

TOWN OF WAPPINGER

PLANNING BOARD

PROJECT NAME: Colon Hydrotherapy Kent Road

MEETING DATE: June 7, 2021

ACCOUNT NUMBER: 21-4091

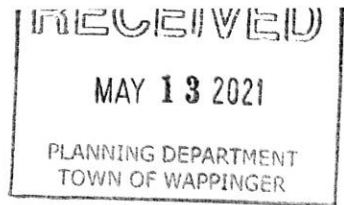
DATE PREPARED: May 17, 2021

 SITE PLAN X SPECIAL USE PERMIT SUBDIVISION

THE ATTACHED HAS BEEN REFERRED TO YOU FOR YOUR COMMENTS AND RECOMMENDATIONS. PLEASE SUBMIT ANY COMMENTS TO THE TOWN OF WAPPINGER PLANNING BOARD, 20 MIDDLEBUSH ROAD, WAPPINGERS FALLS, NY 12590 WITHIN FIFTEEN (15) DAYS.

- 1 TOWN FILE
- 7 TOWN OF WAPPINGER PLANNING BOARD
- 1 ENGINEER TO THE TOWN
- 1 PLANNER TO THE TOWN
- 1 ATTORNEY TO THE TOWN
- HIGHWAY SUPERINTENDENT
- 1 FIRE PREVENTION BUREAU
- RECREATION
- ARMY CORP. OF ENGINEERS
- 1 DUTCHESS COUNTY DEPT. OF PLANNING
- 1 DUTCHESS COUNTY DEPT. OF PUBLIC WORKS
- NEW YORK STATE DEPT. OF TRANSPORTATION
- 1 DUTCHESS COUNTY DEPT. OF HEALTH
- 1 DUTCHESS COUNTY SOIL & WATER
- 1 NYS DEPT OF D.E.C
- TOWN OF FISHKILL
- TOWN OF EAST FISHKILL
- TOWN OF LAGRANGE
- VILLAGE OF WAPPINGER PLANNING BOARD
- BUILDING INSPECTOR
- 1 ZONING ADMINISTRATOR-BARBARA ROBERTI
- TOWN CLERK
- CAMO POLUTION
- STORM WATER MANAGEMENT (WALTER ARTUS)
- CENTRAL HUDSON

***** PLEASE NOTE ANY VIOLATIONS UPON YOUR REVIEW*****



Marie E. Laroque
58 Kent Road
Wappingers Falls, NY 12590

May 11, 2021

Town of Wappinger
Planning Board
20 Middlebush Road
Wappingers Falls, NY. 12590

To Whom it May Concern:

I, Marie E. Laroque, am the owner and resident of 58 Kent Road, Wappingers Falls. I am also a licensed pharmacist in New York and a Colon Hydrotherapist certified by the International Association for Colon Hydrotherapy (I-ACT) located in San Antonio, Texas. At this time, New York State does not require a license to practice colon hydrotherapy.

Colon hydrotherapy is a safe, effective method of removing waste from the large intestine without the use of drugs. By introducing filtered and temperature-regulated water into the colon, the waste is softened and loosened, resulting in evacuation through natural peristalsis.

I intend to install an FDA-approved Colon Hydrotherapy device called "Angel of Water" (see picture). This device is commonly used in spas, wellness centers, clinics, or independent private offices. I will be using it for personal health issues, and for helping others in need like family and friends. Eventually, I plan to charge for colon therapy treatments.

The following is a brief description of the colon irrigation procedure:

The tank of the device is filled with hot or cold water, at temperatures set to a safe range monitored by the irrigation device. The patient is comfortably positioned on the basin (with the cushioned backrest in place) and the nozzle is inserted into the rectum. Water flow is controlled by the practitioner via control switches on the device. The typical session lasts 30-40 minutes and use around 8 gallons of water, and, afterwards, the patient may remove himself or herself from the nozzle. The patient can rinse using the basin sprayer and its volume control valve located on the basin's left topside.

