name Fogles Well Drilling  
 Address 580 Obrecht rd  
 Signature [Signature] Date 7-17-07

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
  
 11 NEAR WHAT ROAD Independence Way 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH [N] WEST [W] EAST [E] SOUTH [S]  
 34 50 37 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 29 BLK: 9 PARCEL 28

B 2 **WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
Howard (13) A515042  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 10/1/2007 Bruce Baker 10/1/2008  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 510 000 EAST GRID 827 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. 3/20/08 \* Radium Sample Collected During Yield Test.  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 8247  
 N 510  
 000 000 (BB)

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)  
 31 CABLE REVerse-ROTary DRive-POINT  
 other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
  
 N ↑

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER HO 2003G 006  
 PERMIT No. HO-95-1292  
 70 71 72 73 74 75 76 77 78 79

# Yield Test Data Sheet

County File # \_\_\_\_\_

District \_\_\_\_\_

MD Well Permit #. HC-95-1292

Date of Test: 3-20-08

Subdivision Name: Homewood Crossing

Section \_\_\_\_\_ Lot # 63

Street Address: Independence Way

Measuring Point (MP) Description: Top of casing  
(for ex. "Top of casing")

Distance from MP to ground surface 1 ft.

Well Depth 200' ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time  <u>8:00</u>	Static Water level: <u>56</u> ft.	Pumping Rate ( ) Time to fill   / gal. bucket  ( ) Flow meter reading (if used)	Calculated Flow (gallons per minute)  <u>20</u>
TIME	WATER LEVEL BELOW M.P.		

**Water level and pumping rate must be recorded every 15 minutes**

1	<u>8:00</u>	<u>56</u> ft.	<u>3</u>	<u>20</u> GPM
2	<u>8:15</u>	<u>56</u> ft.	<u>3</u>	<u>20</u> GPM
3	<u>8:30</u>	<u>56</u> ft.	<u>3</u>	<u>20</u> GPM
4	<u>8:45</u>	<u>56</u> ft.	<u>3</u>	<u>20</u> GPM
5	<u>9:00</u>	<u>56</u> ft.	<u>3</u>	<u>20</u> GPM
6	<u>9:15</u>	<u>56</u> ft.	<u>3</u>	<u>20</u> GPM
7	<u>9:30</u>	<u>56</u> ft.	<u>3</u>	<u>20</u> GPM
8	<u>9:45</u>	<u>56</u> ft.	<u>3</u>	<u>20</u> GPM
9	<u>10:00</u>	<u>56</u> ft.	<u>3</u>	<u>20</u> GPM
10	<u>10:15</u>	<u>56</u> ft.	<u>3</u>	<u>20</u> GPM
11	<u>10:30</u>	<u>56</u> ft.	<u>3</u>	<u>20</u> GPM
12	<u>10:45</u>	<u>56</u> ft.	<u>3</u>	<u>20</u> GPM
13	<u>11:00</u>	<u>56</u> ft.	<u>3</u>	<u>20</u> GPM
14		ft.		GPM
15		ft.		GPM
16		ft.		GPM
17		ft.		GPM
18		ft.		GPM
19		ft.		GPM
20		ft.		GPM
21		ft.		GPM
22		ft.		GPM
23		ft.		GPM
24		ft.		GPM
25		ft.		GPM
26		ft.		GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

**NOTES:**

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered and approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Foglesong Drilling Telephone #: 443-609-4195  
Address: 6023 Woodbine Rd  
Woodbine Md 21797

(Must circle one) Licensed Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Allen Grogan License #: MSF 009

\*A licensed individual must provide the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Benedit Telephone #: \_\_\_\_\_  
Subdivision: Benedict Lot #: 63 Well Tag #: HO-95-1292  
Site Address: 11232 Imperial Lane  
Ellicott City Md 21042

**Submersible Pump Data**  
Make: Couderc Well Cap and Electric Conduit  
Model #: ISS0007-180 Two piece watertight cap: yes  
Pump Capacity 15 GPM Screened, vented well tap: yes  
Well Yield: GPM Cap secured to casing: yes  
Depth of well encountered at time of installation: 200 feet Conduit min 1/2" B.C.: yes  
If pump capacity exceeds well yield, provide the discharge required by NSPC 1990 Section 7.8.4  
Torque arrestors or Cable guides: none Conduit secured to well cap: yes  
Safety rope, if used, attached to the well casing with eye bolt: N/A

**Piping to house**  
Type: 1" Black Plastic PVC was used to undisturbed soil at well penetration: yes  
PSI: 160 (160 psi min) Approximate length of sleeve (5 foot minimum): 5

