BUFFALO COUNTY BOARD OF COMMISSIONERS
TUESDAY, OCTOBER 27, 2026

The Buffalo County Board of Commissioners met on Tuesday, October 27, 2026 at 9:00 A.M. Chairperson Morrow called the meeting to order and led those present in the Pledge of Allegiance. The following Board members responded to roll call: Timothy Higgins, Ivan Klein, Myron Kouba, Ronald Loeffelholz, Daniel Lynch, Bill Maendele and Sherry Morrow. A copy of the acknowledgment and receipt of notice and agenda by the Board of Commissioners is attached to these minutes. Public notice of this meeting was published/posted in the Kearney Hub, on the Buffalo County website, and the bulletin boards located outside the County Clerk's office and County Board Room on October 22, 2026. Chairperson Morrow announced that in accordance with Section 84-1412 of the Nebraska Revised Statutes, a current copy of the Open Meetings Act is available for review and posted at the back of the Board Room. County Clerk Heather Christensen took all proceedings hereinafter shown; while the convened meeting was open to the public. County Attorney Shawn Eatherton and Chief Deputy County Attorney Andrew Hoffmeister were present.

REGULAR AGENDA

Commissioner Lynch read into the record a Resolution of Commendation for Captain Robert C. Anderson. Sheriff Neil Miller accepted on behalf of Captain Anderson. Moved by Maendele and seconded by Kouba to approve the Resolution of Commendation with the following Resolution 2026-46. Upon roll call vote, the following Board members voted "Aye": Maendele, Kouba, Higgins, Klein, Loeffelholz, Lynch and Morrow. Motion declared carried.

RESOLUTION 2026-46

RESOLUTION OF COMMENDATION

WHEREAS, Robert C. Anderson began his employment as Deputy with the Buffalo County Sheriff's Office on February 1st. 1979 and

WHEREAS, Robert has now served Buffalo County for 47 years

NOW, THEREFORE, BE IT RESOLVED BY THE BUFFALO COUNTY BOARD OF COMMISSIONERS that Robert be commended with a unanimous vote of appreciation for him dedicated and loyal service to Buffalo County for 47 years with the Buffalo County Sheriff's Office.

BE IT FURTHER RESOLVED that good wishes for health, happiness and prosperity be extended to Robert from this date forward.

Moved by Higgins and seconded by Kouba to approve the October 13, 2026 Board meeting minutes. Upon roll call vote, the following Board members voted "Aye": Higgins, Kouba, Klein, Loeffelholz, Lynch, Maendele and Morrow. Motion declared carried.

Commissioner Maendele read into the record Employee Recognitions for the following County Employees: Jeff Crouch (Road) for 1 year of service, Eric Hjort (Road) for 1 year of service, Randy Wilder (Road) for 1 year of service, Alexander Humpfer (BCSO) for 10 years of service, and David Kwiatkowski (Road) for 10 years of service.

Commissioner Kouba read into the record the Resolution for Operation Green Light for Veterans. Moved by Higgins and seconded by Loeffelholz to approve Operation Green Light for Veterans with the following Resolution 2026-47. Upon roll call vote, the following Board members voted "Aye": Higgins, Loeffelholz, Klein, Kouba, Lynch, Maendele and Morrow. Motion declared carried.

RESOLUTION 2026-47

WHEREAS, the residents of Buffalo County have great respect, admiration and the utmost gratitude for all the men and women who have selflessly served our country and this community in the Armed Forces; and

WHEREAS, the contributions and sacrifices of those who served in the Armed Forces have been vital in maintaining the freedoms and way of life enjoyed by our citizens; and

WHEREAS, Buffalo County seeks to honor individuals who have made countless sacrifices for freedom by placing themselves in harm's way for the good of all; and

WHEREAS, veterans continue to serve our community in the American Legion, Veterans of Foreign Wars, religious groups, civil service, and as County Veterans Service Officers in 29 states to help fellow former service members access more than $52 billion in federal health, disability and compensation benefits each year; and

WHEREAS, approximately 200,000 service members transition to civilian communities annually; and

WHEREAS, active military service members transitioning from military service are at a high risk for suicide during their first year after military service; and

WHEREAS, the National Association of Counties encourages all counties, parishes and boroughs to recognize Operation Green Light for Veterans; and

WHEREAS, Buffalo County appreciates the sacrifices of our United States military personnel and believes specific recognition should be granted;

NOW, THEREFORE, BE IT RESOLVED, with designation as a Green Light for Veterans County, Buffalo County hereby declares November 4-11, 2026, as a time to salute and honor the service and sacrifices of those transitioning from active service; and

BE IT FURTHER RESOLVED, that in observance of Operation Green Light, Buffalo County will illuminate several county buildings with green lights; and

BE IT FURTHER RESOLVED, that Buffalo County encourages its citizens, in patriotic tradition, to recognize the importance of honoring all those who made immeasurable sacrifices to preserve freedom by displaying green lights in a window of their place of business or residence from November 4-11, 2026.

Moved by Lynch and seconded by Maendele to ratify the following October 16, 2026 payroll claims processed by the County Clerk. Upon roll call vote, the following Board members voted "Aye": Lynch, Maendele, Higgins, Klein, Kouba, Loeffelholz and Morrow. Motion declared carried.

OCTOBER 16, 2026 PAYROLL

GENERAL FUND		
NET PAYROLL		584,272.59
BUFFALO CO TREASURER	I	159,634.00
FIRST CONCORD	E	660.00
FIRST NATIONAL BANK	T	41,904.16
MADISON NATIONAL	I	483.10
RETIREMENT PLANS AMERITAS	R	41,823.83
ROAD FUND		
NET PAYROLL		101,577.53
FIRST NATIONAL BANK	T	7,134.95
RETIREMENT PLANS AMERITAS	R	6,752.94
EMPLOYEE DEDUCTIONS		
AMERICAN FAMILY LIFE	I	2,058.94
BUFFALO CO TREASURER	I	27,352.00
EMPOWER ANNUITY INS	R	1,075.00
FIRST CONCORD	E	8,673.81
FIRST NATIONAL BANK	T	104,449.53
KEARNEY UNITED WAY	E	40.00
MADISON NATIONAL	I	1,351.89
METLIFE	E	5,622.67
NATIONWIDE RETIREMENT	R	1,867.50
NE CHILD SUPPORT	E	876.50
RETIREMENT PLANS AMERITAS	R	33,224.64
STATE OF NE	T	21,499.24
VISION SERVICE PLAN	E	1,538.97

Key: E- Expense: I- Insurance & or Bonds: R- Retirement: T- Taxes

Moved by Klein and seconded by Lynch to approve the following October 2026 vendor claims submitted by the County Clerk. Upon roll call vote, the following Board members voted "Aye": Klein, Lynch, Higgins, Kouba, Loeffelholz, Maendele and Morrow. Motion declared carried.

GENERAL FUND		
4 STATES TOWING	S	153.50
AARON WENTZ	RE	45.00
ABTECH TECHNOLOGIES	EQ	46,601.02
ADVANCED CORRECTIONAL HEALTHCARE	MC	27,128.67
ALICIA MULLER	E	605.44
AMAZON CAPITAL SERVICES	E	11,198.06
AMERICAN ELECTRIC COMPANY	S	777.20
ANA POST	RE	27.04
ANDREW W HOFFMEISTER	RE	45.00
ANTHONY EIGENBERG	E	20.00
APPLE MARKET	SU	178.86
AT&T MOBILITY	U	3,162.88

AURORA COOPERATIVE ELEVATOR COMPANY	F	9.98
BANNER SOLUTIONS	SU	38.75
BATTERIES PLUS	SU	142.50
BENCHMARK GOVERNMENT SOLUTIONS	E	754.90
BGNE	EQ	557.04
BOMGAARS SUPPLY	SU	73.95
BOYS TOWN	S	1,300.00
BRANDON DUGAN LAW	S	2,880.00
BRENDA ROHRICH	RE	45.00
BROWN SURVEYING SERVICES	E	430.00
BRUNER FRANK SCHUMACHER	S	16,589.26
BUFFALO CO BOARD OF COMMISSIONERS	RE	30.00
BUFFALO CO ATTORNEY	E	10.00
BUFFALO CO CLERK	E	2,910.00
BUFFALO CO COMMUNITY PARTNERS	S	640.15
BUFFALO CO COURT	E	29.09
BUFFALO CO COURT	E	3,102.00
BUFFALO CO FACILITIES	E	452.96
BUFFALO CO HISTORICAL SOCIETY	AP	85,000.00
BUFFALO CO PUBLIC DEFENDER	E	335.00
BUFFALO CO SHERIFF	E	2,138.11
BUFFALO CO SHERIFF	E	5,095.80
BUFFALO SURVEYING CORP	S	31,415.00
BUILDERS WAREHOUSE	SU	2,006.05
CANON U.S.A.	EQ	258.69
CAPITAL CITY TRANSFER SERVICE	E	1,024.20
CARPENTER & SKALKA COURT REPORTING	S	90.00
CARRIE K DOUGLAS	E	290.00
CASA	AP	12,752.02
CENTURY 21 MIDLANDS	RT	330.00
CENTURY LUMBER CENTER	E	160.94
CHARLIE BALES	RE	45.00
CHARM-TEX	SU	2,037.00
CHARTER COMMUNICATIONS	S	1,024.20
CHERYL STABENOW	RE	45.00
CHI GOOD SAMARITAN HEALTH SYSTEMS	MC	1,200.00
CITY OF KEARNEY	U	6,512.83
CITY OF KEARNEY	E	320,495.93
CLERK OF THE DISTRICT COURT	E	2,124.00
CLERK OF THE DISTRICT COURT	E	440.44
CLIPPER PUBLISHING	A	150.50
CNA SURETY	E	40.00
COCHRAN LAW PC	S	4,950.00
COLUMN SOFTWARE PBC	A	640.14
COMFY BOWL	RT	385.00
COMMUNITY ACTION PARTNERSHIP	AP	103,916.00
COMPASS FAMILY SUPPORT SERVICES	S	426.56
CONSOLIDATED CONCRETE	C	987.25
CONSTRUCTION RENTAL	EQ	435.00
COPYCAT PRINTING CENTER	SU	42.25
CRITICAL HIRE	S	125.00
CULLIGAN OF KEARNEY	S	556.50
D. BRANDON BRINEGAR	RE	31.10
DAN'S SANITATION	S	23.25
DAS ST ACCOUNTING	S	150.00
DAS STATE ACCTNG-CENTRAL FINANCE	S	1,536.00
DATASHIELD CORPORATION	S	127.53
DAWSON CO SHERIFF'S OFFICE	E	36.00
DAWSON PUBLIC POWER DISTRICT	U	5,020.16
DENNISE DANIELS	RE	45.00
DENT POPPER	EQ	1,819.98
DERIC SINSEL	RE	45.00
DIAMOND DRUGS	MC	11,490.68
DIER, OSBORN & COX	S	2,686.36

DONKEY TOWING & TRANSFER	S	172.08
DOUG KRAMER	RE	45.00
DOUGLAS CO SHERIFF	E	41.53
DREW BOHL	RE	45.00
EAKES OFFICE SOLUTIONS	SU	11,156.07
ECONOMIC DEVELOP COUNCIL	AP	170,000.00
EGAN SUPPLY COMPANY	SU	1,126.58
ELECTION SYSTEMS & SOFTWARE	E	10,629.86
ENTERPRISE ELECTRIC	S	18.34
ERIC INGEBRETSEN	RE	45.00
EZ TURF	SU	400.50
FAMILY PRACTICE ASSOCIATES	MC	182.00
FARMERS COOPERATIVE ASSOCIATION	F	228.73
FATHER FLANAGAN'S BOYS'HOME	S	7,679.59
FRONTIER	U	4,273.09
FYE LAW OFFICE	S	10,516.35
GALLS	EQ	672.91
GARCIA CLINICAL LABORATORY	MC	116.50
GARRETT TIRES & TREADS	S	47.95
GARY MICHAELS CLOTHIERS	S	75.00
GIBBON FIRE DEPARTMENT	S	100.00
GREAT PLAINS COMMUNICATIONS	S	1,207.25
HALL CO SHERIFF'S OFFICE	E	65.88
HEIDI DARBY	E	211.12
HOMETOWN LEASING	S	6,512.22
IHS PHARMACY	MC	559.10
INTEGRATED CONTROLS	S	2,622.46
ISAAC CONSTRUCTION	C	1,645.00
JACK LEDERMAN CO	SU	320.00
JACK'S UNIFORMS AND EQUIPMENT	EQ	1,924.18
JACOB SINDT	RE	45.00
JACOBSEN ORR LAW FIRM	S	14,049.70
JAMIE BABUTZKE	E	20.00
JEFFREY C KNAPP	S	877.20
JENNIFER CHURCH	RE	45.00
JENNIFER R MCCARTER REPORTING	S	676.15
JESSICA DREIER	S	240.70
JOHN AUPPERLE	RE	45.00
JOHN MARSH	RE	45.00
JOHNSTONE SUPPLY	SU	2,621.41
JOSE RODRIGUEZ	RE	45.00
JOSH PINKHAM	RE	45.00
JOSIAH DAVIS	RE	529.28
JUSTICE WORKS	E	246.00
K & B PARTS	SU	97.78
KANE M RAMSEY	RE	45.00
KAREN WILKE	E	118.45
KATHARINE COLLINS	RE	45.00
KEARNEY AG & AUTO REPAIR	S	1,558.81
KEARNEY CO SHERIFF'S OFFICE	E	18.00
KEARNEY WINNELSON CO	EQ	2,585.76
KELLY SUPPLY COMPANY	SU	58.27
KLEIN BREWSTER BRANDT & MESSERSMITH	S	25,460.00
KRONOS	S	1,449.01
LANGUAGE LINE SERVICES	U	112.00
LARSEN ELECTRIC	S	553.10
LEGACY PROPERTY MANAGEMENT	RT	330.00
LIESKE, LIESKE & ENSZ	S	2,263.68
LINCOLN JOURNAL STAR	A	777.82
LISA R HUERTA	RE	80.90
LORI TINKHAM	E	20.00
LYDIA DAVIS	RE	45.00
LYNN MARTIN	RE	45.00
MANDI J AMY	RE	247.92