Town of Wappinger
Planning Board
May 11, 2021

The patient can then towel dry before dressing and leaving the privacy of the colon irrigation room.

The following are key specifications of the "Angel of Water" device.

- Is FDA-approved
- Has a weight limit of 400 lbs
- Model 120G5: 110-120V
- 10-foot-long, hospital-grade power cord manufactured by Volex
- Disposable colon cleansing nozzles (rectal nozzle)
- Backrest, basin cabinet
- Compact fluorescent light bulbs
- UV light sediment filters
- **Temperature sensor/digital set point controller - temp safe range**
37°C/99°F - 39.4C°/103°F
- **Pressure, flow rate, and water temperature to the patient**
- Gravity only-averages 1 p.s.i.; 1 liter or less per minute of flow
- System uses approximately 8 gallons of water per 30 to 40-minutes colon irrigation session
- **Disinfectants:**
 - Zep DZ-7
 - Concentrated Chlorine Blue
 - SP1030 (ZGREEN)

The following is a description of 58 Kent Road where the device will be installed:

Town of Wappinger
Planning Board
May 11, 2021

- Built in 1981, contemporary styled home on a slab
- No Basement
- Total finished area 2507 ft²
 - First story area 1384 ft²
 - Second story area 1123 ft²
- Water supply - community/public
- Sewage disposal system - community/public
- Heating - electric
- 3 bedrooms, 1 family room, 2 full baths, laundry room, and recreation room on the first story area
- Master bedroom, dining room, living room, kitchen, and porch on 2nd story area
- 2-car garage
- Circular driveway (see pictures) (2)

Part of the house I will use for the therapy:

First Story (downstairs)

- I will be using 2 bedrooms and 1 bathroom for the colon hydrotherapy procedure. These three rooms are on the left side of the house facing the street, and the bathroom is across from the bedrooms.

The device will be connected to the plumbing system of the bathroom across from the two downstairs bedrooms.

- I will use the side entrance next to the garage as an entrance for the colon hydrotherapy room. (see picture) (3)

Town of Wappinger
Planning Board
May 11, 2021

- Driveway can accommodate 3-6 cars.
- Distance from neighbors: 33 ft

Hours of Operation:

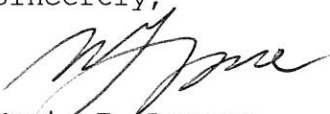
Tuesday - 10AM - 7PM

Friday - 10AM - 7PM

Every other Saturday 8AM - 7PM

Will Not operate on Sunday or Holidays.

Sincerely,



Marie E. Laroque
Registered Pharmacist, Certified Colon Hydrotherapist

Enclosures:

Certificate and pictures
Application fees

MAY 13 2021

PLANNING DEPARTMENT
TOWN OF WAPPINGER

TOWN OF WAPPINGER PLANNING BOARD
SPECIAL USE PERMIT

Application No. 21-4091
Date Received: 5-17-21
Fee Received:
Escrow Received: \$1,500.00

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 240-53 OF THE TOWN OF WAPPINGER ZONING LAW, I HEREBY MAKE APPLICATION TO THE PLANNING BOARD OR TOWN BOARD FOR THE ISSUANCE OF A SPECIAL PERMIT FOR THE USE OF;

PROJECT NAME Colon Hydrotherapy Kent Road
GRID NO. 6258-03-461023 ZONING DISTRICT R-20
PROPERTY LOCATION 58 KENT Rd - WAPPINGERS FALLS, NY 12590
NAME & ADDRESS OF APPLICANT (Corporation or Individual):
MARIE E. LAROQUE
58 KENT Rd WAPPINGERS FALL NY 12590
Street Town State Zip
MARIE E. LAROQUE 845-5218210 mrlaroque@yahoo.com ^{CON.}
Contact Person Phone Number Email

