Account Activation Instructions

Activation Link: https://dnr.in.gov/DOWOS/Activation.aspx

Section I: Account Verification

Enter your 'Activation Code' and 'Facility Registration Number' into the appropriate text box and [Click] the 'Next' button. This information can be found on the label affixed to the Water Withdrawal form(s) you've received.

Account Verification Type each entry exactly as printed, Activation Code:	including any dashes.
ABC123ABC123ABC123ABC123ABC	
Facility Registration Number:	
12345678	
	Next

Section II: Account Email Address

Enter your email address in the text box and [Click] the 'Next' button. An email address is required and will be your user identification to access the system.

Account Email Address All correspondences will be sent to this email address.	
Email Address:	
JohnDoe@xyz.com	
	Previous Next

Section III: Owner/Contact List

The owner and/or contact for the entered facility that we currently have on file will be listed. If your name is listed, [Click] the circle to the left of your name. If your name is not listed, [Click] the circle next to 'Not Listed'. Once a selection has been made, [Click] the 'Next' button. If you've selected your name you will verify your information in the next section.

Owner/Contact List Select your name if it appears in the list. Otherwise select 'Not Listed'.		
 Jane Doe (CONTACT) 		
 John Doe (OWNER) 		
○ J.Q. Public (SIGNED BY)		
Not Listed		
	Previous	Next

Section IV: User Information

Fill in or edit the appropriate text boxes with your information. Labels in red are required. Entering a five digit zip code will populate the City, State, County, and depending on which State, the Civil Township. Once the required information is entered, [Click] the 'Next' button.

User Information Entering a valid zip co For 4 digit zip codes,	n de will populate th pad with a zero (0	ne city and state)). (Portland, Ma	and filter the one: 04106 inste	counties and town ead of 4106.)	nships if available.
Salutation: F	irst Name:	Mid: Last Nar	ne:	Generati	on:
~					~
Company/Organizat	ion:				
Job Title:		_			
P.O. Box Only					
Number:	Direction: Stree	et:		Туре:	
	~				~
Address Line 2:					
Address Line 3:					
70-1 14. 000					
ZIP: +4: CIU	y: t Listadl				
Civil Townshin:	Cour				
[Unknown]	V Illaki	nown]	~		
State:		iowij			
Indiana	~				
Country:					
United States		~			
[Required]				Previous	Next

Section V: Contact Information

At least one contact telephone number is required to continue. [Click] the circle to the left of the telephone number that will be your designated contact number (Telephone, Alternate, or Cellular). Once your selection has been made, [Click] the 'Next' button to continue.

Contact Email Ad	t In dres	formation ss:	
JohnDoe@)xyz.	com	
Alternat	e En	nail Address:	
Contact	#:	Telephone Number:	Ext:
	۲	317 - 333 - 4444	
		Alternate Number:	Ext:
	$^{\circ}$		
		Cellular Number:	
	$^{\circ}$		
		Fax Number:	Ext:
[Require	d]		

Section VI: Online Access User Account

In this section you will create and confirm your password. Your password must be at least 8 characters in length and no more than 16 characters. Type in your password in the 'Password' text box. Confirm your password by re-typing it in the 'Verify Password' text box. [Click] on the checkbox to confirm that the information you've provided is true and that you are authorized to access the facility information. [Click] the 'Submit' button to activate the account. A message will appear indicating that the account has been activated or any errors that need to be corrected before activation.

Online Access User Account	
User ID:	
JohnDoe@xyz.com	
Password (8 to 16 Characters):	
•••••	
Verify Password:	
•••••	
✓ I affirm that the information submitted h accurate, and complete.	erewith is to the best of my knowledge and belief, true,
	Previous Submit

Section VII: Additional Facility Registrations

If you are responsible for more than one facility and received additional activation codes you may enter them in this section. Type in any other Activation Code and Facility Number in the appropriate text box and [Click] the 'Activate' button. Repeat this for each additional Activation Code you've received. When you have finished or you have only one facility, you should [Click] the 'Finished' button. You will then be directed to the Division of Water Online Services main page.

Additional Facility Registrations If you have more than one Facility Registration and received additional Activation Codes you may enter them individually below. If you do not have any more facilities [Click] the Finished button.
Activation Code:
ABCDEFGHI123456789JKLMNOP987
Facility Registration Number:
987654321
Activate
Previous Finished

If you have any questions or comments, please contact the Division of Water at (317)232-4160, toll free at 1-877-928-3755, or by email at water_inquiry@dnr.in.gov