MARTI SLEISTER	RE	(45.00)
MASTERS TRUE VALUE	SU	38.24
MATTHEW STARKEY	RE	167.35
MCKESSON MEDICAL SURGICAL	MC	893.62
MEGAN MEUSER-BAKER	RE	228.76
MELANIE R YOUNG	RE	45.00
MELISSA L WILLIS	RE	242.60
MENARDS	SU	4,453.95
MICHAEL D CARPER	S	750.00
MICHAEL J SYNEK	S	2,065.75
MICROFILM IMAGING SYSTEMS	S	730.00
MIDWAY CHEVROLET	S	1,000.00
MIDWAY CHRYSLER DODGE JEEP	S	348.60
MIDWEST CONNECT	S	20,861.58
MIDWEST SEPTIC	S	950.00
MIDWEST SPECIAL SERVICES	E	1,409.46
MIPS INC.	E	6,862.95
MIRROR IMAGE CAR WASH	S	977.78
MONICA YOUNG	E	67.12
NACO	E	825.00
NAPA AUTO PARTS	E	1,929.56
NATHAN AREHART	RE	242.60
NATHAN BRECHT	RE	45.00
NE DEPT OF REVENUE, PROP ASSESS DIV	E	1,920.00
NE ARBORIST ASSOCIATION	D	75.00
NE CENTRAL TELEPHONE CO	U	226.60
NE HEALTH & HUMAN SERVICES	S	3,980.79
NE INTERACTIVE	S	113.00
NE LAW ENFORCEMENT TRAINING CENTER	S	175.00
NE PUBLIC POWER DIST	E	290.00
NE PUBLIC POWER DISTRICT	U	24,169.14
NE WEED CONTROL ASSOC	D	235.00
NICK KILLOUGH	RE	45.00
NORTHEAST NE JUVENILE SER	S	2,642.75
NORTHWESTERN ENERGY	U	1,122.24
NP REALTY	RT	290.00
O'BRIEN STRAATMANN REDINGER FUNERAL	E	6,000.00
OPTK NETWORKS	E	1,253.24
OVERHEAD DOOR CO OF KEARNEY	SU	32.00
OWENS EDUCATIONAL SERVICES	S	1,669.80
PAPER TIGER SHREDDING	S	58.00
PARKER GROSSART BAHENSKY BEUCKE	S	1,163.76
PAUL BARTELS TRUCKING	E	20.00
PAUL FARRELL	RE	45.00
PHYSICIANS LABORATORY	S	3,960.00
PLATINUM AWARDS & GIFTS	E	174.90
PLATTE VALLEY COMMUNICATIONS	S	385.00
PLATTE VALLEY DENTAL CLINIC	MC	1,270.00
PLATTE VALLEY WEED MANAGEMENT AREA	D	500.00
PLUMBING & HEATING WHOLESALE	SU	6.77
PRAIRIE VIEW APARTMENTS	RT	410.00
PRAIRIE VIEW PROPERTIES	RT	330.00
PRO-TINT	S	150.00
PSYCHOLOGICAL RESOURCES	S	1,250.00
QUILL CORPORATION	SU	822.71
RAVENNA VILLAGE APARTMENTS	RT	250.00
REBECCA RILEY	RE	45.00
REBECCA TVRDIK ANDERSON	S	1,555.00
REDMAN'S SHOES	EQ	350.00
REGAN VAN MATRE	RE	45.00
REGINA FORSHEE-BEDKE	RE	250.80
REGION III BEHAVIORAL HEALTH SVCS	AP	39,644.62
RICHARD SERR	RE	45.00
RIVER FRONT GLASS	S	828.20

ROBERT RICH	RE	45.00
ROBERT SOHL	RE	45.00
ROBIN TERRY	E	20.00
SARAH SMITH	RE	45.00
SAYLER SCREENPRINTING	EQ	1,787.50
SENTRY SECURITY FASTENERS	SU	3,513.32
SHAWN EATHERTON	RE	45.00
SHELTON HOUSING AUTHORITY	RT	290.00
SHERMAN CO SHERIFF	E	71.72
SHERRI DEJONGE	E	20.00
SHERWIN WILLIAMS	S	200.83
SHI INTERNATIONAL CORP	EQ	23,417.00
SOLID WASTE AGENCY LANDFILL	C	12.00
SOUTH CENTRAL NE AREA AGENCY	AP	23,000.00
STAMM ROMERO & ASSOC	S	15,651.20
STATE OF NE PROBATION DIST 9	AP	4,480.70
STEPHEN G LOWE	S	2,390.00
STEVEN BREWSTER	RE	266.00
STEVEN BUNDY	E	20.00
SUMMIT FOOD SERVICE	S	42,946.15
TAMARA FRIZANE	RE	45.00
THE LAWN BUILDERS	S	4,114.14
THE LOCKMOBILE	SU	23.50
THE WALDINGER CORPORATION	RE	25,930.01
THOMAS S STEWART	S	2,335.81
THOMSON REUTERS - WEST	E	1,354.63
THOMSON REUTERS - WEST	E	4,907.72
THOMSON REUTERS - WEST	S	654.15
THOMSON REUTERS - WEST	E	930.86
TIFFANIE RICHTER	RE	202.92
TIM VANCE	RE	45.00
TRENTON SNOW, LLC	RT	1,000.00
TURNER BODY SHOP OF KEARNEY	S	219.90
TYE & ROWLING	S	670.00
U.S DEPARTMENT OF AGRICULTURE	AP	6,293.05
U.S. BANK	E	18,683.33
U.S. POSTAL SERVICE (QUADIENT-POC)	S	1,000.00
VERIZON	S	1,352.45
VERIZON WIRELESS	U	679.45
VILLAGE OF MILLER	U	25.00
VILLAGE UNIFORM	SU	161.63
WATKINS	S	1,110.00
WEBSTER CO SHERIFF	E	24.17
WELLS FARGO	E	403.60
WELLS FARGO	E	845.00
WELLS FARGO	E	99.00
WELLS FARGO	E	386.25
WELLS FARGO BANKS ACCT ANALYSIS	E	70.02
WENDY C CUTTING	S	70.40
WILKE'S TRUE VALUE	SU	279.39
WILKINS ARCHITECTURE DESIGN	S	5,000.00
WJE CONSULTING	AP	1,764.00
WOODS & AITKEN	E	2,474.00
WPCI	S	577.00
YELLOW ROBE CONSULTING	S	1,800.00
YOUNG ELECTRIC	S	440.00
ZOUL PROPERTIES	RT	410.00
ROAD FUND		
ACE HARDWARE & GARDEN CENTER	EQ	107.55
AMAZON CAPITAL SERVICES	SU	393.12
ARNOLD MOTOR SUPPLY/AUTO VALUE PART	S	5,821.21
ATLAS COPCO COMPRESSORS	EQ	432.84
BOSSELMAN ENERGY	F	1,595.50
BUILDERS WAREHOUSE	SU	204.62

CFP-C-T	S	1,047.98
COLONIAL RESEARCH CHEMICAL COR	SU	883.04
COMFY BOWL	RT	105.00
CONSTRUCTION RENTAL	S	50.00
CUMMINS SALES AND SERVICE	S	3,188.86
CURLY'S RADIATOR SERVICE	S	869.00
EAKES OFFICE SOLUTIONS	SU	120.15
ED BROADFOOT & SONS SAND & GRAVEL	G	93,826.62
FARM PLAN	S	488.49
FARMERS CO-OP ASSOCIATION	F	92.54
FLOYD'S TRUCK CENTER	SU	183.44
FRIESEN CHEVROLET	S	183.50
GARRETT TIRES & TREADS	S	12,743.36
GLASS DOCTOR OF CENTRAL NE	S	992.36
GRAHAM TIRE CO	SU	2,358.00
HANSEN INTERNATIONAL TRUCK	S	153.02
JACK LEDERMAN CO	S	334.10
JF PETROLEUM GROUP	S	606.66
JIM HAWK TRUCK TRAILERS	S	2,409.00
KELLY SUPPLY COMPANY	S	781.11
KIMBALL MIDWEST	SU	1,181.44
KO MOBILE HYDRAULIC REPAIR	S	3,139.55
MENARDS	SU	319.12
MID NEBRASKA AGGREGATE	G	30,634.08
MIDWEST SERVICE & SALES CO	S	4,854.10
NAPA AUTO PARTS	S	3,147.95
NIPPON SANSO MATHESON	SU	177.25
NMC, INC.	S	7,988.34
OAK CREEK ENGINEERING	S	1,070.00
PAULSEN	G	19,527.29
PLUMBING & HEATING WHOLESALE	S	33.33
POWERPLAN-MURPHY TRACTOR	S	18,836.64
SHERWIN WILLIAMS	S	522.64
SOUTHWEST GRAVEL PRODUCTS	G	33,721.31
TRAUSCH DYNAMICS	S	955.75
TRUCK CENTER COMPANIES	S	1,170.20
U.S. BANK	E	2,760.21
WILKE'S TRUE VALUE	SU	16.48
WINZER	SU	1,016.39
VISITOR'S PROMOTION		
KEARNEY VISITOR'S BUREAU	E	101,537.00
VISITOR'S IMPROVEMENT		
KEARNEY VISITOR'S BUREAU	E	101,536.00
DEEDS PRESERVATION & MODERNIZATION		
MIPS INC.	S	302.06
HEALTH INSURANCE FUND		
BCBS HEALTH CLAIM EXPENSE	MC	327,694.68
HM LIFE MELLON GLOBAL CASH MGNT	MC	99,117.28
DRUG FORFEITURES		
MELANIE R YOUNG	RE	41.80
KENO LOTTERY		
BUFFALO CO BOARD OF COMMISSIONERS	T	5,147.00
911 EMERGENCY SERVICE		
CENTURYLINK	S	2,360.44
FIBER PLATFORM	S	256.36
FRONTIER	S	417.86
GREAT PLAINS COMMUNICATIONS	S	440.00
LANGUAGE LINE SERVICES	S	150.72
NE CENTRAL TELEPHONE CO	U	109.99
PLATTE VALLEY COMMUNICATIONS	S	1,417.67

Key: A- Advertisement: AP- Appropriation (Budget): C- Construction: D- Dues: E- Expense: EQ- Equipment: F- Fuel: G- Gravel: I- Insurance & or Bonds: MC- Medical Charges: RE- Reimbursement: RT- Rent: S- Service: SU- Supplies: T- Taxes: U- Utilities

After discussion, it was determined that the Funds Transfer agenda item was not necessary this month.

Moved by Higgins and seconded by Klein to approve the addition of pledged collateral in the amount of $21,000.00 to Firstier Bank for the Buffalo County Treasurer. Upon roll call vote, the following Board members voted "Aye": Higgins, Klein, Kouba, Loeffelholz, Lynch, Maendele and Morrow. Motion declared carried.

Moved by Higgins and seconded by Lynch to approve the addition of pledged collateral in the amount of $30,618.03 to Firstier Bank for the Buffalo County Treasurer. Upon roll call vote, the following Board members voted "Aye": Higgins, Lynch, Klein, Kouba, Loeffelholz, Maendele and Morrow. Motion declared carried.

Moved by Higgins and seconded by Klein to approve the addition of pledged collateral in the amount of $35,000.00 to Firstier Bank for the Buffalo County Treasurer. Upon roll call vote, the following Board members voted "Aye": Higgins, Klein, Kouba, Loeffelholz, Lynch, Maendele and Morrow. Motion declared carried.

Moved by Higgins and seconded by Loeffelholz to approve the partial release of pledged collateral in the amount of $30,000.00 to Firstier Bank for the Buffalo County Treasurer. Upon roll call vote, the following Board members voted "Aye": Higgins, Loeffelholz, Klein, Kouba, Lynch, Maendele and Morrow. Motion declared carried.

Chief Deputy County Attorney Hoffmeister presented the Opioid Litigation Settlement to the Board. Following discussion, it was moved by Higgins and seconded by Kouba to approve the Chairperson to sign participation of the Opioid Litigation Settlement. Upon roll call vote, the following Board members voted "Aye": Higgins, Kouba, Klein, Loeffelholz, Lynch, Maendele and Morrow. Motion declared carried.

Zoning Administrator Dennise Daniels presented the payment processing agreement to the Board. After discussion, it was moved by Lynch and seconded by Loeffelholz to approve the payment processing agreement with CSG Forte Payments, Inc. Upon roll call vote, the following Board members voted "Aye": Lynch, Loeffelholz, Higgins, Klein, Kouba, Maendele and Morrow. Motion declared carried.

Succeeding discussion, it was moved by Loeffelholz and seconded by Klein to approve proceeding with the Request for Proposal (RFP) for the Section Corner Project with a bid date of November 10, 2026. Upon roll call vote, the following Board members voted "Aye": Loeffelholz, Klein, Higgins, Kouba, Lynch, Maendele and Morrow. Motion declared carried.

Moved by Loeffelholz and seconded by Kouba to authorize the Chairperson signature for professional services agreement for mental health clinician service within the Buffalo County Jail. Upon roll call vote, the following Board members voted "Aye": Loeffelholz, Kouba, Higgins, Klein, Lynch, Maendele and Morrow. Motion declared carried.

After discussion, it was moved by Higgins and seconded by Lynch to ratify the actions taken by Buffalo County Clerk Christensen to approve the Special Designated License for Sip & Swirl Bar for an event at 44450 Elm Island Rd, Gibbon, NE on October 22, 2026. Upon roll call vote, the following Board members voted "Aye": Higgins, Lynch, Klein, Kouba, Loeffelholz, Maendele and Morrow. Motion declared carried.

Following discussion, it was moved by Maendele and seconded by Klein to ratify the actions taken by Buffalo County Clerk Christensen to approve the Special Designated License for Miletta Vista Winery for an event at 44450 Elm Island Rd, Gibbon, NE on October 22, 2026. Upon roll call vote, the following Board members voted "Aye": Maendele, Klein, Higgins, Kouba, Loeffelholz, Lynch and Morrow. Motion declared carried.

Chairperson Morrow reviewed the following correspondence. Buffalo County Community Partners sent an invitation for the opening of their new office. Nebraska Extension Buffalo County sent an invitation for the Buffalo County 4-H Year-End Celebration. Chairperson Morrow called on each Board member present for committee reports and recommendations.

ROAD DEPARTMENT

Moved by Klein and seconded by Lynch to authorize Chairperson Morrow to sign on behalf of the County Board the Annual Certification of County Highway Superintendent with the following Resolution 2026-48. Upon roll call vote, the following Board members voted "Aye": Klein, Lynch, Higgins, Kouba, Loeffelholz, Maendele and Morrow. Motion declared carried.

RESOLUTION 2026-48

SIGNING OF THE YEAR-END CERTIFICATION OF COUNTY HIGHWAY SUPERINTENDENT FORM 2026

Whereas: State of Nebraska Statues, sections 39-2302, and 39-2501 through 39-2505 detail the requirements that must be met in order for a county to qualify for an annual Incentive Payment; and

Whereas: The State of Nebraska Department of Transportation (NDOT) requires that each county must annually certify (by December 31st of each year) the appointment(s) of the County Highway Superintendent(s) to the NDOT using the Year-End Certification of County Highway Superintendent form; and

Whereas: The NDOT requires that such certification shall also include a copy of the documentation of the county highway superintendent's appointment, i.e., meeting minutes showing the appointment of the County Highway Superintendent by their name as it appears on their License (if applicable), their License Number (if applicable) and Class of License (if applicable), the type of appointment, i.e., employed or under contract (consultant, or interlocal agreement with another county and/or incorporated municipality), and the beginning date of the appointment; and

Whereas: The NDOT also requires that such Year-End Certification of County Highway Superintendent form shall be signed by the County Board Chairperson and shall include a copy of a resolution of the County Board authorizing the signing of the Year-End Certification of County Highway Superintendent form by the County Board Chairperson.

Be it resolved that the County Board Chairperson of Buffalo County is hereby authorized to sign the attached Year-End Certification of County Highway Superintendent form(s).

Following discussion, it was moved by Klein and seconded by Lynch to approve Vontz Paving in the amount of $1,726,780.50 for the 2027 Asphalt Overlay Projects. Upon roll call vote, the following Board members voted "Aye": Klein, Lynch, Higgins, Kouba, Loeffelholz, Maendele and Morrow. Motion declared carried.

REGULAR AGENDA

Facilities Director Stephen Gaasch presented an update on various county projects.

Chairperson Morrow called for Citizen's forum. No one addressed the Board.

At 9:42 A.M., Chairperson Morrow asked if there was anything else to come before the Board before she declared the meeting adjourned following the quarterly jail inspection until the regular meeting at 9:00 A.M. on Tuesday, November 10, 2026. Commissioners Kouba, Maendele, and Morrow accompanied Chief Deputy Dan Schleusener to conduct the quarterly inspection of the Buffalo County Jail.