NAME & ADDRESS OF OWNER (Corporation or Individual):
MARIE E. LAROQUE
58 KENT Rd - WAPPINGERS Falls, NY 12590
Street Town State Zip
Marie E. LAROQUE 845-5218210 mrlaroque@yahoo.com
Contact Person Phone Number Email

Pursuant to section(s): _____

II. CONCURRENTLY WITH THE ABOVE APPLICATION, AND IN ACCORDANCE WITH THE PROVISIONS OF SECTION 450 OF SAID ORDINANCE, I HEREBY MAKE APPLICATION FOR SITE PLAN APPROVAL OF THE FOLLOWING PLANS TO CONDUCT SUCH USE ON THE AFORESAID PARCEL.

III.
MAP TITLED: _____
PREPARED BY: _____
DATED: _____

III. I HAVE, AS PART OF THESE CONCURRENT APPLICATIONS, SUBMITTED A "STATEMENT OF USE" WHICH FULLY DESCRIBES THE OPERATION AND MAINTENANCE OF SAID USE LISTED IN THE APPLICATION: (Use EXTRA SHEET IF NECESSARY)

Continued page 2 for Special Use Permit

MARIE E. LAROQUE
Type Name (Corporation, LLC, Individual, etc.)

5-11-2021
Date
845-5218210
Owner's Telephone No.

Marie
Owner or representative's signature
MARIE E. LAROQUE
Type Name and Title
58 KENT Rd - Wappingus Falls, NY 12590
Owner's Address

***If this is a Corporation or LLC please provide documentation of authority to sign.

- - THE REQUIRED FEES (NON-REFUNDABLE) AND PLANS MUST ACCOMPANY THE APPLICATION.
 - APPLICANT IS RESPONSIBLE FOR THE COSTS INVOLVED IN PUBLISHING THE REQUIRED LEGAL NOTICE IN THE LOCAL NEWSPAPER.
-

617.20
Appendix B
Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information							
Name of Action or Project: <p style="text-align: center; font-size: 1.2em;">COLON HYDROTHERAPY-</p>							
Project Location (describe, and attach a location map): <p style="text-align: center; font-size: 1.2em;">58 KENT Rd - WAPPINGERS FALLS, NY 12590</p>							
Brief Description of Proposed Action: <p style="text-align: center; font-size: 1.2em;">See ATTACHED!</p>							
Name of Applicant or Sponsor: <p style="text-align: center; font-size: 1.2em;">MARIE E. LAROCQUE</p>		Telephone: <p style="text-align: center; font-size: 1.2em;">845-5218210</p>					
Address: <p style="text-align: center; font-size: 1.2em;">58 KENT Rd</p>		E-Mail: <p style="text-align: center; font-size: 1.2em;">mrlaroque@yahoo.com</p>					
City/PO: <p style="text-align: center; font-size: 1.2em;">WAPPINGERS FALLS</p>		State: <p style="text-align: center; font-size: 1.2em;">NY</p>	Zip Code: <p style="text-align: center; font-size: 1.2em;">12590</p>				
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NO</td> <td style="width: 50%; text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NO</td> <td style="width: 50%; text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3.a. Total acreage of the site of the proposed action?		<p style="font-size: 1.2em;">2501 ft² acres</p>					
b. Total acreage to be physically disturbed?		<p style="font-size: 1.2em;">1384 ft² acres</p>					
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		_____ acres					
4. Check all land uses that occur on, adjoining and near the proposed action.							
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)							
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____							
<input type="checkbox"/> Parkland							

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>MARIE E. LAROQUE</u> Date: <u>5-11-2021</u>		
Signature: <u><i>Marie E. Laroque</i></u>		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing:	<input type="checkbox"/>	<input type="checkbox"/>
a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT

**BARGAIN AND SALE DEED WITH COVENANT AGAINST GRANTOR'S
ACTS (INDIVIDUAL OR CORPORATION)**

STANDARD NYBTU FORM 8007

CAUTION: THIS AGREEMENT SHOULD BE PREPARED BY AN ATTORNEY AND REVIEWED BY ATTORNEYS FOR SELLER AND PURCHASER BEFORE SIGNING.

