

[illegible]

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  | TK10                                                                 |  |   |  |                                                                     |  |   |  |                                                                   |  | Biotop-Nr.                        |  |                                                                           |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------|--|---|--|---------------------------------------------------------------------|--|---|--|-------------------------------------------------------------------|--|-----------------------------------|--|---------------------------------------------------------------------------|--|---|--|---|----------------|---|--|----------------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | 0                                                                    |  | 3 |  | 0                                                                   |  | 6 |  | -                                                                 |  | 4                                 |  | 1                                                                         |  | 2 |  | - |                | 4 |  | 0                                                                          |  | 1 |  | 6 |  |
| <b>Substrat</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | <b>Trophie</b>                                                       |  |   |  | <b>Wasserstufe</b>                                                  |  |   |  | <b>Relief</b>                                                     |  |                                   |  | <b>Exposition</b>                                                         |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | k g                                                                  |  |   |  | k g                                                                 |  |   |  | k g                                                               |  |                                   |  | k g                                                                       |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> g Torf, wenig gestört                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | <input type="checkbox"/> <input type="checkbox"/> dystroph           |  |   |  | <input type="checkbox"/> <input type="checkbox"/> trocken           |  |   |  | <input type="checkbox"/> <input type="checkbox"/> eben            |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> N                       |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Torf, degradiert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  | <input type="checkbox"/> <input type="checkbox"/> oligotroph         |  |   |  | <input type="checkbox"/> <input type="checkbox"/> mäßig trocken     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> wellig          |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> NO                      |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> g Antorf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  | <input type="checkbox"/> k <input type="checkbox"/> mesotroph        |  |   |  | <input type="checkbox"/> <input type="checkbox"/> wechselfeucht     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> kuppig          |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> O                       |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  | <input type="checkbox"/> <input type="checkbox"/> g eutroph          |  |   |  | <input type="checkbox"/> <input type="checkbox"/> frisch            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> düinig          |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> SO                      |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Kies / Steine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | <input type="checkbox"/> <input type="checkbox"/> poly- / hypertroph |  |   |  | <input type="checkbox"/> <input type="checkbox"/> feucht            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Berg / Rücken   |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> S                       |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Lehm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> g sehr feucht                              |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Riedel          |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> SW                      |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Ton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> g naß                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Flachhang <= 9° |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> W                       |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Halbkalk / Kalk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> offenes Wasser    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Steilhang > 9°  |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> NW                      |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Schlamm/Faulschlamm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nische          |  |                                   |  |                                                                           |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> gestörter Boden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> quellig           |  |   |  | <input type="checkbox"/> g Senke / Strecksenke                    |  |                                   |  |                                                                           |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kerbtal         |  |                                   |  |                                                                           |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Sohlental       |  |                                   |  |                                                                           |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| <b>NUTZUNGSMERKMALE ( k - kleinflächig, g - großflächig )</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |                                   |  |                                                                           |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| <b>Nutzungsintensität</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |                                   |  | <b>Umgebung</b>                                                           |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                      |  |   |  | k g                                                                 |  |   |  |                                                                   |  |                                   |  | k g                                                                       |  |   |  |   |                |   |  | k g                                                                        |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> intensiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fischerei         |  |   |  |                                                                   |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> Acker / Gartenbau       |  |   |  |   |                |   |  | <input type="checkbox"/> <input type="checkbox"/> Fließgewässer            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> extensiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Angeln            |  |   |  |                                                                   |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> Ackerbrache             |  |   |  |   |                |   |  | <input type="checkbox"/> <input type="checkbox"/> Stillgewässer            |  |   |  |   |  |
