

City of Garretson Drinking Water Information

(General Information and Sampling Requirements as of October 24, 2025)



2024 Certificate of Achievement Award.

Population Served:	1,228	System Population:	1,228
Certified Operator:	Mr Ryan Nussbaum PO Box 370 Garretson, SD 57030-0370	Work Phone:	(605)594-6723
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		Home Phone:	
		Cell Phone:	
		Fax:	
		Email:	finance@cityofgarretson.com
Other Contacts:	Mayor Greg Beaner PO Box 370 Garretson, SD 57030-0370	Work Phone:	
		Home Phone:	
		Cell Phone:	
		Fax:	
		Email:	city@alliancecom.net
Last Inspection:	October 23, 2023	Area Served:	Minnehaha County
Type of System:	Community		
Service Connections:	511	Contamination Risk:	moderate
PWS Owner Type:	Local Government	Service Area:	Municipality
Water Purchased From:	Minnehaha Community Water Corp (0432)		

Bacteriological Monitoring

Bacteriological sampling and analysis: October 1, 2024 to October 1, 2025

A Samples submitted:	24
B Samples required:	Two Samples Monthly.
C Survey samples:	0
D Safe samples:	24
E Unsafe samples:	0
F Repeat samples:	0
H Groundwater Samples:	

Lead and Copper Monitoring

(These values are calculated from available data. Check correspondence for verification.)

A Date Last Tested:	August 31, 2023
B Samples required:	10
C Sampling Frequency	Triennially
D Date Due Next	2026
E Lead - 90% Level	0.68 Action Level - 15 ug/l
F Copper 90% Level	0.02 Action Level - 1.3 mg/l

Disinfectant Residual Monitoring

Residual sampling and analysis: October 1, 2024 to October 1, 2025

A Samples submitted:	24
B Samples required:	Two Samples Monthly.
C Last Qtr CI Residual:	2.34 mg/l
D Running Annual Average:	2.57 mg/l
E Date of last DBP test:	September 22, 2025
F THM - Qtr Average:	34.3 ug/l
G Haa5 - Qtr Average:	12.5 ug/l

Asbestos

A Date of last test:	May 22, 1995
B Asbestos Result:	0.167 million fibers per liter

Comments

Violations and Significant Deficiencies

City of Garretson

EPA ID: 0138

Violations From **October 1, 2020** To **October 1, 2025**

Violation Type	Parameter	Date	Status
No Violations			

Significant Deficiency **Date Identified** **Date Corrected**