THIS INDENTURE, made the 9th day of November, 2020

Between

ARGEMIRO PENAGOS and ETELVINA PENAGOS
58 Kent Road, Wappingers Falls, NY 12590
party of the first part,

and

MARIE E. LAROQUE
1103 Cold Spring Road, Fishkill, NY 12524
party of the second part,

WITNESSETH, that the party of the first part, in consideration of One and 00/100 (\$1.00) Dollar, lawful money of the United States, paid by the party of the second part, does hereby grant and release unto the party of the second part, the heirs or successors and assigns of the party of the second part forever,

SEE SCHEDULE "A" ATTACHED

BEING the same premises conveyed to Grantor by Deed from Abraham C. Bein dated April 8, 2004 and recorded April 14, 2004 in the Dutchess County Clerk's Office in Document No.: 02-2004-4330

TOGETHER with all right, title and interest, if any, of the party of the first part in and to any streets and roads abutting the above described premises to the center lines thereof,

TOGETHER with the appurtenances and all the estate and rights of the party of the first part in and to said premises,

SUBJECT TO any state of facts a personal inspection or accurate survey may disclose,

SUBJECT TO covenants, notes, terms, conditions, restrictions, reservations, rights of way, utility or other easements, agreements or sell-offs in former deeds or other instruments of record, if any,

TO HAVE AND TO HOLD the premises herein granted unto the party of the second part, the heirs or successors and assigns of the party of the second part forever.

AND the party of the first part, covenants that the party of the first part has not done or suffered anything whereby the said premises have been encumbered in any way whatever, except as aforesaid.

SCHEDULE A
(continued)

LEGAL DESCRIPTION

PARCEL 1

ALL THAT CERTAIN plot, piece or parcel of land, lying and being in the TOWN OF WAPPINGER, County of Dutchess and State of New York known and described as Lot No. 8 on certain subdivision map entitled "Fox Run Section 2" filed in Dutchess County Clerk's Office on November 10, 1978 as Map No. 5532.

PARCEL II

ALL THAT CERTAIN plot, piece or parcel of land, lying and being in the TOWN OF WAPPINGER, County of Dutchess and State of New York shown and designated as Lot No. 8A on subdivision map entitled "L.O.L.O./Sailer" filed in the Dutchess County Clerk's Office on December 21, 1979 and Map No. 5795.

Said premises being more particularly described as follows:

BEGINNING at an iron pin in the South line of Kent Road, at the Northwest corner of the herein described premises, and

Running thence along Kent Road North 57-16-00 E 33.54 feet, North 61-55-40 East 50.00 feet and North 85-22-10 East 117.27 feet to an iron pin at the Northeast corner of the herein described premises; and

Running thence South 02-42-05 East 214.29 feet to a point;

Thence South 27-45-30 East 97.22 to a point being the southernmost point of the premises;

Running thence North 54-28-00 West 111.5 feet to a point;

Thence North 31-17-05 West, passing over pin on line 226.06 feet to the point or place of BEGINNING.

Deed dated 3/29/01 recorded in Dutchess County
Clerks Office on 4/4/01 into grantor herein
erroneously name purchaser, Argemiro
Penagos as Argemiro Penagos.

This policy valid only if Schedule B is attached

Lifestream

Colon Health Institute

Austin, Texas
certifies that

Marie E. Laroque

Has successfully completed OPERATIONS TRAINING on the

Angel of Water® CM-1 Colon Irrigation System

and has passed all examinations given by the Faculty, or representative thereof.

