



TOWN OF DOVER
BOARD OF HEALTH
5 Springdale Avenue
P.O. Box 250
Dover, MA 02030

Office: 508-785-0032, Ext. 232
Fax: 508-785-8114
Email: boh@doverma.gov

Letter of Responsibility

Re: Water Line

I, _____, owner of the property located
at _____ hereby acknowledge that

I am fully aware that the irrigation water line is buried less than the required 5'
below grade and I take full responsibility in the event it ruptures.

I also acknowledge that in the event the well needs to be connected to the house,
the water line will be re-laid to depth in accordance with the Town of Dover Well
Regulations.

Signature

Date