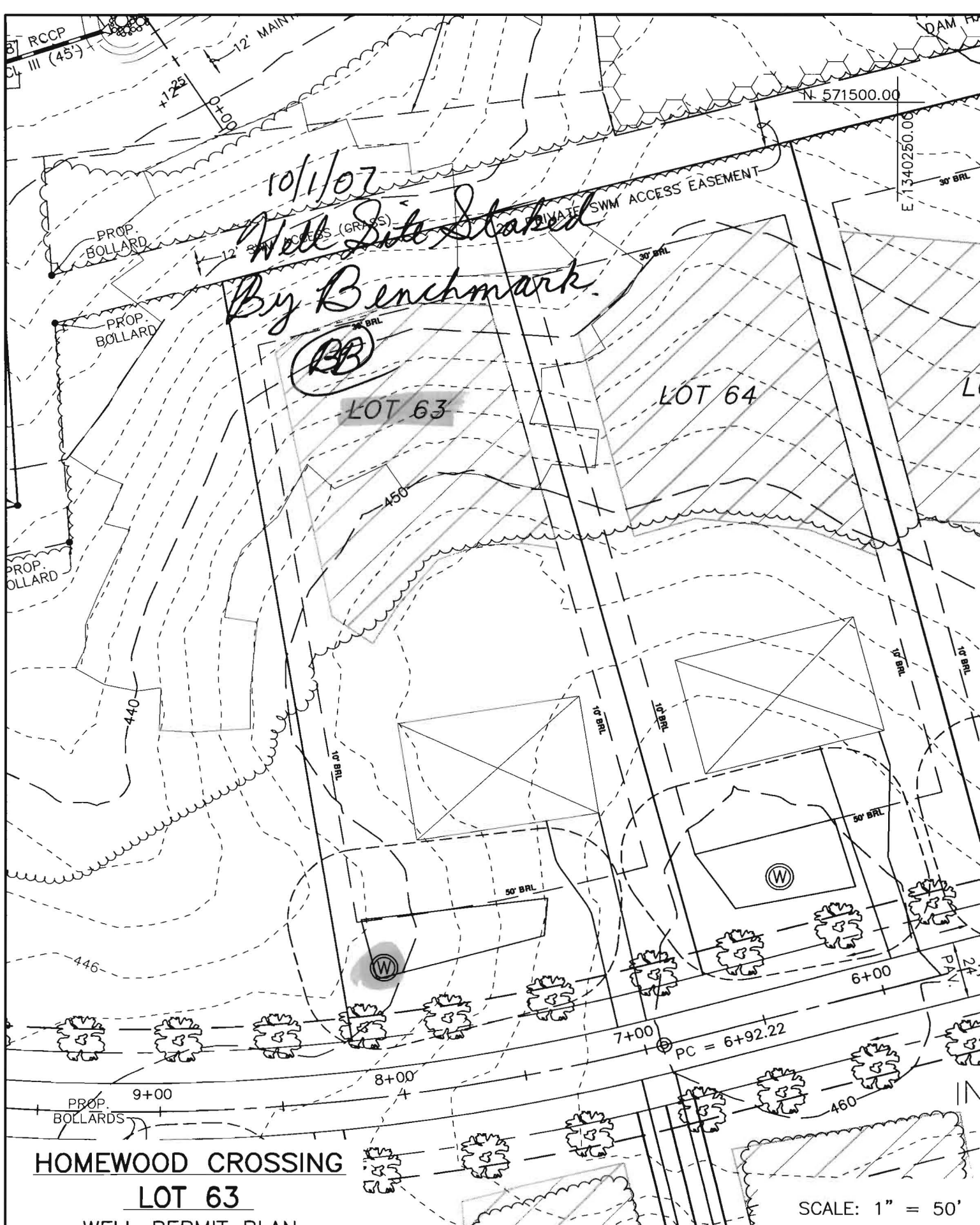
Depth of supply line: 42 feet Service entered and tested properly: yes

The water supply line is required to be at least 6" from the septic tank, pump chamber, sewage piping, distribution box, drainfield or other sanitary fixture. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative: Allen Grogan Date: 8/7/08

For Field Inspection Use Only - Not to be completed by Installer

Date Insp. Requested: 8/7/08 Date Insp. approved: 8/7/08 KW  
Inspection Data:  
Pitless adapter installed at least 3" below grade   
Two piece cap installed and attached to casing securely   
Elec. conduit screened at least 12" below grade attached to cap properly   
Safety rope attached to well casing   
Correct well casing and pipe installed being 6" above finished grade   
Water supply line allowed adequate house connection   
Adequate ground rods below pitless adapter



10/1/07  
*Well Site Staked  
 By Benchmark*

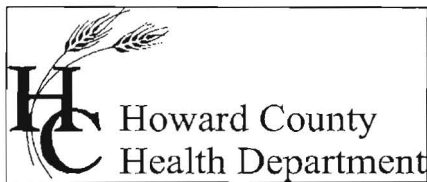
BB

LOT 63

LOT 64

**HOMEWOOD CROSSING**  
**LOT 63**  
 WELL PERMIT PLAN

SCALE: 1" = 50'



Bureau of Environmental Health  
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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Peter L. Beilenson, M.D., M.P.H., Health Officer

November 24, 2008

Toll MD III LP  
7104 Columbia Gateway Drive, #230  
Columbia, MD 21042

FAX SENT VIA FACSIMILE 301-252-6546

RE: Homewood Crossing, Lot 63  
11232 Independence Way  
Ellicott City, MD 21042  
BP# B08001172  
Well Tag #: HO-95-1292

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 10/27/2008. Final approval of the well line connection to the dwelling was approved on 08/07/2008.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

Gross Alpha and Beta samples were also collected on 03/20/2008. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No addition testing **for these parameters** will be required to secure the future Use and Occupancy.

#### INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-95-1292. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

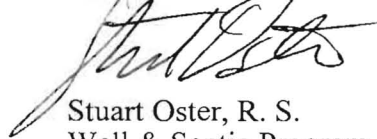
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 11/14/2008

Date of Samples for Gross Alpha & Gross Beta: 03/20/2008

Date of Well Completion: 03/20/2008

Approving Authority,

A handwritten signature in black ink, appearing to read "Stuart Oster", is written over the printed name and title.

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taberytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX: (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #:	69516	Account #:	1930
Reference:	Toll Brothers Lot 63	Company:	Fogle's Well Drilling
Location:	11232 Independence Way Ellicott City, MD 21042	Requested By:	Dave Fogle
Date/ Time Collected:	11/14/2008	Source:	Well Water
Date/Time Rec'd:	11/14/2008 1330	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	V.M. Fadoul 6804VP-FS	pH:	6.4
		Well #:	HO-95-1262

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/15/2008 / 1000 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	11/15/2008 / 1000 / BCD
Nitrate	1.18	mg/L	10	601	11/14/2008 / 1100 / BCD
Turbidity	0.66	NTU	<10	SM18 2130B	11/14/2008 / 1418 / BCD
Sand	NS	mg/L	5	Visual/Gravimetry	11/14/2008 / 1418 / BCD

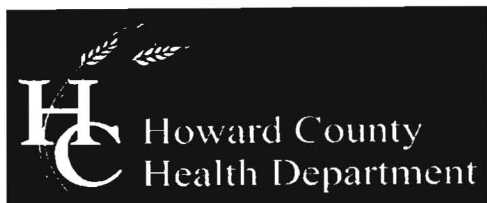
**NOTES**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND: None Detected
- 7 Sample collected by client, analyzed as received
- 8 pH and Chlorine level tested on site

Reason for Test : Use &amp; Occupancy

Building Permit # : B08001172

Date Reported: 11/17/2008



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

April 24, 2008

Toll Brothers, Inc.  
11423 Hunt Crossing Ct.  
Ellicott City, Maryland 21042

RE: Patuxent Chase Lot 63  
Independence Way  
Well Tag: HO - 95 - 1292

To Whom It May Concern:

A sample was collected during a yield test on March 20, 2008 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $3.0 \pm 1.0$  picocuries/liter (pCi/L); while the **Gross Beta** level was  $5.0 \pm 2.0$  pCi/L. The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use & Occupancy. However, other standard testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions or to discuss additional testing requirements.

Sincerely,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director  
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt.  
✓ Well & Septic property file

Send Report To:

Bert Nixon  
Ho. Co. Env. Health  
7178 Columbia Gateway Dr.  
Columbia, MD 21046

State of Maryland

DHMH - Laboratories Administration  
Division of Environmental Chemistry  
**RADIATION LABORATORY**

Preston Street, Baltimore, Maryland 21201

John M. DeBoy, Dr. P.H., Director

### LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 951292BB No. B: \_\_\_\_\_ Field Blank Bottle No. A: \_\_\_\_\_ No. B: \_\_\_\_\_

Plant/Site Name: Homewood Crossing - Lot 63 County: Howard

Sample Source: Independence Way Location: H0-95-1292  
(well no., lab sink, sample tap, etc.)

County:   Plant No.

CHECK (one per box)

Drinking Water   
Landfill   
Stream   
Other

Community   
Non-community   
Private   
Other

Source (raw water)   
Distribution (treated)   
MCL

Emergency   
Routine   
Recheck   
Special

Collector: Brian Baker

Telephone No: (410) 313-2643

Date Collected: 3/20/08

Time Collected: 11:00 a.m. \_\_\_\_\_ p.m.

Nitric Acid Preserved: Yes  No

Iced: Yes  No

Submitters Code:   Federal Project:  Field Data: \_\_\_\_\_

Remarks: Sample Collected During Yield Test <sup>pH</sup> \_\_\_\_\_ <sup>Chlorine</sup> \_\_\_\_\_

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	<u>2261</u>	<u>3±1</u>	<u>03/29/08</u>
✓	Gross Beta	4100	<u>2261</u>	<u>5±2</u>	"
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 03/20/08

Supervisor: S. Wiser