In testimony whereof the Seal of the Institute is affixed on the

Twentieth Day of the Fourth Month in the Year Two Thousand Twenty-One

Rocco Barro, Founder

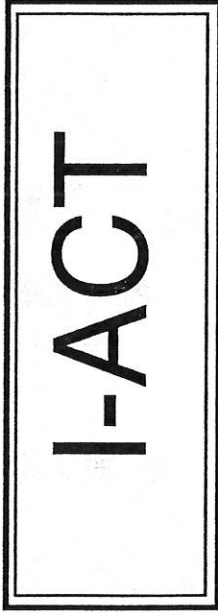
Director of Education, I-ACT Instructor Level Certified
National Board for Colon Hydrotherapy Certified

Ang H Barro, L.A.C

Faculty Member



INTERNATIONAL ASSOCIATION FOR COLON HYDROTHERAPY



Certificate of Completion
Foundation Level
issued to

Marie E. Laroque

on 3/19/2020



Tiffany Jablonski

Tiffany Jablonski
I-ACT President

With Appreciation Always

This certificate valid only with current I-ACT Membership

INTERNATIONAL ASSOCIATION FOR COLON HYDROTHERAPY



Certificate of Membership
to

Marie E. Laroque



F-ML2203020	Full	Foundation Level	March 2, 2022
I.D. Number	Membership Category	Certification Level	Expiration Date

Tiffany Jablonski

Tiffany Jablonski
I-ACT President

Clinics and spas around the world have chosen the Angel of Water because it is the premier colon irrigation system. A practitioner's investment in the Angel of Water speaks volumes about the quality of their service and no one knows better the value of a great system than those who care for clients daily.

"Our guests have commented that the Angel of Water is more comfortable and private than other systems they have experienced."

Sally Halstead, RN, CHT, Manager, COMO Shambhala Estate, Bali

"As healthcare providers we have found the Angel of Water colon irrigation session an invaluable tool to help improve our patients' health and wellness. The Angel of Water system provides a very thorough colon cleanse in a very discreet and comfortable manner. Our patients consistently state the experience with the Angel of Water system far exceeds their experiences with other systems. This fact is borne out by the high percentage of patients who return to our clinic for multiple sessions."

John O. Wycoff, D.O. Wycoff Wellness Center

"My staff, patients, and I have been very happy with the results and the system's ability to operate without odor. Most importantly, the Angel of Water looks very welcoming and not intimidating at all."

Maria Sulindro-Ma, MD, Pasadena, CA

"Healthy Glow Clinic has been using the Angel of Water system for many years. Our concern has all along been cleanliness, safety and effectiveness. We find that the Angel of Water has fulfilled all of the above."

YM Wong, MD, Healthy Glow Clinic, Singapore

"I love the Angel of Water. It is easy to use, comfortable and aesthetically appealing."