ATTEST:

_____		_____
Sherry L. Morrow, Chairperson		Heather A. Christensen
Buffalo County Board of Commissioners	(SEAL)	Buffalo County Clerk

OCTOBER 30, 2026 PAYROLL

GENERAL FUND		
NET PAYROLL		606,579.27
BUFFALO CO TREASURER	I	159,634.00
FIRST NATIONAL BANK	T	43,610.56
MADISON NATIONAL	I	485.47
RETIREMENT PLANS AMERITAS	R	43,458.87
ROAD FUND		
NET PAYROLL		101,459.50
FIRST NATIONAL BANK	T	7,124.26
RETIREMENT PLANS DIV OF AMERITAS	R	6,733.85
EMPLOYEE DEDUCTIONS		
AMERICAN FAMILY LIFE	I	2,058.94
BUFFALO CO TREASURER	I	27,352.00
EMPOWER ANNUITY INS	R	1,075.00
FIRST CONCORD	E	8,673.81
FIRST NATIONAL BANK	T	108,993.71
KEARNEY UNITED WAY	E	40.00
MADISON NATIONAL	I	1,365.60
METLIFE	E	5,622.67
NATIONWIDE RETIREMENT	R	1,867.50
NE CHILD SUPPORT	E	876.50
RETIREMENT PLANS AMERITAS	R	34,345.18
STATE OF NE	T	22,401.20
VISION SERVICE PLAN	E	1,539.45

Journal Entries By Date
From 10/01/2026 to 10/31/2026

Journal Number	Journal Date	Description	Total	Account Number	Account Description	Amount
2026100001	10/02/2026	Payroll 10/2/2026	506,022.08	0100-601-00-1-0100	OFFICIAL'S SALARY	11,207.47
				0100-601-00-1-0301	ADMINISTRATIVE SALARY	3,577.00
				0100-601-00-1-0305	CLERICAL SALARY	1,800.00
				0100-602-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-602-00-1-0201	CHIEF DEPUTY SALARY	2,855.94
				0100-602-00-1-0305	CLERICAL SALARY	3,652.27
				0100-602-00-1-0500	OVERTIME	32.06
				0100-603-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-603-00-1-0201	CHIEF DEPUTY SALARY	2,828.17
				0100-603-00-1-0305	CLERICAL SALARY	9,918.02
				0100-603-00-1-0500	OVERTIME	177.91
				0100-604-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-604-00-1-0305	CLERICAL SALARY	5,594.40
				0100-605-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-605-00-1-0201	CHIEF DEPUTY SALARY	2,812.00
				0100-605-00-1-0305	CLERICAL SALARY	12,084.00
				0100-607-00-1-0100	OFFICIAL'S SALARY	3,093.60
				0100-607-00-1-0201	CHIEF DEPUTY SALARY	2,475.20
				0100-607-00-1-0405	CLERICAL P/T SALARY	1,206.40
				0100-610-00-1-0100	OFFICIALS SALARY	3,485.16
				0100-610-00-1-0303	System Administrator	3,167.56
				0100-610-00-1-0405	Clerical P/T Salary	3,397.50
				0100-619-00-1-0100	ZONING OFFICIAL	3,093.60
				0100-621-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-621-00-1-0201	CHIEF DEPUTY SALARY	2,741.70
				0100-621-00-1-0305	CLERICAL SALARY	7,112.55
				0100-625-00-1-0100	OFFICIAL'S SALARY	4,618.81
				0100-625-00-1-0201	CHEIF DEPUTY SALARY	4,470.96
				0100-625-00-1-0202	OTHER DEPUTIES SALARIES	16,491.68
				0100-625-00-1-0305	CLERICAL SALARY	8,510.40
				0100-625-00-1-0405	CLERICAL P/T SALARY	758.50
				0100-641-00-1-0100	OFFICIAL'S SALARY	4,040.77
				0100-641-00-1-0301	Administrative Assistant	1,852.80
				0100-641-00-1-0303	MAINTENANCE SALARY	23,403.20
				0100-641-00-1-0306	CUSTODIAL FULL-TIME	14,284.80
				0100-641-00-1-0406	CUSTODIAL P/T SALARY	452.14
				0100-645-00-1-0301	EXTENSION ASSISTANT	1,828.00
				0100-645-00-1-0305	CLERICAL SALARY	4,179.20
				0100-651-00-1-0100	OFFICIAL'S SALARY	4,590.58
				0100-651-00-1-0201	CHIEF DEPUTY SALARY	4,985.60
				0100-651-00-1-0202	OTHER DEPUTIES SALARIES	108,216.42
				0100-651-00-1-0305	CLERICAL SALARY	7,129.39
				0100-651-00-1-0500	OVERTIME	3,046.98
				0100-652-00-1-0100	OFFICIAL'S SALARY	5,773.50
				0100-652-00-1-0201	CHIEF DEPUTY SALARY	10,682.14

Journal Number	Journal Date	Description	Total	Account Number	Account Description	Amount
				0100-652-00-1-0202	OTHER DEPUTIES SALARIES	38,696.57
				0100-652-00-1-0305	CLERICAL SALARY	37,605.18
				0100-652-00-1-0405	CLERICAL P/T SALARY	1,308.72
				0100-653-00-1-0318	COMMUNICATION SALARY	41,440.42
				0100-653-00-1-0500	OVERTIME	578.51
				0100-668-00-1-0100	Co-Responder	3,473.60
				0100-671-00-1-0301	ADMINISTRATIVE SALARY	5,942.40
				0100-671-00-1-0305	CLERICAL SALARY	2,361.60
				0100-671-00-1-0315	CORRECTIONAL-JAILERS SALARY	81,690.72
				0100-671-00-1-0500	OVERTIME	176.82
				0100-693-00-1-0100	OFFICIALS SALARY	3,408.00
				0100-702-00-1-0100	OFFICIAL'S SALARY	1,501.15
				0100-702-00-1-0305	CLERICAL SALARY	2,552.78
				0100-733-00-1-0100	Official's Salary	3,105.49
				0100-733-00-1-0303	Maintenance Full-Time	3,992.00
				0100-733-00-1-0305	Clerical Full-Time	1,528.00
				0100-803-00-1-0100	OFFICIAL'S SALARY	3,093.60
				0100-803-00-1-0201	CHIEF DEPUTY SALARY	1,930.40
				0100-803-00-1-0305	OFFICE MANAGER	2,388.81
				0100-803-00-1-0405	CLERICAL P/T SALARY	830.38
				0200-705-00-1-0100	OFFICIAL'S SALARY	3,692.00
				0200-705-00-1-0303	MAINTENANCE SALARY	71,010.26
				0200-705-00-1-0304	CONSTRUCTION SALARY	19,646.09
				0200-705-00-1-0305	CLERICAL SALARY	4,996.40
				0200-705-00-1-0403	MAINTENANCE P/T SALARY	2,962.06
				0200-705-00-1-0500	OVERTIME - HOLIDAY PAY	409.88
				9599-218-01-0-0000	Federal Income Taxes	-60,398.52
				9599-218-02-0-0000	State Income Taxes	-23,119.60
				9599-218-03-0-0000	FICA - Employee	-51,537.34
				9599-218-04-0-0000	Retirement - Employee	-32,515.93
2026100002	10/16/2026	Payroll 10/16/2026	476,219.43	0100-601-00-1-0100	OFFICIAL'S SALARY	11,207.47
				0100-601-00-1-0301	ADMINISTRATIVE SALARY	3,577.00
				0100-601-00-1-0305	CLERICAL SALARY	1,800.00
				0100-602-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-602-00-1-0201	CHIEF DEPUTY SALARY	2,812.00
				0100-602-00-1-0305	CLERICAL SALARY	3,620.80
				0100-603-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-603-00-1-0201	CHIEF DEPUTY SALARY	2,812.00
				0100-603-00-1-0305	CLERICAL SALARY	8,989.29
				0100-603-00-1-0500	OVERTIME	334.23
				0100-604-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-604-00-1-0305	CLERICAL SALARY	5,594.40
				0100-605-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-605-00-1-0201	CHIEF DEPUTY SALARY	2,812.00
				0100-605-00-1-0305	CLERICAL SALARY	14,804.00

Journal Number	Journal Date	Description	Total	Account Number	Account Description	Amount
				0100-607-00-1-0100	OFFICIAL'S SALARY	3,093.60
				0100-607-00-1-0201	CHIEF DEPUTY SALARY	2,475.20
				0100-607-00-1-0405	CLERICAL P/T SALARY	1,248.81
				0100-607-00-1-0500	OVERTIME	78.32
				0100-610-00-1-0100	OFFICIALS SALARY	3,485.16
				0100-610-00-1-0303	System Administrator	3,167.56
				0100-610-00-1-0405	Clerical P/T Salary	3,495.00
				0100-619-00-1-0100	ZONING OFFICIAL	3,093.60
				0100-621-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-621-00-1-0201	CHIEF DEPUTY SALARY	2,812.00
				0100-621-00-1-0305	CLERICAL SALARY	7,178.41
				0100-625-00-1-0100	OFFICIAL'S SALARY	4,618.81
				0100-625-00-1-0201	CHEIF DEPUTY SALARY	4,470.96
				0100-625-00-1-0202	OTHER DEPUTIES SALARIES	16,491.68
				0100-625-00-1-0305	CLERICAL SALARY	9,370.40
				0100-625-00-1-0405	CLERICAL P/T SALARY	758.50
				0100-641-00-1-0100	OFFICIAL'S SALARY	4,040.77
				0100-641-00-1-0301	Administrative Assistant	1,852.80
				0100-641-00-1-0303	MAINTENANCE SALARY	23,051.17
				0100-641-00-1-0306	CUSTODIAL FULL-TIME	14,324.80
				0100-641-00-1-0406	CUSTODIAL P/T SALARY	566.87
				0100-641-00-1-0500	OVERTIME	287.32
				0100-645-00-1-0301	EXTENSION ASSISTANT	1,828.01
				0100-645-00-1-0305	CLERICAL SALARY	4,070.27
				0100-651-00-1-0100	OFFICIAL'S SALARY	4,590.58
				0100-651-00-1-0201	CHIEF DEPUTY SALARY	4,985.60
				0100-651-00-1-0202	OTHER DEPUTIES SALARIES	110,016.51
				0100-651-00-1-0305	CLERICAL SALARY	7,142.58
				0100-651-00-1-0500	OVERTIME	6,604.53
				0100-652-00-1-0100	OFFICIAL'S SALARY	5,773.50
				0100-652-00-1-0201	CHIEF DEPUTY SALARY	10,682.14
				0100-652-00-1-0202	OTHER DEPUTIES SALARIES	38,696.57
				0100-652-00-1-0305	CLERICAL SALARY	37,619.58
				0100-652-00-1-0405	CLERICAL P/T SALARY	1,338.31
				0100-653-00-1-0318	COMMUNICATION SALARY	41,408.84
				0100-653-00-1-0500	OVERTIME	669.60
				0100-668-00-1-0100	Co-Responder	3,473.60
				0100-671-00-1-0301	ADMINISTRATIVE SALARY	5,942.40
				0100-671-00-1-0305	CLERICAL SALARY	2,361.60
				0100-671-00-1-0315	CORRECTIONAL-JAILERS SALARY	84,972.30
				0100-671-00-1-0316	NURSE SALARY	323.97
				0100-671-00-1-0500	OVERTIME	1,333.40
				0100-693-00-1-0100	OFFICIALS SALARY	3,408.00
				0100-702-00-1-0100	OFFICIAL'S SALARY	1,501.15
				0100-702-00-1-0305	CLERICAL SALARY	2,606.01

Journal Number	Journal Date	Description	Total	Account Number	Account Description	Amount
				0100-733-00-1-0100	Official's Salary	3,105.49
				0100-733-00-1-0303	Maintenance Full-Time	3,992.00
				0100-733-00-1-0305	Clerical Full-Time	1,528.00
				0100-803-00-1-0100	OFFICIAL'S SALARY	3,093.60
				0100-803-00-1-0201	CHIEF DEPUTY SALARY	1,930.40
				0100-803-00-1-0305	OFFICE MANAGER	2,388.81
				0100-803-00-1-0405	CLERICAL P/T SALARY	917.06
				0200-705-00-1-0100	OFFICIAL'S SALARY	3,692.00
				0200-705-00-1-0303	MAINTENANCE SALARY	71,162.37
				0200-705-00-1-0304	CONSTRUCTION SALARY	19,652.90
				0200-705-00-1-0305	CLERICAL SALARY	4,995.71
				0200-705-00-1-0403	MAINTENANCE P/T SALARY	1,533.44
				0200-705-00-1-0500	OVERTIME - HOLIDAY PAY	541.11
				9599-218-01-0-0000	Federal Income Taxes	-55,410.42
				9599-218-02-0-0000	State Income Taxes	-21,499.24
				9599-218-03-0-0000	FICA - Employee	-49,039.11
				9599-218-04-0-0000	Retirement - Employee	-33,224.64
				9599-218-05-0-0000	PREMIUMS	-27,352.00
				9599-218-05-0-0000	DENTAL 5387714	-5,622.67
				9599-218-07-0-0000	DEFERRED COMP	-1,867.50
				9599-218-09-0-0000	PREMIUMS	-2,058.94
				9599-218-12-0-0000	DONATIONS	-40.00
				9599-218-14-0-0000	DEFERRED COMP	-1,075.00
				9599-218-15-0-0000	Child Support	-876.50
				9599-218-17-0-0000	FLEX FUNDS	-8,673.81
				9599-218-18-0-0000	PREMIUMS	-941.76
				9599-218-19-0-0000	VSP VISION/NACO	-1,538.97
				9599-218-20-0-0000	LT DISABILITY	-410.13
2026100004	10/30/2026	RECLASSIFY ATTN CENTER PAYROLL OCT 2026	0.00	0100-652-00-1-0305	CLERICAL SALARY	-41,413.05
				0100-652-00-1-0900	RETIREMENT	-2,813.37
				0100-652-00-1-1000	OASI	-3,168.12
				0100-970-00-1-0802	HEALTH INSURANCE	-6,248.00
				0100-970-00-1-0803	LIFE INSURANCE (MADISON NATIONAL)	-13.80
				0100-970-00-2-2414	JUVENILE JUSTICE	53,656.34
2026100006	10/30/2026	RECLASSIFY INMATE TRANSPORT DEPUTY OCT26	0.00	0100-651-00-1-0500	OVERTIME	-579.27
				0100-651-00-1-0900	RETIREMENT	-44.89
				0100-651-00-1-1000	OASI	-44.32
				0100-970-00-2-2557	ADULT INMATE TRANSPORTATION COST	668.48
2026100003	10/30/2026	Payroll 10/30/2026	491,827.21	0100-601-00-1-0100	OFFICIAL'S SALARY	11,207.47
				0100-601-00-1-0301	ADMINISTRATIVE SALARY	3,577.00
				0100-601-00-1-0305	CLERICAL SALARY	1,800.01
				0100-602-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-602-00-1-0201	CHIEF DEPUTY SALARY	2,812.01
				0100-602-00-1-0305	CLERICAL SALARY	3,620.80