| <input type="checkbox"/> g aufgelassen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erholung          |  |   |  |                                                                   |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, intensiv      |  |   |  |   |                |   |  | <input type="checkbox"/> <input type="checkbox"/> Trockenbiotop            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> keine Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kleingartenbau    |  |   |  |                                                                   |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, extensiv      |  |   |  |   |                |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünanlage / Kleingarten |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erwerbsgartenbau  |  |   |  |                                                                   |  |                                   |  | <input type="checkbox"/> g Laub- / Mischwald                              |  |   |  |   |                |   |  | <input type="checkbox"/> <input type="checkbox"/> Weg                      |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ferienhäuser      |  |   |  |                                                                   |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> Nadelwald               |  |   |  |   |                |   |  | <input type="checkbox"/> <input type="checkbox"/> Straße, Parkplatz        |  |   |  |   |  |
| <b>Nutzungsart</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |                                   |  | <input type="checkbox"/> k Feuchtwald / -gebüsch                          |  |   |  |   |                |   |  | <input type="checkbox"/> <input type="checkbox"/> Bahnanlage               |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> Gehölz                  |  |   |  |   |                |   |  | <input type="checkbox"/> <input type="checkbox"/> Gewerbe / Industrie      |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme     |  |   |  |                                                                   |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> Röhricht / Feuchtbrache |  |   |  |   |                |   |  | <input type="checkbox"/> <input type="checkbox"/> Silo / Stallanlage       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Verkehr           |  |   |  |                                                                   |  |                                   |  | <input type="checkbox"/> k Hochstauden / Ruderalflur                      |  |   |  |   |                |   |  | <input type="checkbox"/> <input type="checkbox"/> Gebäude / Siedlung       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Weide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung: |  |   |  |                                                                   |  |                                   |  | <input type="checkbox"/> <input type="checkbox"/> Graben                  |  |   |  |   |                |   |  | <input type="checkbox"/> <input type="checkbox"/> Spülfeld / Halde         |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> forstliche Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |                                   |  |                                                                           |  |   |  |   |                |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |   |  |   |  |
| Pflanzenarten dominant ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br>Carex acutiformis Holcus lanatus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |                                   |  |                                                                           |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten ±zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br>Alopecurus pratensis <u>Carex panicea</u> Cirsium oleraceum Cirsium palustre<br>Epilobium hirsutum Eupatorium cannabinum Filipendula ulmaria Galium palustre<br>Myosotis palustris Phalaris arundinacea Ranunculus repens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |                                   |  |                                                                           |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten vereinzelt ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br><u>Achillea ptarmica</u> Agrostis canina Ajuga reptans Alnus glutinosa<br><u>Angelica sylvestris</u> Calamagrostis canescens Calamagrostis epigejos Caltha palustris<br><u>Carex disticha</u> <u>Carex flacca</u> <u>Carex flava</u> Carex hirta<br><u>Carex nigra</u> <u>Carex vesicaria</u> <u>Crepis paludosa</u> Deschampsia cespitosa<br><u>Galium boreale</u> <u>Galium uliginosum</u> Geranium palustre <b>Iris pseudacorus</b><br><u>Juncus conglomeratus</u> Juncus effusus Lathyrus pratensis Lotus uliginosus<br><u>Lychnis flos-cuculi</u> Lysimachia nummularia Lysimachia vulgaris Lythrum salicaria<br>Mentha aquatica Molinia caerulea Poa trivialis Ranunculus acris<br>Rumex acetosa Scutellaria galericulata Stellaria graminea <u>Valeriana dioica</u> |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |                                   |  |                                                                           |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |                                   |  |                                                                           |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  | Datum erste Begehung: 03.07.1997  |  |                                                                           |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  | Datum letzte Begehung: 14.08.1997 |  |                                                                           |  |   |  |   |                |   |  |                                                                            |  |   |  |   |  |
| Bearbeiter/in: StAUNHRO-Kiel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  | Foto: 1                           |  |                                                                           |  |   |  |   | Folgeseiten: 0 |   |  |                                                                            |  |   |  |   |  |

**Zusatzbogen (Pflanzenarten/Beschreibung)****TK10****Biotop-Nr.**

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 3 | 0 | 6 | - | 4 | 1 | 2 | - | 4 | 0 | 1 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

Fortsetzung Beschreibung

Fortsetzung Pflanzenarten dominant ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )

Fortsetzung Pflanzenarten zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )

Fortsetzung Pflanzenarten vereinzelt ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )  
*Vicia cracca*