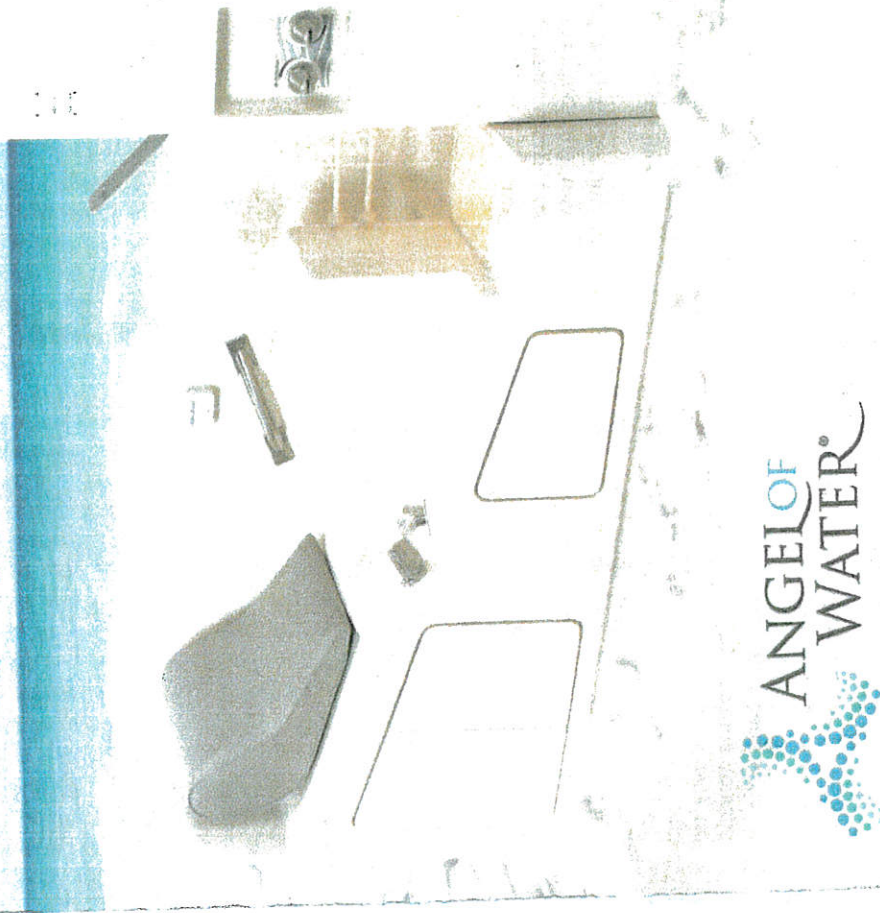
Theresa Smith, RN, CHT, Phoenix, AZ

"The equipment is easy to keep clean and sanitize. The Angel of Water is of the highest quality construction. I highly recommend it. And the technical support from the company is fantastic. Finally, it is the favorite equipment for some of my patients."

Carlos Ayala, M.D. (Colombia), Doctor of Naturopathy

**FOR MORE INFORMATION PLEASE CONSULT YOUR
CERTIFIED ANGEL OF WATER PRACTITIONER**

IS COLON IRRIGATION RIGHT FOR ME?

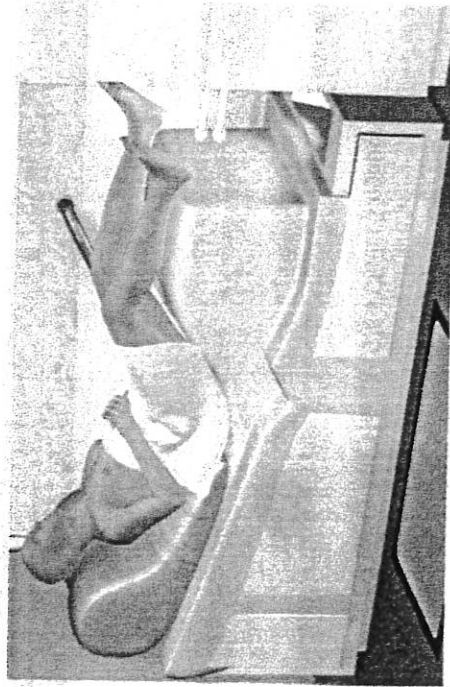


The Angel of Water® brings colon irrigation into the 21st century with elegance, simplicity and dignity.

Caution: RX ONLY

REVOLUTIONIZING COLON IRRIGATION

Water is the primary substrate of our bodies, the very essence of life. Throughout all of history water has been used to create a hydrated and hygienic internal environment. The Angel of Water's advanced design now brings elegance, simplicity and dignity to colon irrigation. The Angel of Water Surround—a gravity-fed, open design—is the premier colon irrigation system and is the first choice for hospitals and clinics around the world. Whether used prior to endoscopic or radiological exam, as a pre-operative prep procedure, or for preventative maintenance programs, the Angel of Water is the safest, simplest and most effective solution.