Journal Number	Journal Date	Description	Total	Account Number	Account Description	Amount
				0100-603-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-603-00-1-0201	CHIEF DEPUTY SALARY	2,819.73
				0100-603-00-1-0305	CLERICAL SALARY	8,885.13
				0100-603-00-1-0500	OVERTIME	356.45
				0100-604-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-604-00-1-0201	CHIEF DEPUTY SALARY	3,103.04
				0100-604-00-1-0305	CLERICAL SALARY	5,594.40
				0100-605-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-605-00-1-0201	CHIEF DEPUTY SALARY	2,812.00
				0100-605-00-1-0305	CLERICAL SALARY	14,804.00
				0100-607-00-1-0100	OFFICIAL'S SALARY	3,093.60
				0100-607-00-1-0201	CHIEF DEPUTY SALARY	2,475.20
				0100-607-00-1-0405	CLERICAL P/T SALARY	1,508.00
				0100-607-00-1-0500	OVERTIME	275.20
				0100-610-00-1-0100	OFFICIALS SALARY	3,485.16
				0100-610-00-1-0303	System Administrator	3,167.56
				0100-610-00-1-0405	Clerical P/T Salary	3,600.00
				0100-619-00-1-0100	ZONING OFFICIAL	3,093.61
				0100-621-00-1-0100	OFFICIAL'S SALARY	3,528.65
				0100-621-00-1-0201	CHIEF DEPUTY SALARY	2,812.00
				0100-621-00-1-0305	CLERICAL SALARY	7,178.40
				0100-625-00-1-0100	OFFICIAL'S SALARY	4,618.81
				0100-625-00-1-0201	CHEIF DEPUTY SALARY	4,470.96
				0100-625-00-1-0202	OTHER DEPUTIES SALARIES	16,491.68
				0100-625-00-1-0305	CLERICAL SALARY	9,370.40
				0100-625-00-1-0405	CLERICAL P/T SALARY	758.50
				0100-641-00-1-0100	OFFICIAL'S SALARY	4,040.77
				0100-641-00-1-0301	Administrative Assistant	1,852.80
				0100-641-00-1-0303	MAINTENANCE SALARY	23,403.20
				0100-641-00-1-0306	CUSTODIAL FULL-TIME	14,324.80
				0100-641-00-1-0406	CUSTODIAL P/T SALARY	677.91
				0100-645-00-1-0301	EXTENSION ASSISTANT	1,828.00
				0100-645-00-1-0305	CLERICAL SALARY	3,456.00
				0100-651-00-1-0100	OFFICIAL'S SALARY	4,590.58
				0100-651-00-1-0201	CHIEF DEPUTY SALARY	4,985.60
				0100-651-00-1-0202	OTHER DEPUTIES SALARIES	111,573.74
				0100-651-00-1-0305	CLERICAL SALARY	6,984.30
				0100-651-00-1-0500	OVERTIME	11,495.80
				0100-652-00-1-0100	OFFICIAL'S SALARY	5,773.50
				0100-652-00-1-0201	CHIEF DEPUTY SALARY	10,682.14
				0100-652-00-1-0202	OTHER DEPUTIES SALARIES	38,625.88
				0100-652-00-1-0305	CLERICAL SALARY	37,619.58
				0100-652-00-1-0405	CLERICAL P/T SALARY	1,500.62
				0100-653-00-1-0318	COMMUNICATION SALARY	43,281.89
				0100-653-00-1-0500	OVERTIME	3,955.67

Journal Number	Journal Date	Description	Total	Account Number	Account Description	Amount
				0100-668-00-1-0100	Co-Responder	3,473.60
				0100-671-00-1-0301	ADMINISTRATIVE SALARY	5,942.40
				0100-671-00-1-0305	CLERICAL SALARY	2,361.60
				0100-671-00-1-0315	CORRECTIONAL-JAILERS SALARY	86,445.77
				0100-671-00-1-0500	OVERTIME	7,956.86
				0100-693-00-1-0100	OFFICIALS SALARY	3,408.00
				0100-702-00-1-0100	OFFICIAL'S SALARY	1,501.15
				0100-702-00-1-0305	CLERICAL SALARY	2,547.75
				0100-733-00-1-0100	Official's Salary	3,105.49
				0100-733-00-1-0303	Maintenance Full-Time	3,992.00
				0100-733-00-1-0305	Clerical Full-Time	1,528.00
				0100-803-00-1-0100	OFFICIAL'S SALARY	3,093.60
				0100-803-00-1-0201	CHIEF DEPUTY SALARY	1,930.41
				0100-803-00-1-0305	OFFICE MANAGER	2,388.80
				0100-803-00-1-0405	CLERICAL P/T SALARY	816.69
				0200-705-00-1-0100	OFFICIAL'S SALARY	3,692.00
				0200-705-00-1-0303	MAINTENANCE SALARY	71,084.81
				0200-705-00-1-0304	CONSTRUCTION SALARY	19,778.64
				0200-705-00-1-0305	CLERICAL SALARY	5,011.23
				0200-705-00-1-0403	MAINTENANCE P/T SALARY	1,698.31
				0200-705-00-1-0500	OVERTIME - HOLIDAY PAY	194.51
				9599-218-01-0-0000	Federal Income Taxes	-58,258.89
				9599-218-02-0-0000	State Income Taxes	-22,401.20
				9599-218-03-0-0000	FICA - Employee	-50,734.82
				9599-218-04-0-0000	Retirement - Employee	-34,345.18
				9599-218-05-0-0000	PREMIUMS	-27,352.00
				9599-218-05-0-0000	DENTAL 5387714	-5,622.67
				9599-218-07-0-0000	DEFERRED COMP	-1,867.50
				9599-218-09-0-0000	PREMIUMS	-2,058.94
				9599-218-12-0-0000	DONATIONS	-40.00
				9599-218-14-0-0000	DEFERRED COMP	-1,075.00
				9599-218-15-0-0000	Child Support	-876.50
				9599-218-17-0-0000	FLEX FUNDS	-8,673.81
				9599-218-18-0-0000	PREMIUMS	-955.27
				9599-218-19-0-0000	VSP VISION/NACO	-1,539.45
				9599-218-20-0-0000	LT DISABILITY	-410.33
2026100005	10/30/2026	RECLASSIFY INMATE TRANSPORT JAILER OCT26	0.00	0100-671-00-1-0500	OVERTIME	-745.93
				0100-671-00-1-0900	RETIREMENT	-57.81
				0100-671-00-1-1000	OASI	-57.05
				0100-970-00-2-2557	ADULT INMATE TRANSPORTATION COST	860.79

Buffalo
FUND BALANCE LISTING
10/31/2026

Fund	Fund Name	Beginning Balance	Collections	Disbursements	Fund Transfers	Ending Balance
0100	COUNTY GENERAL	10,032,038.15	610,847.99	-3,703,968.26	0.00	6,938,917.88
0200	COUNTY ROAD	1,013,594.39	493,283.89	-613,335.43	0.00	893,542.85
0650	HIGHWAY BRIDGE BUYBACK	1,718,975.46	0.00	0.00	0.00	1,718,975.46
0900	VISITOR'S PROMOTION	101,537.66	85,198.53	-101,537.00	0.00	85,199.19
0995	VISITOR'S PROMOTION IMPROVEMENT	101,536.84	85,198.52	-101,536.00	0.00	85,199.36
1150	DEEDS PRESERVATION & MODERNIZATION	262,937.15	2,298.00	-302.06	0.00	264,933.09
1275	HEALTH RESERVE FUND	476,327.81	373,972.00	-426,811.96	0.00	423,487.85
1900	VETERAN'S AID	52,223.72	151.15	0.00	0.00	52,374.87
2356	STOP PROGRAM	41,430.14	798.00	0.00	0.00	42,228.14
2360	DRUG FORFEITURE	352,167.00	12,573.49	-41.80	0.00	364,698.69
2370	FEDERAL EQUITABLE SHARING	177.06	0.00	0.00	0.00	177.06
2500	COUNTY FEDERAL GRANTS	10,913.98	0.00	0.00	0.00	10,913.98
2575	DISASTER FUND	0.00	0.00	0.00	0.00	0.00
2580	COVID AMERICAN RESCUE PLAN	0.00	0.00	0.00	0.00	0.00
2605	COMMUNITY DEVELOPMENT GRANT	0.00	0.00	0.00	0.00	0.00
2650	RECOVERY ZONE REBATE FUND	0.00	0.00	0.00	0.00	0.00
2700	INHERITANCE TAX	4,075,021.14	173,701.48	0.00	0.00	4,248,722.62
2750	COUNTY SINKING	910,000.00	0.00	0.00	0.00	910,000.00
2850	KENO LOTTERY	288,174.76	6,825.52	-5,147.00	0.00	289,853.28
2913	911 WIRELESS SERVICE FUND	25,656.26	0.00	0.00	0.00	25,656.26
3700	COUNTY BOND LEVY	1,824,395.33	10,020.01	0.00	0.00	1,834,415.34
3800	RECOVERY ZONE BOND PAYMENT	0.00	0.00	0.00	0.00	0.00
5400	COUNTY WEED	0.00	0.00	0.00	0.00	0.00
5907	911 EMERGENCY SERVICES	753,080.56	0.00	-5,153.04	0.00	747,927.52
6001	STATE GENERAL	293,029.77	269,137.27	-293,029.77	0.00	269,137.27
6009	STATE SALES TAX MV	941,515.09	847,950.92	-941,515.09	0.00	847,950.92
6016	REVENUE SALES TAX ROAD DEPARTMENT	144.17	4.80	0.00	0.00	148.97
6021	STATE TIRE TAX	836.00	770.00	-836.00	0.00	770.00
6101	SD101 SEM GENERAL	41,050.64	4,927.29	-41,050.64	0.00	4,927.29
6102	SD2 GIBBON GENERAL	213,143.12	60,009.71	-213,143.12	0.00	60,009.71
6103	SD119 AMHERST GENERAL	109,929.26	35,805.22	-109,929.26	0.00	35,805.22
6105	SD105 PTOWN GENERAL	192,317.75	45,736.81	-192,317.75	0.00	45,736.81
6107	SD7 KEARNEY GENERAL	2,152,051.87	557,790.45	-2,152,051.87	0.00	557,790.45
6109	SD9 ELM CREEK GENERAL	78,184.16	21,507.51	-78,184.16	0.00	21,507.51
6110	SD100 CENTURA GENERAL	17,029.42	550.90	-17,029.42	0.00	550.90
6119	SD19 SHELTON GENERAL	157,048.82	16,302.61	-157,048.82	0.00	16,302.61
6144	SD44 ANSLEY GENERAL	27.94	1,302.44	-27.94	0.00	1,302.44
6169	SD69 RAVENNA GENERAL	226,108.07	27,604.36	-226,108.07	0.00	27,604.36
6201	SD101 SEM BOND	5,256.45	204.47	-5,256.45	0.00	204.47
6202	SD2 GIBBON BOND	37,504.15	7,686.55	-37,504.15	0.00	7,686.55
6203	SD119 AMHERST BOND	22,253.53	4,558.57	-22,253.53	0.00	4,558.57
6205	SD105 PTOWN BOND	34,201.32	5,934.30	-34,201.32	0.00	5,934.30
6207	SD7 KEARNEY BOND 2013	334,687.03	34,319.06	-334,687.03	0.00	34,319.06
6209	SD9 ELM CREEK BOND	14,727.58	1,309.34	-14,727.58	0.00	1,309.34
6210	SD100 CENTURA BOND	0.00	0.00	0.00	0.00	0.00
6219	SD19 SHELTON BOND	10,733.29	383.33	-10,733.29	0.00	383.33
6255	SD105 PTOWN BOND 2025	44,170.67	7,758.78	-44,170.67	0.00	7,758.78
6257	SD7 KEARNEY BOND 2009	0.00	0.00	0.00	0.00	0.00

received
11-3-2026

CHERYL S. STABENOW
CLERK OF THE DISTRICT COURT

MONTHLY FEE REPORT
for the Month of October, 2026

ACCOUNT DESCRIPTION	TOTAL AMOUNT
Filing Fee, Civil (310)	630.00
Filing Fee, Criminal (320)	0.00
Filing Fee, Judgment (335)	50.00
Filing Fee, Criminal Appeal (330)	0.00
Complete Records (385)	481.00
Issuance of Writ (380)	20.00
Reg. Work Comp. Judgment	0.00
Copies (386)	191.50
Postage (475)	2.00
Fax Fees	0.00
Publishing Fees	0.00
Transcript Fee/Seal Cert (384)	6.00
Bad Check Fee	0.00
Bond 10% (382)	650.00
Bond Forfeiture (813)	1972.08
County Court Fees (420)	780.70
Passport Processing Fee (984)	2345.00
Grand Total	$ 7128.28

Total for October, 2026	$ 7128.28
Total for January – October 2026	$86007.27

STATE OF NEBRASKA)
) ss
COUNTY OF BUFFALO)

I, Cheryl S. Stabenow, the duly elected and qualified Clerk of District Court in and for said county, do hereby certify that the foregoing report is true and correct to the best of my knowledge and belief.

CHERYL S. STABENOW
Clerk of the District Court

DISTRICT COURT OFFICIAL Seal BUFFALO COUNTY NEBRASKA

Subscribed and sworn to before me the 2nd day of November, 2026.

GENERAL NOTARY - State of Nebraska
CYNTHIA HORN
My Comm. Exp. Aug 28, 2030

Notary Public

community Action PARTNERSHIP of Mid-Nebraska
Helping People. Changing Lives.

Community Action Partnership of Mid-Nebraska
16 W 11th Street – P.O. Box 2288 – Kearney, NE 68848-2288

Administrative Office
PHONE: 308.865.5675
FAX: 308.865.1357
Website: www.communityactionmidne.com

October 19, 2026

Buffalo County Clerk
P.O. Box 1270
Kearney, NE 68848-1270

Dear Sir or Madam,

I have enclosed the R.Y.D.E. Report for Buffalo County for the month of September 2026.

If you have any questions, please feel free to contact me at this office. Thank you.

Sincerely,

LaDonna Jackman
CFO

R.Y.D.E. Billing

Buffalo County

September 2026

Expenses:

Personnel	40012.98
Office Space and Utilities	4229.18
Postage	0.00
Telephone	2220.58
Advertising	54.05
Copies and Printing	118.59
Office Supplies	-779.94
Insurance	10228.09
Maintenance, repairs, tires, etc.	1941.22
Gasoline	5236.27
Misc.-	0.00
Indirect	1473.13
Vehicle Cost Pool - Admin Travel	0.00
Total Expenses	64734.15
Less Program Income:	5201.00
Net Expenses:	59533.15
Federal Share (Section 18)	37938.00
State Share	10798.00
Title XX	264.00
County Share	6884.66
Local Match	3129.17
TOTAL	64214.83

Boardings 2856.00

Miles Trave 10611.0

Nebraska Intergovernmental Risk Management Association
8040 Eiger Drive • Lincoln, NE 68516
www.nirma.info • 402.742.9220 • 800.642.6671 • 402.742.9230 fax
Andrea L. Thieman, Executive Director

DATE October 29, 2026
SENT BY CERTIFIED MAIL

BUFFALO COUNTY
ATTN: LYNN MARTIN
1512 CENTRAL
KEARNEY, NE 68848

RE: PROPBuffa036092

Dear Lynn:

This letter and enclosure shall serve as notice that the above-referenced matter has been resolved by means of a settlement agreement. Enclosed, please find the original settlement agreement.

Pursuant to LB 742 (2010 Legislature), certain settlement agreements entered into by public entities or insurers are public records. The information available to us indicates that the settlement agreement in this case would fall within the scope of the legislation because the amount involved is equal to or exceeds (1% of the County's budget)/($50,000.00). The law therefore requires that this settlement be made an agenda item at the County Board's next meeting for (informational purposes only)/(approval).

This matter will likewise be placed on the agenda for the next meeting of the NIRMA Board of Directors, and the settlement agreement retained for public disclosure upon request as required by law. If you do not agree with our analysis regarding the applicability of LB 742 to this settlement, please notify us as soon as possible.

Sincerely,

NIRMA
Bryon Barnett

Property/Liability Claims Adjuster

Enclosure

BOARD OF DIRECTORS

Bonnie Moore, Sarpy County
Eric Stinson, Madison County
Erich Tiemann, Gage County
Lane Anderson, Keith County
Travee Hobbs, Brown County
L. Wayne Johnson, Clay County
Dave Kruger, Washington County
Carolyn Kucera, Merrick County
Elyse Schlake Lukassen, Kimball County
Amy Nelson, Fillmore County
Darrell Zabrocki, Seward County

Nebraska Intergovernmental Risk Management Association
8040 Eiger Drive · Lincoln, NE 68516
www.nirma.info · 402.742.9220 · 800.642.6671 · 402.742.9230 fax
Andrea L. Thieman, Executive Director

SETTLEMENT AGREEMENT
(COUNTY AND NIRMA)

This settlement agreement is made and entered into October 29, 2026, by and between Buffalo County (hereinafter "County") and the Nebraska Intergovernmental Risk Management Association (hereinafter "NIRMA") regarding a Claim submitted by the County as follows:

A claim occurring on April 25, 2026, involving:

Lightning damage to communications tower

AGREEMENT AND RELEASE

The County and NIRMA agree that the Claim submitted and (paid)/(to be paid) by NIRMA to the County in the amount of $51,281.06, which the County agrees to accept in full settlement for such claim, and that in consideration of such payment, the County completely releases and forever discharges NIRMA or its agents or assigns regarding such claim listed above, and further represents it has provided NIRMA all the information for damages it alleges has incurred, or which may have occurred related to this claim for the consideration for payment as a loss under the NIRMA policy in effect.

