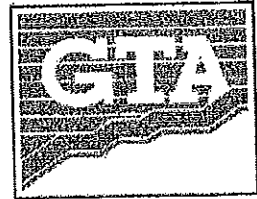


GEO-TECHNOLOGY ASSOCIATES, INC.
GEOTECHNICAL AND ENVIRONMENTAL CONSULTANTS
 A Practicing ASFE Member Firm

43760 Trade Center Place, Suite 110, Sterling, Virginia 20166
 Phone (703) 478-0055 Fax (703) 478-0137 www.mragta.com



WORK AUTHORIZATION FORM

Geo-Technology Associates, Inc. (GTA) is pleased to provide the services described herein. The purpose of this form is to obtain your written authorization for the work verbally requested and to confirm the terms under which these services will be provided.

Project Name: Canal Run Regional SWM Pond Date: 10/17/2012
 Project Location: Frederick County, MD GTA Project Number: 9997
 Invoice for Fees to:
 Firm: Canal Run Homeowners Association, Inc. Attention: Mr. Mark Hershfield
 Address: 4005 Paw Paw Circle, Point of Rocks, MD 21777
 Phone: _____ Fax: _____

SCOPE OF WORK:

1. Review County Approved Site Plans
2. Collect 3 soil samples from the SWM Pond.
3. Perform laboratory tests to classify the soil.
4. Provide letter outlining field and laboratory data.

FEEES AND PAYMENTS:

GTA estimates that cost of the work described in the *Scope of Work* will be approximately: \$ 1,000.00

You acknowledge that the General Provisions are attached hereto. The General Provisions are incorporated by reference and made a part of this Agreement. Your verbal authorization for GTA to proceed with the work set out herein acknowledges your acceptance of the terms of this Agreement, including the General Provision attached hereto.

Prepared by Geo-Technology Associates, Inc.:

By: Amin Rahman, P.E. Vice President
 (Print or Type Name) (Title)
[Signature]
 (Signature)

ACCEPTANCE:

In consideration of the execution of this Agreement and the extension of credits, the signatory does hereby unconditionally guarantee the payment of all fees and expenses resulting therefrom.

By: CANAL RUN HOMEOWNERS ASSOCIATION, INC. By ED THOMAS, Agent
 (Print or Type Name) (Title)
[Signature] 10-19-12
 (Signature) (Date)

For GTA use only:	Phase: _____	Rate Schedule: _____	Dept: _____
Billing Description: _____			