After the patient is comfortably positioned, the rectal nozzle is inserted about 1½ inches. A gentle flow of gravity-fed, ~100-degree water begins. Water flowing into the colon initiates peristalsis and the patient responds by releasing water and waste repeatedly over the course of ~40 minutes. This progressive irrigation and hydration that starts at the rectum, goes through the transverse section and then to the cecum, breaks up waste matter and achieves the complete evacuation of the colon. The result is a hygienic internal environment.

THREE KEY POINTS OF COLON IRRIGATION

1) HYDRATION

The Angel of Water can deliver water safely and comfortably to a patient via the colon. Water is the single most important solution — it acts as a medium to hydrate the patient.

2) PERISTALSIS

Hydration improves peristalsis of the colon. The wavelike hydraulic action of water re-nourishes the impacted, de-hydrated or static bowel and empowers the tissues to get moving again.

3) SANITATION

Water is the single most important element to hygiene. By improving hydration and peristalsis of the bowel, we can create a more hygienic terrain for the body's innate intelligence to express itself.

WHAT YOU NEED TO KNOW

1. Is colon irrigation safe?

Yes. In fact, with the Angel of Water, sessions are much safer and easier than the common enema.

2. How does a colon irrigation session compare to an enema?

An enema only reaches the rectum and lower part of the colon, whereas with colon irrigation the entire length of the colon is reached, and it is many more times effective. According to learned centenarian Dr. Norman Walker, "One colon irrigation is equivalent to 30 enemas."

3. Do the sessions hurt?

No. In fact many people report their colon irrigation sessions as being both refreshing and relaxing.

4. How much of the intestines are actually cleansed during a colon irrigation session?

It is possible to cleanse the entire length of the colon during a professionally administered session. The small intestine is not specifically involved; however, the small intestine may be cleansed with the help of an oral intestinal cleanser and with a predominantly fiber-filled fruit and vegetable-based diet.

5. Are there any contraindications to colon irrigation using the Angel of Water?

If you have a concern about your health or the appropriateness of colon irrigation for you, you should consult your physician or licensed/certified healthcare practitioner. Contraindications for the use of the Angel of Water include, but may not be limited to: recent colon, rectal or abdominal surgery, congestive heart failure, intestinal perforations, carcinoma of the rectum, fissures or fistula, severe hemorrhoids, unrepaired abdominal hernia, renal insufficiency, first or last trimester of pregnancy and cirrhosis of the liver. Professionally administered colon irrigation is otherwise very safe.

6. Is there any possibility of bacterial or viral contamination from prior use of the colon irrigation equipment?

The Angel of Water system uses single-use, sterile

rectal nozzles. The use of sterile disposable nozzles coupled with the implementation of Water's multi-stage sanitation protocol eliminates the danger of cross-contamination.

7. How long does a session take?

Actual session time is approximately 40 minutes, but you should plan on about 1 ½ hour first consultation with session.

8. Does having a menstrual period affect the time of a colon irrigation session?

No. Some consider it a good time to have since your body is already cleansing. Menstrual flow will not interfere with the success of a session. However, some women prefer to schedule their period is over to do a cleansing session.

9. What should I do to prepare for a colon irrigation cleansing?

Hydrate well with water in the 24 hours up to your session and refrain from eating solid foods for 2 hours before. Come ready for a positive session.

10. Will I experience any intestinal discomfort or fatigue after the cleansing?

Usually not, but everyone is different. Some people experience a slight feeling of tiredness, but this is a normal response to the cleansing. After a session, clients may elect to take a cup of vegetable broth, juice, kefir or herbal tea for a refreshment.

11. Can I work directly after having colon irrigation?

Yes. You can work just as you would after a normal session.

12. Will I be left alone during the Angel of Water colon irrigation session?

No. A certified Angel of Water practitioner will be monitoring you throughout the session for your comfort and safety.