Dated this ___ day of _____, 20___

BUFFALO COUNTY, NEBRASKA,

BY:_____
County Board Chairperson

NEBRASKA INTERGOVERNMENTAL RISK MANAGEMENT ASSOCIATION,

BY:_____
Bryon Barnett

Property/Liability Claims Adjuster

BOARD OF DIRECTORS

Bonnie Moore, Sarpy County · Eric Stinson, Madison County · Erich Tiemann, Gage County · Lane Anderson, Keith County · Travee Hobbs, Brown County · L. Wayne Johnson, Clay County
Dave Kruger, Washington County · Carolyn Kucera, Merrick County · Elyse Schlake Lukassen, Kimball County · Amy Nelson, Fillmore County · Darrell Zabrocki, Seward County

File with Your County Treasurer

Application for Exemption
from Motor Vehicle Taxes by Qualifying Organizations
• Read instructions on reverse side.

FORM **457**

Name of Organization	Tax Year	Value of Motor Vehicles
Crane River Theater Company, Inc.	2026	
Name of Owner of Property	**County Name**	**State Where Incorporated**
Crane River Theater Company, Inc.	Buffalo	NE
Street or Other Mailing Address	**Contact Name**	**Phone Number**
12. E. 22nd St.	Steve Barth	308-627-5796
City / **State** / **Zip Code**	**Email Address**	
Kearney / NE / 68847	info@cranerivertheater.org	

Type of Ownership:
☐ Agricultural and Horticultural Society ☐ Educational ☐ Religious ☑ Charitable ☐ Cemetery ☐ For-profit Nursing Facilities

Charitable Organizations: Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):
☐ Agricultural and Horticultural Society ☐ Educational ☐ Religious ☑ Charitable ☐ Cemetery

Charitable and For-Profit Organizations, please answer the following:
Are the motor vehicles used exclusively as indicated? (see instructions) ☑ YES ☐ NO If No, give percentage of exempt use: _____%

For-profit Nursing/Assisting Living Facilities, please select the applicable box:
☐ Nursing Facility ☐ Skilled Nursing Facility ☐ Assisted-Living Facility
What percentage of occupied beds have been provided to medicaid beneficiaries over the most recent three-year period? _____%

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Steve Barth	Exec. Director	2121 W. 34th St. Apt. 48, Kearney, NE 68845
Cory Urbanek	Managing Director	1326 12th Ave. Kearney, NE 68845
Sue Bigg	Board Chair	3708 25th Ave. Pl. Kearney, NE 68845

Description of the Motor Vehicles
•Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Ford	1998	F150	1FTZX18W2WKA53569	11/2026
Sharp	2015	Cargo Trailer	1S9BE3232F1870667	11/2026
Sharp	2015	Cargo Trailer	1S9BE3234F1870668	11/2026
Big T	2022	Dump Trailer	16VID1421N5172062	11/2026
Big T	2022	Flatbed Trailer	16V1U2221N2172203	11/2026

Give a detailed description of the use of the motor vehicle:
Used to transport scenery, tools & trailers for Crane River Theater productions.

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here ▶ Authorized Signature: Cory Urbanek — Title: Managing Director — Date: 11/04/26

For County Treasurer Recommendation

☒ Approval
☐ Denial

Comments: _____

▶ Signature of County Treasurer: Brenda K Rohrich — Date: 11-5-26

For County Board of Equalization Use Only

☐ Approved
☐ Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

▶ Signature of County Board Member _____ Date _____

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Please retain a copy for your records.

File with Your County Treasurer

Application for Exemption
from Motor Vehicle Taxes by Qualifying Organizations
• Read instructions on reverse side.

FORM **457**

Name of Organization	Tax Year	Value of Motor Vehicles
Crane River Theater Company, Inc.	2026	
Name of Owner of Property	**County Name**	**State Where Incorporated**
Crane River Theater Company, Inc.	Buffalo	NE
Street or Other Mailing Address	**Contact Name**	**Phone Number**
12 E. 22nd St.	Steve Barth	308-627-5796
City / **State** / **Zip Code**	**Email Address**	
Kearney / NE / 68847	info@craneriverTheater.org	

Type of Ownership:
☐ Agricultural and Horticultural Society ☐ Educational ☐ Religious ☑ Charitable ☐ Cemetery ☐ For-profit Nursing Facilities

Charitable Organizations: Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):
☐ Agricultural and Horticultural Society ☐ Educational ☐ Religious ☑ Charitable ☐ Cemetery

Charitable and For-Profit Organizations, please answer the following:
Are the motor vehicles used exclusively as indicated? (see instructions) ☑ YES ☐ NO If No, give percentage of exempt use: _____%

For-profit Nursing/Assisting Living Facilities, please select the applicable box:
☐ Nursing Facility ☐ Skilled Nursing Facility ☐ Assisted-Living Facility
What percentage of occupied beds have been provided to medicaid beneficiaries over the most recent three-year period? _____%

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Steve Barth	Exec. Director	2121 W. 39th St. Apt. 48 Kearney, NE 68845
Corey Urbanek	Managing Director	1326 12th Ave. Kearney, NE 68845
Sue Bigg	Board Chair	3708 25th Ave Pl. Kearney, NE 68845

Description of the Motor Vehicles
•Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Sharp	2021	Cargo Trailer	1S9BE2027M1870231	11/2026

Give a detailed description of the use of the motor vehicle:
Used to transport scenery/tools for Crane River Theater productions.

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here ▶ Authorized Signature: Corey Urbanek | Title: Managing Director | Date: 11/04/26

For County Treasurer Recommendation

☒ Approval
☐ Denial

Comments: _____

▶ Signature of County Treasurer: Brenda R Rohrich | Date: 11-5-26

For County Board of Equalization Use Only

☐ Approved
☐ Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

▶ Signature of County Board Member | Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Please retain a copy for your records.

File with Your County Treasurer

Application for Exemption
from Motor Vehicle Taxes by Qualifying Organizations
• Read instructions on reverse side.

FORM **457**

Name of Organization	Tax Year	Value of Motor Vehicles
Good Samaritan Society-Home Care	2026	
Name of Owner of Property	**County Name**	**State Where Incorporated**
The Evangelical Lutheran Good Samaritan	Buffalo	Nebraska
Street or Other Mailing Address	**Contact Name**	**Phone Number**
2209 E 32nd St.	Stephanie Halpine	308-698-5080
City / **State** / **Zip Code**	**Email Address**	
Kearney / NE / 68847	shalpine1@good-sam.com	

Type of Ownership:
☐ Agricultural and Horticultural Society ☐ Educational ☐ Religious ☒ Charitable ☐ Cemetery ☐ For-profit Nursing Facilities

Charitable Organizations: Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):
☐ Agricultural and Horticultural Society ☐ Educational ☐ Religious ☒ Charitable ☐ Cemetery

Charitable and For-Profit Organizations, please answer the following:
Are the motor vehicles used exclusively as indicated? (see instructions) ☒ YES ☐ NO If No, give percentage of exempt use: _____%

For-profit Nursing/Assisting Living Facilities, please select the applicable box:
☐ Nursing Facility ☐ Skilled Nursing Facility ☐ Assisted-Living Facility
What percentage of occupied beds have been provided to medicaid beneficiaries over the most recent three-year period? _____%

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Darrell Schmith	Chair	

Description of the Motor Vehicles
•Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Ford	2014	Fusion SE	3FA6P0H74ER277559	10/2026
Ford	2017	Fusion	3FA6P0H78HR182989	10/2026
Ford	2015	Fusion SE	3FA6P0H70FR238937	10/2026
Ford	2015	Fusion SE	3FA6P0H77FR238935	10/2026
Ford	2010	Fusion S	3FAHP0GA9AR403933	10/2026

Give a detailed description of the use of the motor vehicle:
Motor vehicles used for travel to and from patient homes and facilities for home health services.

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here ▶ Stephanie Halpine (Authorized Signature) — RN Administrator (Title) — 10/30/2026 (Date)

For County Treasurer Recommendation

☒ Approval
☐ Denial

Comments: _____

▶ Brenda R Rohwer (Signature of County Treasurer) — 10-30-26 (Date)

For County Board of Equalization Use Only

☐ Approved
☐ Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

▶ Signature of County Board Member — Date

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Please retain a copy for your records.

File with Your County Treasurer

Application for Exemption
from Motor Vehicle Taxes by Qualifying Organizations
• Read instructions on reverse side.

FORM **457**

Name of Organization	Tax Year	Value of Motor Vehicles
Good Samaritan Society - Home Care	2026	
Name of Owner of Property	**County Name**	**State Where Incorporated**
The Evangelical Lutheran Good Samaritan	Buffalo	Nebraska
Street or Other Mailing Address	**Contact Name**	**Phone Number**
2209 E 32nd St.	Stephanie Halpine	308-698-5050
City / **State** / **Zip Code**	**Email Address**	
Kearney / NE / 68847	shalpine@good-sam.com	

Type of Ownership:
☐ Agricultural and Horticultural Society ☐ Educational ☐ Religious ☒ Charitable ☐ Cemetery ☐ For-profit Nursing Facilities

Charitable Organizations: Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):
☐ Agricultural and Horticultural Society ☐ Educational ☐ Religious ☒ Charitable ☐ Cemetery

Charitable and For-Profit Organizations, please answer the following:
Are the motor vehicles used exclusively as indicated? (see instructions) ☒ YES ☐ NO If No, give percentage of exempt use: _____%

For-profit Nursing/Assisting Living Facilities, please select the applicable box:
☐ Nursing Facility ☐ Skilled Nursing Facility ☐ Assisted-Living Facility
What percentage of occupied beds have been provided to medicaid beneficiaries over the most recent three-year period? _____%

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Darrell Schmuth	Chair	

Description of the Motor Vehicles
•Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Chevrolet	2012	Malibu	1G1ZC5E08CF115931	10/2026
Chevrolet	2012	Malibu	1G1ZA5E05CF388007	10/2026

Give a detailed description of the use of the motor vehicle:
Motor vehicles used for travel to and from patient homes and facilities for home health services.

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here ▶ Stephanie Halpine (Authorized Signature) — RN Administrator (Title) — 10/30/2026 (Date)

For County Treasurer Recommendation

☒ Approval
☐ Denial

Comments: _____

▶ Brenda K Rohrich (Signature of County Treasurer) — 10-30-26 (Date)

For County Board of Equalization Use Only

☐ Approved
☐ Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

▶ _____ (Signature of County Board Member) — _____ (Date)

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Please retain a copy for your records.

File with Your County Treasurer

Application for Exemption
from Motor Vehicle Taxes by Qualifying Organizations
• Read instructions on reverse side.

FORM **457**

Name of Organization	Tax Year	Value of Motor Vehicles
Mount Carmel Home- Keens Memorial	2027	
Name of Owner of Property	**County Name**	**State Where Incorporated**
Corpus Christi Carmelite Sisters	Buffalo	NE
Street or Other Mailing Address	**Contact Name**	**Phone Number**
412 W 18th St	Tracy Nokes	(308) 237-2287
City State Zip Code	**Email Address**	
Kearney, NE 68845	TNokes@mountcarmelhome.org	

Type of Ownership:
☐ Agricultural and Horticultural Society ☐ Educational ☑ Religious ☐ Charitable ☐ Cemetery ☐ For-profit Nursing Facilities

Charitable Organizations: Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):
☐ Agricultural and Horticultural Society ☐ Educational ☑ Religious ☐ Charitable ☐ Cemetery

Charitable and For-Profit Organizations, please answer the following:
Are the motor vehicles used exclusively as indicated? (see instructions) ☐ YES ☐ NO If No, give percentage of exempt use: _____%

For-profit Nursing/Assisting Living Facilities, please select the applicable box:
☐ Nursing Facility ☐ Skilled Nursing Facility ☐ Assisted-Living Facility
What percentage of occupied beds have been provided to medicaid beneficiaries over the most recent three-year period? _____%

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Tracy Nokes	Director of Operations	412 W 18th St Kearney, NE 68845
Emily Birdsley	Administrator	412 W 18th St Kearney, NE 68845
Mary Florence Blavet	Owner	412 W 18th St Kearney, NE 68845

Description of the Motor Vehicles
•Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Dodge	2019	Grand Caravan SE	2C7WDGBG9KR649549	1/1/2026
Ford	2013	Passenger Van	1FDFE4FS8DDB30999	1/1/2026
Ford	2007	Pickup Supercab	1FTPW14VX7KD55250	1/1/2026
Toyota	2005	Camry	4T1BF30K65U617473	1/1/2026

Give a detailed description of the use of the motor vehicle:
Transportation for nursing home residents and Catholic Sisters; and for grounds/maintenance needs.

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here ▶ Tracy Nokes — Authorized Signature | Director of Operations — Title | 10/30/2026 — Date

For County Treasurer Recommendation

☒ Approval
☐ Denial

Comments: _____

▶ Brenda R Rohlich — Signature of County Treasurer | 11-6-26 — Date

For County Board of Equalization Use Only

☐ Approved
☐ Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

▶ Signature of County Board Member — Date

Rev. 7-2024

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Please retain a copy for your records.

File with Your County Treasurer

Application for Exemption
from Motor Vehicle Taxes by Qualifying Organizations
• Read instructions on reverse side.

FORM **457**

Name of Organization: The Evangelical Lutheran Good Samaritan Society	Tax Year: 2026	Value of Motor Vehicles
Name of Owner of Property: Good Samaritan Society	County Name: Buffalo	State Where Incorporated
Street or Other Mailing Address: 2201 E. 32nd St.	Contact Name: Alicia Potter	Phone Number: (308)627-1124
City: Kearney State: NE Zip Code: 68847	Email Address: alicia.potter@good-sam.com	

Type of Ownership:
☐ Agricultural and Horticultural Society ☐ Educational ☒ Religious ☐ Charitable ☐ Cemetery ☐ For-profit Nursing Facilities

Charitable Organizations: Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):
☐ Agricultural and Horticultural Society ☐ Educational ☒ Religious ☐ Charitable ☐ Cemetery

Charitable and For-Profit Organizations, please answer the following:
Are the motor vehicles used exclusively as indicated? (see instructions) ☐ YES ☐ NO If No, give percentage of exempt use: _____%

For-profit Nursing/Assisting Living Facilities, please select the applicable box:
☐ Nursing Facility ☐ Skilled Nursing Facility ☐ Assisted-Living Facility
What percentage of occupied beds have been provided to medicaid beneficiaries over the most recent three-year period? _____%

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
Alicia Potter	Director	2201 E 32nd St Kearney NE 68847

Description of the Motor Vehicles
•Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
Dodge	2014	Caravan Grand	2C7WDGBG7ER220303	8-2026
Ford	2006	LGT Cont'nl	1FTPX14576FB25606	8-2026
Buick	2014	Flatbed Trailer	4DHUS1425ES030638	12-2026

Give a detailed description of the use of the motor vehicle:
transport residents to needed appointments and maintenance use

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here ▶ Alicia Potter (Authorized Signature) Administrator (Title) 10/15/2026 (Date)

For County Treasurer Recommendation

☒ Approval
☐ Denial

Comments: _____

▶ Brenda K Rohrich (Signature of County Treasurer) 10-14-26 (Date)

For County Board of Equalization Use Only

☐ Approved
☐ Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

▶ _____ (Signature of County Board Member) _____ (Date)

Authorized by Neb. Rev. Stat. §§ 77-202(1)(c) and (d), and 60-3,185, and 60-3,189

Please retain a copy for your records.