58 Kent Rd Building





FRONT

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SIDING

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FRONT side

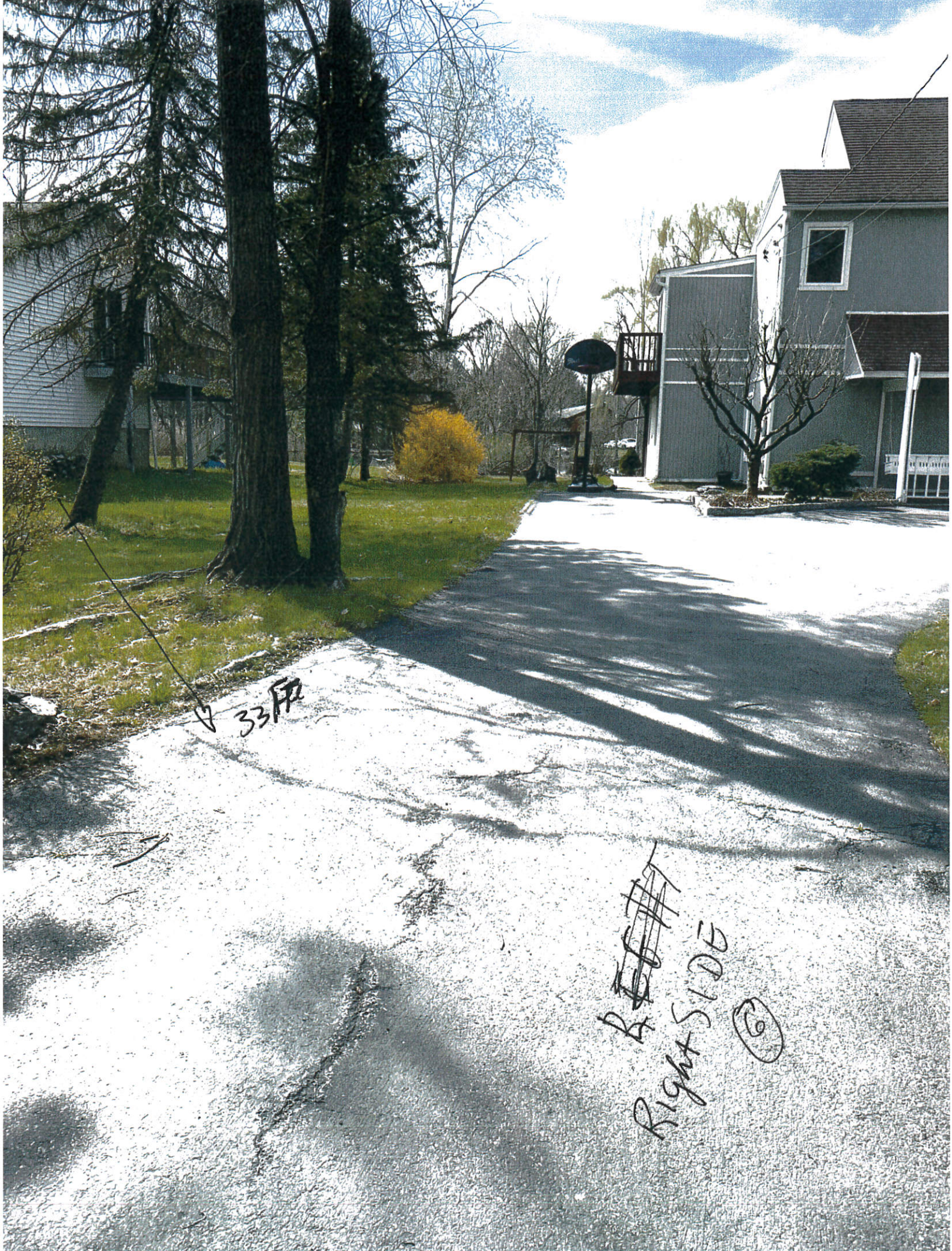
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LEFT side



FRONT
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Right Side
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