Tax List Acceleration

BUFFALO County, Nebraska

Property ID: 651113474 - RE (651113474)

Date: 10-13-2026

No: 5247

Name and Address:
BSBB, LLP

Description of Property:
IOLL OAK RIDGE CRT #16 (1979 BRIGHTON MANOR 14X66 GI10235189)

Tax Year: 2025
630 School: 10-0009
District: 630 ELM CREEK VILLAGE

45 MALLARD BEACH DRIVE 20 JOHNSON LAKE
ELWOOD, NE 68937

Stmnt No: 24810

	Actual Valuation	Tax Rate	Consolidated Tax	Tax Credit *	Homestead Value	Homestead Credit	Penalty Tax	1st Half	2nd Half	Total Tax
Original Amount										
Corrected Amount										
Additional Amount	2,135	1.88006200	40.14	0.00	0	0.00	0.00	20.07	20.07	40.14
Deducted Amount										

Reason for Acceleration: ACCELERATE TAXES FOR 2026 - MOBILE HOME BEING DEMOLISHED

I hereby direct the County Treasurer of BUFFALO County to accept this Official Acceleration made for the above named party and description and to issue his receipt in payment of the accelerated tax as shown above.

ALL ACCELERATIONS MADE ON THE TAX ROLL MUST BE SHOWN IN RED.
Approved by action of the County Board

this _____ day of _____, _____

_____
Chairman

_____
County Assessor - County Clerk

651113474

By _____
Deputy

Tax List Acceleration

BUFFALO County, Nebraska

Property ID: 325000660 - PP

Date: 10-22-2026

No: 5248

Name and Address:
GRAND ISLAND SUBS INC

Description of Property:
RAVENNA SUBWAY

Tax Year: 2025
250 School: 10-0069
District: 250 RAVENNA CITY

2138 N WEBB RD
GRAND ISLAND, NE 68803

Stmnt No: 1775

	Actual Valuation	Tax Rate	Consolidated Tax	Farmer Credit		Exemption Credit	Penalty Tax	1st Half	2nd Half	Total Tax
Original Amount										
Corrected Amount										
Additional Amount	3,913	1.49030200	58.32	0.00		0.00	0.00	29.16	29.16	58.32
Deducted Amount										

Reason for Acceleration: ACCELERATE 2026 TAXES - BUSINESS PERMANENTLY CLOSED

I hereby direct the County Treasurer of BUFFALO County to accept this Official Acceleration made for the above named party and description and to issue his receipt in payment of the accelerated tax as shown above.

ALL ACCELERATIONS MADE ON THE TAX ROLL MUST BE SHOWN IN RED.
Approved by action of the County Board

this _____ day of _____, _____

_____
Chairman

_____
County Assessor - County Clerk

325000660

By _____
Deputy

Tax List Correction

BUFFALO County, Nebraska

Property ID: 650308718 - RE (650308718)

Date: 10-26-2026

No: 5249

Name and Address:
VASQUEZ-CHAVEZ, WILSON M OR
GARCIA DE MAGANA, GILMA C

2900 GRAND AVE LOT 249
KEARNEY, NE 68847

Description of Property:
IOLL EAST LAWN CRT #249 (1976 SCHULTZ 14X67 135336)

31-9-15

Tax Year: 2025
1000 School: 10-0007
District: 1000 KEARNEY CITY

Stmnt No: 13648

* Tax Credit of 14.46 consists of 4.56 in Non-Ag Credit, 0.00 in Agland Credit, and 0.00 in Unused Credit, and 9.90 in School Credit, and 0.00 in Unused School.

* Tax Credit of 14.46 consists of 4.56 in Non-Ag Credit, 0.00 in Agland Credit, and 0.00 in Unused Credit, and 9.90 in School Credit, and 0.00 in Unused School.

	Actual Valuation	Tax Rate	Consolidated Tax	Tax Credit *	Homestead Value	Homestead Credit	Penalty Tax	1st Half	2nd Half	Total Tax
Original Amount	3,830	1.66252400	63.68	14.46	0	0.00	0.00	24.61	24.61	49.22
Corrected Amount	3,830	1.66252400	63.68	14.46	0	0.00	0.00	24.61	24.61	49.22
Additional Amount										
Deducted Amount										

Reason for Correction: OWNERSHIP CORRECTION ONLY-TRANSFERRED FROM MARTINEZ 8/11/25, NOT NOTIFIED UNTIL 2/2026

I hereby direct the County Treasurer of BUFFALO County to accept this Official Correction made for the above named party and description and to issue his receipt in payment of the corrected tax as shown above.

ALL CORRECTIONS MADE ON THE TAX ROLL MUST BE SHOWN IN RED.
Approved by action of the County Board

this _____ day of _____, _____

_____
Chairman

_____
County Assessor - County Clerk

650308718

By _____
Deputy

Fire Protection Water-Based System Impairment Program

Buffalo County Courthouse/Jail/Justice Center

Document Owner	Buffalo County, Nebraska
Facility	Buffalo County Courthouse/Jail/Justice Center
Address	1512 Central Ave., Kearney, NE 68847
Program Owner	Facilities OMP
Effective Date	11/10/2026
Revision	0
Approved By	Buffalo County Board of Commissioners

CONTROLLED DOCUMENT — PRINTED COPIES SHOULD BE VERIFIED AGAINST THE CURRENT APPROVED VERSION

1. Purpose

This program establishes a controlled process for planned and emergency impairments of water-based fire protection systems at the Buffalo County Courthouse/Jail/Justice Center. Its purpose is to minimize the time and risk associated with impaired fire protection, establish compensatory measures, define notification and authority, and provide a documented process for restoration.

2. Scope

This program applies to fire sprinkler systems, standpipes, water supplies, fire pumps, valves, fire service mains, related supervisory or monitoring equipment, and other water-based fire protection components whose impairment may reduce required fire protection. It applies to employees, contractors, vendors, Facilities personnel, Corrections/Jail personnel, Court Administration, Security/Law Enforcement, and other affected departments.

3. Facility-Specific Risk Considerations

The facility combines judicial, administrative, detention, security, and public-access functions. Impairments shall therefore be evaluated for effects on housing units, booking/intake, segregation, medical areas, kitchens, evidence/storage areas, secure circulation, courtrooms, holding cells, sally ports, mechanical/electrical spaces, and other high-risk or occupied areas. Fire protection impairment decisions shall account for continuous occupancy, detainee evacuation limitations, secure-area access, court schedules, and emergency responder access.

4. Applicable Requirements

The program shall be administered consistent with the editions adopted by the applicable authority having jurisdiction (AHJ) and other applicable requirements, including NFPA 25, NFPA 13, NFPA 14, NFPA 20, NFPA 22, NFPA 24, applicable fire/building codes, insurer requirements, and local policies. Where requirements conflict, the more restrictive applicable requirement shall be followed unless the AHJ directs otherwise.

5. Definitions

Impairment: A condition in which a fire protection system or component is taken out of service, degraded, isolated, or otherwise unable to perform its intended function.

Planned/Pre-Planned Impairment: An impairment scheduled in advance for maintenance, inspection, testing, construction, modification, repair, or replacement.

Emergency Impairment: An unplanned condition caused by damage, malfunction, leakage, accidental valve closure, utility interruption, freezing, vandalism, or other unexpected event.

Fire Watch: A trained person or persons assigned to continuously monitor an affected area for fire and initiate emergency notification and response.

AHJ: Authority Having Jurisdiction.

Compensatory Measures: Temporary measures used to reduce risk while fire protection is impaired.

6. Responsibilities

Facilities: Owns the impairment process; coordinates work; verifies system boundaries; controls valves and restoration; maintains records; and coordinates contractors.

Corrections/Jail Administration: Evaluates detention impacts, staffing, relocation needs, housing restrictions, and secure movement requirements.

Court Administration: Evaluates court-operation impacts and coordinates postponement, relocation, or other operational controls when needed.

Security/Law Enforcement: Controls secure access, emergency responder entry, security staffing, and movement restrictions.

Buffalo County Board of Commissioners/Board Administrator/Risk Management: Provides risk oversight, assists with compensatory measures, notifications, and program review.

Contractors/Vendors: Follow the approved impairment plan, provide qualified personnel, identify system boundaries, maintain safe work practices, and notify Facilities of changes or completion.

AHJ/Fire Department: Is notified as required and may establish additional conditions, fire watch requirements, or restrictions.

7. Impairment Classification

LEVEL 1 — Limited impairment: A localized component or area is affected while the remainder of the system remains substantially available. Appropriate controls and notifications shall be established.

LEVEL 2 — Significant impairment: A major portion of a system, an entire system, a water supply, fire pump, standpipe, or significant occupied area is affected. Enhanced compensatory measures and notifications are required.

LEVEL 3 — Critical impairment: Fire protection is unavailable to a major portion of the facility, a detention area, or other critical occupancy; or multiple systems/water supplies are affected. Immediate management action, fire watch, operational restrictions, and AHJ coordination are required.

8. Planned / Pre-Planned Impairment Procedure

1. Define the exact system and boundaries to be impaired.
2. Identify affected buildings, floors, rooms, detention areas, and operations.
3. Determine the impairment level.
4. Obtain required approval before work begins.
5. Coordinate with the contractor/vendor and establish start/stop times.
6. Notify affected departments, monitoring provider, AHJ/fire department, and insurer when required.
7. Establish fire watch and compensatory measures as required.
8. Restrict hot work and other high-risk activities unless specifically evaluated and authorized.
9. Close or restrict affected court/detention operations when risk cannot be adequately controlled.
10. Place impairment tags/signage at appropriate locations.
11. Begin work only after all required controls are in place.
12. Restore the system as soon as practical after work is complete.

9. Detention-Area Impairment Procedure

When a detention area is affected, the responsible Corrections/Jail authority shall determine whether normal occupancy can continue. Consider the availability of a functioning sprinkler/standpipe system, detection/alarm systems, staffing, fire watch coverage, smoke control, egress, secure movement routes, and the ability to relocate detainees. If adequate compensatory measures cannot be maintained, affected housing or operations shall be restricted or relocated. Detainee movement shall be coordinated through normal security procedures.

10. Fire Watch Requirements

A fire watch shall be established when required by the impairment classification, AHJ, risk assessment, or facility management. Fire-watch personnel shall be trained on the affected areas, emergency notification procedures, evacuation/relocation procedures, extinguisher use where appropriate, and security restrictions. The fire watch shall be continuous for the period required by the impairment plan. Fire-watch personnel shall not perform unrelated duties that prevent effective monitoring. Rounds and observations shall be documented.

11. Emergency Impairment Procedure

Upon discovering an emergency impairment, immediately notify Facilities and the responsible operational authority. Identify the affected system and area, secure the impairment as safely as possible, and determine the impairment level. Notify the monitoring provider, AHJ/fire department, management, and other required parties. Establish fire watch and compensatory measures without delay. Restrict high-risk activities and affected operations. If the risk cannot be adequately controlled, relocate detainees, close affected areas, or suspend operations as appropriate. Begin emergency repair/restoration and document all actions.

12. Hot Work and High-Risk Activities

Hot work, open flame, combustible loading, hazardous maintenance, and other high-risk activities shall be suspended in affected areas unless specifically evaluated and authorized under applicable hot-work and safety procedures. Temporary impairment shall not be used as a reason to bypass fire prevention controls.

13. Court Operations

Court operations shall be evaluated whenever an impairment affects courtrooms, holding areas, public assembly areas, or required egress. Court Administration shall coordinate with Security, Facilities, and the responsible judicial authority regarding relocation, delayed opening, restricted occupancy, or other operational controls when necessary.

14. Notification Matrix

At a minimum, notifications shall be based on the impairment level and affected area. Facilities shall coordinate with: Corrections/Jail Administration for detention impacts; Court Administration for court impacts; Security/Law Enforcement for secure-area impacts; monitoring provider for monitored systems; AHJ/fire department as required; Buffalo County Board of Commissioners/Board Administrator/Risk Management; and the insurer when required by policy. Emergency impairments shall be communicated immediately to the parties necessary to control risk.

15. Impairment Tagging and Identification

Approved impairment tags/signage shall identify the impaired system, affected area, date/time, responsible person, impairment level, and required compensatory measures. Tags shall remain in place until restoration is verified and the impairment is formally closed.

16. Restoration Procedure

After work is complete, inspect the affected system, return valves to normal position, restore water supplies, restore pumps and supervisory devices, conduct required testing, verify alarm/monitoring signals, and confirm that protection is fully operational. Remove impairment tags only after restoration has been verified. Notify all previously notified parties of restoration. Document the final status and close the impairment record.

17. Impairment Permit

Each planned impairment shall be documented on an impairment permit containing: system affected; location; reason; start time; expected completion; impairment level; affected operations; responsible person; contractor; notifications; fire-watch requirements; compensatory measures; restrictions; restoration verification; and closeout signatures. Emergency impairments shall be documented as soon as practical.

18. Decision Matrix — Immediate Use

STEP 1 — Identify the condition. What system/component is impaired? What areas are affected?

STEP 2 — Determine extent. Local component, zone/system, water supply, fire pump, standpipe, or multiple systems?

STEP 3 — Identify occupancy. Public, court, administrative, detention, medical, kitchen, storage, or other critical area?

STEP 4 — Classify. Level 1, 2, or 3 based on extent and operational risk.

STEP 5 — Control. Establish fire watch, notifications, access controls, restrictions, and compensatory measures.

STEP 6 — Detention decision. If detention protection is materially reduced, determine whether housing/operations can continue or detainees must be relocated.

STEP 7 — Restore. Repair and restore as soon as practical; verify normal condition before closeout.

19. Emergency Command Card

STOP/CONTROL — Stop affected work and control the hazard.

IDENTIFY — Identify system, boundary, affected area, and impairment level.

NOTIFY — Notify Facilities and affected operational leadership; contact AHJ/fire department and monitoring provider as required.

PROTECT — Establish fire watch and compensatory measures.

RESTRICT — Suspend high-risk activities and restrict affected operations when necessary.

RELOCATE — Move detainees or occupants when protection cannot be adequately maintained.

RESTORE — Repair, test, verify, notify, document, and close the impairment.

20. Management of Change

Any permanent modification, repeated impairment condition, change in occupancy, construction project, or operational change that affects fire protection shall be reviewed through the facility's management-of-change process. Required drawings, signage, training, procedures, testing, and AHJ coordination shall be updated before or at the time of implementation.

21. After-Hours Impairments

Emergency impairments occurring outside normal business hours shall be managed through the facility's designated on-call or command structure. The person discovering the impairment shall not delay protective actions while waiting for routine administrative personnel. Security and Corrections leadership shall maintain awareness of the impairment until restoration is confirmed.

22. Records and Documentation

Maintain impairment permits, fire-watch logs, notification records, work orders, inspection/testing documentation, restoration records, contractor reports, and related correspondence in accordance with county record-retention requirements. Records shall be available for AHJ, insurer, inspection, audit, and incident-review purposes.

23. Training

Personnel with impairment responsibilities shall receive initial and periodic training on this program, notification requirements, fire-watch responsibilities, detention relocation considerations, emergency procedures, and restoration verification. Training shall be documented.

24. Program Review

This program shall be reviewed at least annually and after significant impairments, fire incidents, major facility modifications, or changes in applicable requirements. Lessons learned shall be incorporated into revisions.

Appendix A — Emergency Contact / Notification List

Maintain current names and telephone numbers for: Facilities/on-call personnel; Jail/Corrections command; Court Administration; Security/Law Enforcement; Buffalo County Board of Commissioners/Board Administrator/Risk Management; monitoring provider; sprinkler/fire protection contractor; AHJ/fire department; insurer; and county administration.

Appendix B — Fire Protection System Information

Maintain current information for sprinkler risers, control valves, alarm/supervisory devices, fire pumps, standpipes, fire department connections, water storage, fire service mains, zones, and other critical components. Include system identification, location, normal valve position, monitoring status, and responsible department.

Appendix C — Impairment Closeout Checklist

□ Work completed.

□ System visually inspected.

□ Valves returned to normal position.

□ Water supply restored.

□ Fire pump restored, if applicable.

□ Alarm/supervisory monitoring restored.

□ Required testing completed.

□ Fire watch terminated by authorized person.

□ Restrictions removed only after verification.

□ AHJ/monitoring/management notified of restoration as required.

□ Impairment tags removed.

□ Permit and supporting records completed.

□ Lessons learned or corrective actions documented.

Appendix D — Fire Protection Impairment Decision Matrix

Condition / Action:

Localized component impairment → Evaluate Level 1; establish controls and notification; restore promptly.

Major zone/system impairment → Evaluate Level 2; establish enhanced compensatory measures and fire watch as required.

Water supply/fire pump unavailable → At least Level 2; coordinate AHJ and establish appropriate fire watch/restrictions.

Detention housing protection impaired → Evaluate Level 1, 2 or 3 based on extent; Corrections leadership determines continued occupancy versus relocation.

Multiple systems or major facility protection unavailable → Level 3; immediate command notification, fire watch, operational restrictions, AHJ coordination, and rapid restoration.

Emergency damage/leak with uncertain extent → Treat conservatively until extent is confirmed; protect affected area and escalate as needed.

Appendix E — Approval and Revision History

Revision 0 — Effective 11/10/2026 — Initial issuance.

Approved By: Buffalo County Board of Commissioners.

Future revisions shall identify the revision number, effective date, summary of changes, and approving authority.

Approval

Approved By	Buffalo County Board of Commissioners
Effective Date	11/10/2026
Revision	0
Approval Signature / Date	_____

Fire Protection Water-Based System Impairment Program

Buffalo County Courthouse/Jail/Justice Center

Document Owner	Buffalo County, Nebraska
Facility	Buffalo County Courthouse/Jail/Justice Center
Address	1512 Central Ave., Kearney, NE 68847
Program Owner	Facilities OMP
Effective Date	11/10/2026
Revision	0
Approved By	Buffalo County Board of Commissioners

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2. Scope

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The facility combines judicial, administrative, detention, security, and public-access functions. Impairments shall therefore be evaluated for effects on housing units, booking/intake, segregation, medical areas, kitchens, evidence/storage areas, secure circulation, courtrooms, holding cells, sally ports, mechanical/electrical spaces, and other high-risk or occupied areas. Fire protection impairment decisions shall account for continuous occupancy, detainee evacuation limitations, secure-area access, court schedules, and emergency responder access.

4. Applicable Requirements

The program shall be administered consistent with the editions adopted by the applicable authority having jurisdiction (AHJ) and other applicable requirements, including NFPA 25, NFPA 13, NFPA 14, NFPA 20, NFPA 22, NFPA 24, applicable fire/building codes, insurer requirements, and local policies. Where requirements conflict, the more restrictive applicable requirement shall be followed unless the AHJ directs otherwise.

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Fire Watch: A trained person or persons assigned to continuously monitor an affected area for fire and initiate emergency notification and response.

AHJ: Authority Having Jurisdiction.

Compensatory Measures: Temporary measures used to reduce risk while fire protection is impaired.

6. Responsibilities

Facilities: Owns the impairment process; coordinates work; verifies system boundaries; controls valves and restoration; maintains records; and coordinates contractors.

Corrections/Jail Administration: Evaluates detention impacts, staffing, relocation needs, housing restrictions, and secure movement requirements.

Court Administration: Evaluates court-operation impacts and coordinates postponement, relocation, or other operational controls when needed.

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Contractors/Vendors: Follow the approved impairment plan, provide qualified personnel, identify system boundaries, maintain safe work practices, and notify Facilities of changes or completion.

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7. Impairment Classification

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8. Planned / Pre-Planned Impairment Procedure

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3. Determine the impairment level.
4. Obtain required approval before work begins.
5. Coordinate with the contractor/vendor and establish start/stop times.
6. Notify affected departments, monitoring provider, AHJ/fire department, and insurer when required.
7. Establish fire watch and compensatory measures as required.
8. Restrict hot work and other high-risk activities unless specifically evaluated and authorized.
9. Close or restrict affected court/detention operations when risk cannot be adequately controlled.
10. Place impairment tags/signage at appropriate locations.
11. Begin work only after all required controls are in place.
12. Restore the system as soon as practical after work is complete.

9. Detention-Area Impairment Procedure

When a detention area is affected, the responsible Corrections/Jail authority shall determine whether normal occupancy can continue. Consider the availability of a functioning sprinkler/standpipe system, detection/alarm systems, staffing, fire watch coverage, smoke control, egress, secure movement routes, and the ability to relocate detainees. If adequate compensatory measures cannot be maintained, affected housing or operations shall be restricted or relocated. Detainee movement shall be coordinated through normal security procedures.

10. Fire Watch Requirements

A fire watch shall be established when required by the impairment classification, AHJ, risk assessment, or facility management. Fire-watch personnel shall be trained on the affected areas, emergency notification procedures, evacuation/relocation procedures, extinguisher use where appropriate, and security restrictions. The fire watch shall be continuous for the period required by the impairment plan. Fire-watch personnel shall not perform unrelated duties that prevent effective monitoring. Rounds and observations shall be documented.

11. Emergency Impairment Procedure

Upon discovering an emergency impairment, immediately notify Facilities and the responsible operational authority. Identify the affected system and area, secure the impairment as safely as possible, and determine the impairment level. Notify the monitoring provider, AHJ/fire department, management, and other required parties. Establish fire watch and compensatory measures without delay. Restrict high-risk activities and affected operations. If the risk cannot be adequately controlled, relocate detainees, close affected areas, or suspend operations as appropriate. Begin emergency repair/restoration and document all actions.

12. Hot Work and High-Risk Activities

Hot work, open flame, combustible loading, hazardous maintenance, and other high-risk activities shall be suspended in affected areas unless specifically evaluated and authorized under applicable hot-work and safety procedures. Temporary impairment shall not be used as a reason to bypass fire prevention controls.

13. Court Operations

Court operations shall be evaluated whenever an impairment affects courtrooms, holding areas, public assembly areas, or required egress. Court Administration shall coordinate with Security, Facilities, and the responsible judicial authority regarding relocation, delayed opening, restricted occupancy, or other operational controls when necessary.

14. Notification Matrix

At a minimum, notifications shall be based on the impairment level and affected area. Facilities shall coordinate with: Corrections/Jail Administration for detention impacts; Court Administration for court impacts; Security/Law Enforcement for secure-area impacts; monitoring provider for monitored systems; AHJ/fire department as required; Buffalo County Board of Commissioners/Board Administrator/Risk Management; and the insurer when required by policy. Emergency impairments shall be communicated immediately to the parties necessary to control risk.

15. Impairment Tagging and Identification

Approved impairment tags/signage shall identify the impaired system, affected area, date/time, responsible person, impairment level, and required compensatory measures. Tags shall remain in place until restoration is verified and the impairment is formally closed.

16. Restoration Procedure

After work is complete, inspect the affected system, return valves to normal position, restore water supplies, restore pumps and supervisory devices, conduct required testing, verify alarm/monitoring signals, and confirm that protection is fully operational. Remove impairment tags only after restoration has been verified. Notify all previously notified parties of restoration. Document the final status and close the impairment record.

17. Impairment Permit

Each planned impairment shall be documented on an impairment permit containing: system affected; location; reason; start time; expected completion; impairment level; affected operations; responsible person; contractor; notifications; fire-watch requirements; compensatory measures; restrictions; restoration verification; and closeout signatures. Emergency impairments shall be documented as soon as practical.

18. Decision Matrix — Immediate Use

STEP 1 — Identify the condition. What system/component is impaired? What areas are affected?

STEP 2 — Determine extent. Local component, zone/system, water supply, fire pump, standpipe, or multiple systems?

STEP 3 — Identify occupancy. Public, court, administrative, detention, medical, kitchen, storage, or other critical area?

STEP 4 — Classify. Level 1, 2, or 3 based on extent and operational risk.

STEP 5 — Control. Establish fire watch, notifications, access controls, restrictions, and compensatory measures.

STEP 6 — Detention decision. If detention protection is materially reduced, determine whether housing/operations can continue or detainees must be relocated.

STEP 7 — Restore. Repair and restore as soon as practical; verify normal condition before closeout.

19. Emergency Command Card

STOP/CONTROL — Stop affected work and control the hazard.

IDENTIFY — Identify system, boundary, affected area, and impairment level.

NOTIFY — Notify Facilities and affected operational leadership; contact AHJ/fire department and monitoring provider as required.

PROTECT — Establish fire watch and compensatory measures.

RESTRICT — Suspend high-risk activities and restrict affected operations when necessary.

RELOCATE — Move detainees or occupants when protection cannot be adequately maintained.

RESTORE — Repair, test, verify, notify, document, and close the impairment.

20. Management of Change

Any permanent modification, repeated impairment condition, change in occupancy, construction project, or operational change that affects fire protection shall be reviewed through the facility's management-of-change process. Required drawings, signage, training, procedures, testing, and AHJ coordination shall be updated before or at the time of implementation.

21. After-Hours Impairments

Emergency impairments occurring outside normal business hours shall be managed through the facility's designated on-call or command structure. The person discovering the impairment shall not delay protective actions while waiting for routine administrative personnel. Security and Corrections leadership shall maintain awareness of the impairment until restoration is confirmed.

22. Records and Documentation

Maintain impairment permits, fire-watch logs, notification records, work orders, inspection/testing documentation, restoration records, contractor reports, and related correspondence in accordance with county record-retention requirements. Records shall be available for AHJ, insurer, inspection, audit, and incident-review purposes.

23. Training

Personnel with impairment responsibilities shall receive initial and periodic training on this program, notification requirements, fire-watch responsibilities, detention relocation considerations, emergency procedures, and restoration verification. Training shall be documented.

24. Program Review

This program shall be reviewed at least annually and after significant impairments, fire incidents, major facility modifications, or changes in applicable requirements. Lessons learned shall be incorporated into revisions.

Appendix A — Emergency Contact / Notification List

Maintain current names and telephone numbers for: Facilities/on-call personnel; Jail/Corrections command; Court Administration; Security/Law Enforcement; Buffalo County Board of Commissioners/Board Administrator/Risk Management; monitoring provider; sprinkler/fire protection contractor; AHJ/fire department; insurer; and county administration.

Appendix B — Fire Protection System Information

Maintain current information for sprinkler risers, control valves, alarm/supervisory devices, fire pumps, standpipes, fire department connections, water storage, fire service mains, zones, and other critical components. Include system identification, location, normal valve position, monitoring status, and responsible department.

Appendix C — Impairment Closeout Checklist

□ Work completed.

□ System visually inspected.

□ Valves returned to normal position.

□ Water supply restored.

□ Fire pump restored, if applicable.

□ Alarm/supervisory monitoring restored.

□ Required testing completed.

□ Fire watch terminated by authorized person.

□ Restrictions removed only after verification.

□ AHJ/monitoring/management notified of restoration as required.

□ Impairment tags removed.

□ Permit and supporting records completed.

□ Lessons learned or corrective actions documented.

Appendix D — Fire Protection Impairment Decision Matrix

Condition / Action:

Localized component impairment → Evaluate Level 1; establish controls and notification; restore promptly.

Major zone/system impairment → Evaluate Level 2; establish enhanced compensatory measures and fire watch as required.

Water supply/fire pump unavailable → At least Level 2; coordinate AHJ and establish appropriate fire watch/restrictions.

Detention housing protection impaired → Evaluate Level 1, 2 or 3 based on extent; Corrections leadership determines continued occupancy versus relocation.

Multiple systems or major facility protection unavailable → Level 3; immediate command notification, fire watch, operational restrictions, AHJ coordination, and rapid restoration.

Emergency damage/leak with uncertain extent → Treat conservatively until extent is confirmed; protect affected area and escalate as needed.

Appendix E — Approval and Revision History

Revision 0 — Effective 11/10/2026 — Initial issuance.

Approved By: Buffalo County Board of Commissioners.

Future revisions shall identify the revision number, effective date, summary of changes, and approving authority.

Approval

Approved By	Buffalo County Board of Commissioners
Effective Date	11/10/2026
Revision	0
Approval Signature / Date	_____

FIRE PROTECTION IMPAIRMENT CHECKLIST

Buffalo County Courthouse / Jail / Justice Center

1512 Central Ave., Kearney, NE 68847 | Buffalo County, Nebraska

Permit / work order no.: _____	Date: ____ / ____ / _____
Impairment type: ☐ Planned ☐ Emergency	System: ☐ Sprinkler ☐ Standpipe ☐ Fire pump ☐ Water supply ☐ Other
Affected building / area / floor / zone:	_____
Responsible coordinator:	_____
Contractor / technician and phone:	_____
Planned start date/time:	_____
Expected restoration date/time:	_____

A. BEFORE IMPAIRMENT — PLANNING AND AUTHORIZATION

Checklist item	Yes	No	N/A	Notes / initials
Scope, exact location, affected equipment, valves and zones identified	☐	☐	☐	_____
Reason for impairment documented; duration minimized and work coordinated	☐	☐	☐	_____
Impairment permit completed and approval obtained before planned work	☐	☐	☐	_____
Facility impairment coordinator and responsible supervisor identified	☐	☐	☐	_____
Facility Fire Protection Impairment Program and applicable AHJ requirements reviewed	☐	☐	☐	_____
Jail / court / facility leadership notified as required	☐	☐	☐	_____
Fire department / AHJ notified as required by site procedure or applicable rules	☐	☐	☐	_____
Alarm monitoring company notified of expected signal changes, if applicable	☐	☐	☐	_____
Affected occupants, departments, security staff and other stakeholders notified	☐	☐	☐	_____
Fire watch need assessed; trained personnel and patrol plan arranged if required	☐	☐	☐	_____
Alternative protection and temporary safeguards evaluated and arranged	☐	☐	☐	_____
Hot work, smoking, ignition sources and combustible storage controlled	☐	☐	☐	_____

Fire lanes, exits, access routes and emergency response arrangements maintained	☐	☐	☐	_____
Impairment tags / signs and contact information prepared for affected equipment	☐	☐	☐	_____
Required tools, parts, testing arrangements and restoration plan confirmed	☐	☐	☐	_____

B. DURING IMPAIRMENT — SAFEGUARDS AND MONITORING

Checklist item	Yes	No	N/A	Notes / initials
Impairment start time recorded; affected system isolated only as necessary	☐	☐	☐	_____
Required notifications completed and confirmation / contact names recorded	☐	☐	☐	_____
Impairment tags / signs posted at affected control valves or equipment	☐	☐	☐	_____
Fire watch / patrol started if required; route, frequency and logs established	☐	☐	☐	_____
Fire watch personnel have reliable communications and know how to report an alarm	☐	☐	☐	_____
Portable extinguishers and other approved temporary safeguards available as required	☐	☐	☐	_____
Combustible loading and ignition sources minimized in affected areas	☐	☐	☐	_____
No unrelated work allowed to expand the impairment scope without approval	☐	☐	☐	_____
Impairment status and expected restoration communicated to responsible staff	☐	☐	☐	_____

Any change in risk, scope or duration reassessed and escalated promptly	☐	☐	☐	_____

C. RESTORATION — RETURN TO NORMAL SERVICE

Checklist item	Yes	No	N/A	Notes / initials
Work complete and equipment ready for restoration	☐	☐	☐	_____
System restored promptly in accordance with manufacturer / site procedures	☐	☐	☐	_____
Control valves returned to correct normal position and secured as designed	☐	☐	☐	_____
Fire pump / water supply / system components returned to normal, as applicable	☐	☐	☐	_____
Required inspections, tests and functional checks completed and documented	☐	☐	☐	_____
Alarm / supervisory signals and monitoring confirmed normal, as applicable	☐	☐	☐	_____
Monitoring company notified that system is restored, if applicable	☐	☐	☐	_____
Fire department / AHJ and facility stakeholders notified of restoration as required	☐	☐	☐	_____
Impairment tags / signs removed only after restoration is verified	☐	☐	☐	_____
Fire watch discontinued only after authorized person confirms protection is restored	☐	☐	☐	_____
Outstanding deficiencies documented, assigned and tracked to completion	☐	☐	☐	_____
Restoration date/time and	☐	☐	☐	_____

verifying person recorded; permit closed				

D. EMERGENCY IMPAIRMENT — ADDITIONAL ACTIONS

Checklist item	Yes	No	N/A	Notes / initials
Time discovered, affected system and person discovering outage recorded	☐	☐	☐	_____
Immediate hazard assessment completed; coordinator / supervisor notified	☐	☐	☐	_____
Required emergency notifications made without delay	☐	☐	☐	_____
Temporary safeguards and fire watch implemented as required	☐	☐	☐	_____
Operations in affected areas restricted or suspended if risk cannot be adequately controlled	☐	☐	☐	_____
Repair / restoration prioritized; status updates communicated to facility leadership	☐	☐	☐	_____
Follow-up permit or work order created and incident / action log retained	☐	☐	☐	_____

E. SIGN-OFF AND RECORD

Checklist completed by: _____	Date/time: _____
Impairment authorized by: _____	Date/time: _____
Restoration verified by: _____	Date/time: _____
Permit closed by: _____	Date/time: _____
Exceptions / corrective actions / follow-up:	_____
	_____

IMPORTANT: Use this checklist with the facility's approved Fire Protection Impairment Program, permit, and applicable codes / Authority Having Jurisdiction (AHJ) direction. This checklist does not replace required notifications, approvals, fire watch, testing, or other safeguards. For an emergency impairment, begin immediate risk controls and notifications; complete documentation as soon as practical under site procedures.

FIRE PROTECTION SYSTEM IMPAIRMENT PERMIT

Buffalo County Courthouse / Jail / Justice Center

1512 Central Ave., Kearney, NE 68847 | Document Owner: Buffalo County, Nebraska

PERMIT CONTROL
Permit No.: _____ Date Requested: ____ / ____ / _____ ☐ Planned ☐ Emergency
Requested by: _____ Company/Department: _____
Phone: _____ Email: _____

1. SYSTEM / LOCATION TO BE IMPAIRED

Building / Area / Floor / Room(s): _____
System type (check all that apply): ☐ Automatic sprinkler ☐ Standpipe ☐ Fire pump ☐ Water supply ☐ Fire alarm / monitoring interface ☐ Other: _____
Affected valves / risers / equipment / zones: _____
Reason and scope of impairment: _____
_____

2. PLANNED IMPAIRMENT SCHEDULE

Start date: ____ / ____ / _____ Start time: _____ ☐ AM ☐ PM
Expected restoration date: ____ / ____ / _____ Expected restoration time: _____ ☐ AM ☐ PM
Estimated duration: _____ Work order / project no.: _____
Contractor / technician in charge: _____ On-site phone: _____

3. RISK REVIEW AND REQUIRED PRECAUTIONS

Complete before authorizing the impairment. Mark Yes / No / N/A and describe controls where needed.

Review item	Yes	No	N/A	Notes / controls
Affected area and extent identified	☐	☐	☐	_____
Alternate protection available / evaluated	☐	☐	☐	_____
Hot work or other ignition sources controlled	☐	☐	☐	_____
Combustible loading / storage reviewed	☐	☐	☐	_____
Affected occupants / departments notified	☐	☐	☐	_____
Fire alarm / monitoring company notified, if applicable	☐	☐	☐	_____
Fire department / AHJ notified as required	☐	☐	☐	_____
Fire watch required and assigned, if applicable	☐	☐	☐	Name / location: _____
Emergency access, exits, and response plan reviewed	☐	☐	☐	_____
Impairment tag / notification posted at affected equipment	☐	☐	☐	_____

4. INTERIM SAFEGUARDS / FIRE WATCH PLAN

Safeguards (e.g., fire watch patrol frequency and route, communications, extinguishers, temporary protection):
_____
_____

Fire watch assigned to: _____ Supervisor: _____
Patrol frequency / locations: _____ Start: _____ End: _____

5. AUTHORIZATION BEFORE IMPAIRMENT

Do not begin work until authorization is granted and required notifications and safeguards are in place.

Facility / Impairment Coordinator: _____ Signature: _____ Date/time: _____
Facilities / Maintenance Representative: _____ Signature: _____ Date/time: _____
Fire / Life Safety or AHJ approval (if required): _____ Signature: _____ Date/time: _____
Additional approval (e.g., Jail Administrator / Court Administrator): _____ Signature: _____ Date/time: _____
Permit status: ☐ Approved ☐ Approved with conditions (list below) ☐ Denied
Conditions / limitations: _____
_____

6. RESTORATION AND RETURN TO SERVICE

Work completed by: _____ Completion date/time: _____
☐ System restored to normal ☐ Control valves returned to correct position and secured ☐ Supervisory / alarm signals normal
☐ Required tests / inspections completed ☐ Monitoring company notified of restoration ☐ Fire department / AHJ notified as required
☐ Impairment tags removed ☐ Occupants / departments notified ☐ Fire watch ended only after approval
Deficiencies / outstanding work / follow-up required: _____
_____
Restoration verified by: _____ Signature: _____ Date/time: _____
Permit closed by: _____ Signature: _____ Date/time: _____

7. EMERGENCY IMPAIRMENT RECORD (COMPLETE FOR UNPLANNED OUTAGES)

Date/time discovered: _____ Discovered by: _____
Immediate actions taken / notifications made (include times and contacts): _____
_____
Temporary safeguards implemented: _____
Follow-up permit / work order no.: _____ Estimated restoration: _____

IMPORTANT: This form is an administrative control record and does not replace applicable codes, the facility Fire Protection Impairment Program, or instructions from the Authority Having Jurisdiction (AHJ). Follow site procedures for notifications, fire watch, documentation, and restoration. Do not leave a system impaired longer than necessary.

From:	Steve Gaasch
To:	Heather Christensen
Subject:	Next Board Meeting Agenda
Date:	Wednesday, October 28, 2026 3:30:19 PM
Attachments:	Fire_Protection_Impairment_Checklist.pdf Fire_Protection_Impairment_Permit_Form.pdf Buffalo County Fire Protection Impairment Program - Preliminary 10-28-26.pdf

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Hi Heather,

Would you add review and approval of the “Fire Protection System Impairment Program” to the agenda for the next Board meeting? This is one of the recommendations from the NIRMA / HSB building audit that we had recently. I’m attaching the Program, and a permit form and checklist form that will be utilized along with it. I would like to get the Board’s approval on the Program itself.

Let me know if you have any questions. Shawn has review this and given his approval.

Thank you.

Steve

Stephen A. Gaasch
Stephen A. Gaasch
Buffalo County Facilities Director
(308)224-0108
sgaasch@buffalocounty.ne.gov

BUFFALO COUNTY
PLANNING & ZONING

Request for Proposal

Buffalo County, Nebraska: Section Corner Project

Purpose

Buffalo County, Nebraska is requesting proposals, by interested and qualified Professional Land Surveyors, licensed in the State of Nebraska, to locate, tie out, and provide GPS observation data and coordinates on section corners, located within Buffalo County. The project is intended to enhance GIS control, provide a more proficient mapping and data management program for county officials, as well as improve the overall accuracy of the land records within the county.

Background

The boundaries of Buffalo County were established in the Territorial Legislature in 1855. The county was officially organized in 1864, three years before Nebraska was admitted to the Union.
Situated on 968 square miles, Buffalo County seats 11 villages and cities: Amherst, Elm Creek, Gibbon, Kearney, Miller, Odessa, Pleasanton, Poole, Ravenna, Riverdale & Shelton.

Project Requirements

The vendor will be required to locate and acquire survey-grade coordinates on Public Land Survey System (PLSS) section corners within Buffalo County. Section Corners included in this project are limited to section and quarter corners only. All survey measurements must conform to the 2021 Minimum Standards for Surveys in Nebraska adopted on February 12, 2021, by the Professional Land Surveyors Association of Nebraska. All section corners with existing monumentation are to be located and tied out accordingly. Section corners that are deemed lost or obliterated or in need of perpetuation from ties that are missing a monument at the corner location will be reported to the Board Administrator, but are not to be measured or included in this project. The vendor will provide a list of the lost or obliterated section corner locations in need of perpetuation to Buffalo County for review at a later date.

Vendor shall provide to County:

- A digital coordinate file on all section corner points in latitude/longitude format (NATRF2022 datum) and Nebraska State Plane Zone 311022, zone name NE_GRIL. Coordinates will be in International Feet.
- A digital file of all raw data collected.
- A digital list of all lost or obliterated section corners encountered.
- A pdf copy of each signed and stamped section corner tie-out record on the form provided for each section corner.
- Each corner tie-out record shall be sent to the Nebraska Survey Record Repository for permanent recording by Surveyor.
- Each corner determined to be lost or insufficient data to replace the monument from existing information will be reported to the Board Administrator. The Board will determine whether these corners will be re-monumented by the County Surveyor as part of this project. Deliverables will be in NATFR2022 geodetic coordinates and Nebraska State Lane Zone 311022, NE_GRIL

Point Position Accuracy

All positions measured on sections corner monuments shall have a positional accuracy of 0.20'. Buffalo County may perform precision checks of data at any time during or within one year following the completion of the project. In the event of a discrepancy, the Contractor will be required to make any corrections or subsequent measurements to correct errors and satisfy the accuracy standards. GPS observations using a static or fast static method will require an occupation time of a minimum of 5 minutes each. GPS observations using RTK in a base/rover setup or RTN setup will require a point occupation time of 90 epochs. The RTK base/rover setup will require random checks into control monuments established and maintained in the NGS database for each beginning and ending of the base occupation time. The maximum allowable baseline from the base to the rover will be 4.25 miles. The base will be required to log data for post processing the control point position. All township corners shall have a minimum of two observations each being from a different day.

Section Corner Point Numbering

Every corner point shall be identified with the unique PID corner code format described in the instructions of the State Surveyor's Office for the Nebraska PLSS Corner project. The data is to be provided to County in a comma delimited text or spreadsheet format. Each record in the data file shall contain five fields: PID, Latitude, Longitude, HAE, and Description.

Questions Prior to Opening

All questions must be in writing and directed solely to the issuing office. Questions may be emailed or faxed to the contact person listed at the top of this RFP. Questions may be answered by directing the bidder to a specific section of the RFP. Questions may be answered by email. Other questions may be more complex and require a written amendment to the RFP. A summary of all pertinent questions and answers will be sent to participating vendors.

Preparation Costs

Buffalo County will not pay any cost(s) associated with the preparation, submittal, presentation, or evaluation of any proposal.

Award: All, Partial, or None

Bids will be analyzed and the award made to the most responsive, responsible bidder whose offer conforms to the solicitation, and is considered the most advantageous to Buffalo County. Buffalo County reserves the right to accept any proposal, which is deemed most favorable to its interest, and to reject any or all proposals which are not in the best interest of the county. Buffalo County may issue a purchase order, contract, or both as its notification of award to the successful bidder. Cost proposals shall include a per-section corner cost, a lump sum bid, and a timeline for completion. Buffalo County reserves the right to adjust the total quantity for this project for any reason including budget constraints and timeline.

Contract Changes

Changes or deviations from the contract documents; including those for extra or additional work must be submitted in writing for review of the Owner. No verbal Change Orders will be recognized.

Qualifications

The contractor responsible for work under this proposal shall have completed a job of similar work utilizing the same type of equipment and practices within the last 3 years. The contractor shall employ an experienced, competent and adequate work force licensed in their specific trade and properly supervised at all times. Unlicensed workers and general laborers shall be adequately supervised to insure competent and quality work and workmanship required by this contract and all other regulations, codes and practices. At all times the contractors shall comply with all applicable local, state and federal guidelines, practices and regulations. Failure to be able to comply with these requirements is suitable reason for rejection of a bid or termination of the contract.

Performance

Final acceptance of work shall be subject to the condition(s) that all data, records, systems, equipment, and apparatus operate satisfactorily.

The contractor warrants to the owner the quality of material, equipment, and workmanship under the specification division for a period of one year from and after completion of this project and acceptance by Buffalo County.

Permits, Codes, and Regulations

Contractor shall provide work in accordance with applicable codes, rules, and regulations of Local, State, and Federal Government and other authorities having lawful jurisdiction. The Contractor shall give all notices and comply with all laws, codes, ordinances, rules, and regulations bearing on the conduct of the work specified. If the Contractor observes that the contract documents are at variance with any rules and regulations, they shall promptly notify the Owner in writing, and any necessary changes shall be adjusted as provided in the contract for changes in the work. If the Contractor performs any work knowing it to be contrary to such laws, ordinances and regulations, and without such notice to the Owner, they shall bear all costs arising from violation.

Safety

Precautions shall be exercised at all times for the protection of all persons (including employees and visitors to job site) and property. The safety provisions of applicable laws, building and construction codes shall be observed. Machinery, equipment, and hazards shall be safe guarded.

Vendor Indemnity and Insurance Requirements

Contractor agrees at all times during the term of this agreement to indemnify, save harmless and defend the County, its Boards, Officers, Employees and Representatives against any and all liability, losses, damages, costs or expenses which the County, its Boards, Officers, Employees and Representatives may sustain, incur or be required to pay by reason of bodily injury, personal injury or property damage or other cause of action of whatsoever nature or kind arising out of or as a result of any negligent failure to act in connection with the provider occupying, furnishing services or goods required to be provided, however, that the provisions of this section shall not apply to liabilities, losses, charges, costs or expenses caused by or resulting from the acts or omissions of the County, its Agencies, Boards, Officers, Employees or Representatives.

Contract Surveyor agrees to obtain statutory workers compensation insurance and professional liability insurance in the amount of $1,000,000 and auto liability of $500,000 combined single limit and will provide Buffalo County with certificates of insurance indicating the required amounts of coverage are in effect with Buffalo County as an Additional Insured. The County shall be given thirty (30) days advance notice of cancellation, modification or non-renewal of any such policy during the term of this agreement.

Project Completion Date

The project completion date is to be determined.

Preparation of Proposals

Each offer must be legible and signed. All proposals must be submitted with the following information:

1. Name of Firm
2. Address
3. Phone numbers, office and mobile
4. Contact person
5. Nebraska Registered Land Surveyor responsible for the work
6. Proposed project start date and anticipated project completion date, if different than project completion date please specify reason for requested extension.
7. Lump sum bid for 500 section corner locations
8. Lump sum bid for 1000 section corner locations
9. Lump sum bid for 1500 section corner locations
10. Lump sum bid for 2000 section corner locations
11. Lump sum bid for 3000 section corner locations
12. Itemization of a per section corner cost (for quantity addition or reduction)

Submission of Proposal

All bids shall be provided and in a separate, sealed envelope, marked "**Buffalo County Section Corner Project**" on the outside, and addressed to:

Office of the County Clerk
Buffalo County, Nebraska
Buffalo County Courthouse
1512 Central Ave
PO Box 1270
Kearney, NE 68848
Attn: Heather Christensen, County Clerk

All bids must be received by the Buffalo County Clerk's Office ***no later than 9:30 a.m. on November 10, 2026.***

All requests for further information should be directed to:

Dennise Daniels, GIS Technician/Coordinator
Phone: (308) 236-1998
Email: ddaniels@buffalocounty.ne.gov

The Buffalo County Board of Commissioners reserves the right to reject any and all bids and to waive any informality in the bidding.