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| <b>Schutzmerkmale</b><br>geschützt nach §20 LNatG M-V <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                          | <div style="display: flex; justify-content: space-between;"> <div> 1 - vollständig 2 - überwiegend 3 - zum geringen Teil<br/> NLP <input type="checkbox"/>    FND <input type="checkbox"/>    NP <input type="checkbox"/>    FiB <input type="checkbox"/><br/> NSG <input type="checkbox"/>    LSG <input type="checkbox"/>    BR <input type="checkbox"/>    FFH-Geb. <input type="checkbox"/><br/> ND <input type="checkbox"/>    GLB <input type="checkbox"/>    FnB <input type="checkbox"/>    Wald-Totalreservat <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                              |   |   |                                                       |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |   |   |   |   |   |   |   |   |                  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Hauptcod.</b> <b>Nebencode</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                          | <b>Überlagerungscode</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |   |                                                       |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |   |   |   |   |   |   |   |   |                  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Vegetationseinheiten</b><br>Winkelseggen- Erlen- Eschenwald                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |                                                       |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |   |   |   |   |   |   |   |   |                  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Habitate + Strukturen</b> <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td>H</td><td>D</td><td>K</td> <td>H</td><td>D</td><td>E</td> <td>H</td><td>M</td><td>S</td> <td>H</td><td>Z</td><td>I</td> <td>H</td><td>S</td><td>E</td> <td>H</td><td>T</td><td>A</td> <td>H</td><td>T</td><td>B</td> <td>H</td><td>A</td><td>O</td> <td>H</td><td>N</td><td>N</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> </table>                                                                                                                                                                                                                                  |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |                                                       | H                                                                                                                                                                                                                                                                                                                                 | D                                                                                                                                                                                                                        | K | H | D | E | H | M | S | H | Z                | I | H | S | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | H | T                | A | H | T | B | H | A | O | H | N | N |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Beschreibung / Besonderheiten</b><br>Nördlich von Alt Ravenhorst am südlichen Waldrand eines ausgedehnten Waldgebiets in einer Senke ausgeprägter Erlen- Eschenwald, der durch einen Entwässerungsgraben bereits beeinträchtigt wurde. Der Bestand liegt in einem Laubmischwald. Die Baumschicht ist einschichtig und besteht aus Eschen ( <i>Fraxinus excelsior</i> ) und Erlen ( <i>Alnus glutinosa</i> ). Die Strauchschicht wird überwiegend aus Eschenjungaufwuchs gebildet. Die Krautschicht enthält u.a. Gelbe Schwertlilie ( <i>Iris pseudacorus</i> , BAV), Gemeines Helmkraut ( <i>Scutellaria galericulata</i> ), Winkelsegge ( <i>Carex remota</i> ), Wasserschwaden ( <i>Glyceria fluitans</i> ). Die Fläche ist weiterhin gefährdet durch direkte und großräumige Entwässerung. Für ihren weiteren Erhalt wird die Reduzierung der Entwässerung bei Fortführung der bisherigen Nutzung empfohlen. |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |                                                       |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |   |   |   |   |   |   |   |   |                  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Wertbestimmende Kriterien</b> <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 50%;"> Artenreichtum (Flora)<br/> Vorkommen seltener / typischer Tierarten<br/> seltener / gefährdeter Pflanzenbestand<br/> seltene / gefährdete Pflanzengesellschaft<br/> natürliche / naturnahe Ausprägung des Biotops<br/> gute Ausbildung eines halbnatürlichen Biotops<br/> typische Zonierung von Biotoptypen<br/> Struktur- und Habitatreichtum </td> <td style="width: 50%;"> vielfältige Standortverhältnisse<br/> historische Nutzungsformen<br/> aktuelle Nutzung<br/> Flächengröße / Länge<br/> X Umgebung relativ störungsarm<br/> landschaftsprägender Charakter<br/> Trittsteinbiotop / Vernetzungsfunktion </td> </tr> </table>                                                                                                                                         |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |                                                       | Artenreichtum (Flora)<br>Vorkommen seltener / typischer Tierarten<br>seltener / gefährdeter Pflanzenbestand<br>seltene / gefährdete Pflanzengesellschaft<br>natürliche / naturnahe Ausprägung des Biotops<br>gute Ausbildung eines halbnatürlichen Biotops<br>typische Zonierung von Biotoptypen<br>Struktur- und Habitatreichtum | vielfältige Standortverhältnisse<br>historische Nutzungsformen<br>aktuelle Nutzung<br>Flächengröße / Länge<br>X Umgebung relativ störungsarm<br>landschaftsprägender Charakter<br>Trittsteinbiotop / Vernetzungsfunktion |   |   |   |   |   |   |   |   |                  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Gefährdung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |                                                       |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |   |   |   |   |   |   |   |   |                  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td>Y</td><td>W</td><td>G</td> <td>Y</td><td>W</td><td>E</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td style="text-align: right;">keine Gefährdung</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |                                                       | Y                                                                                                                                                                                                                                                                                                                                 | W                                                                                                                                                                                                                        | G | Y | W | E |   |   |   |   |                  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   | keine Gefährdung |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | W                                                                                                                                                                                                                        | G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Y | W | E                                                     |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |   |   |   |   |   |   |   |   | keine Gefährdung |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Empfehlung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |                                                       |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |   |   |   |   |   |   |   |   |                  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td>Z</td><td>S</td><td>E</td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |   |                                                       | Z                                                                                                                                                                                                                                                                                                                                 | S                                                                                                                                                                                                                        | E |   |   |   |   |   |   |   |                  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S                                                                                                                                                                                                                        | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |   |                                                       |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                          |   |   |   |   |   |   |   |   |                  |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | TK10                                                                   |  |   |  |                                                                            |  |   |  |                                                                                    |  | Biotop-Nr. |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
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| <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"/> <input type="checkbox"/> 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 checked="" type="checkbox"/> g 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"/> <input type="checkbox"/> Antorf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | <input type="checkbox"/> <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 checked="" 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 checked="" type="checkbox"/> g 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"/> <input checked="" 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"/> <input type="checkbox"/> 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"/> quellig                  |  |   |  | <input type="checkbox"/> <input checked="" type="checkbox"/> g Senke / Strecksenke |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> gestörter Boden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <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                                                                         |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> intensiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fischerei                        |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fließgewässer             |  |   |  |   |  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> g extensiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Angeln                           |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Stillgewässer             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> aufgelassen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erholung                         |  |            |  |                                                      |  |   |  |   |  |   |  | <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, intensiv        |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erwerbsgartenbau                 |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, extensiv        |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ferienhäuser                     |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Weg                       |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme                    |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Straße, Parkplatz         |  |   |  |   |  |
| <b>Nutzungsart</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Verkehr                          |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nadelwald                 |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ver- / Entsorgungsanlage         |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Feuchtwald / -gebüsch     |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Weide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung:                |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gehölz                    |  |   |  |   |  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> g forstliche Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Röhricht / Feuchtrache    |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Hochstauden / Ruderalflur |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Graben                    |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme             |  |   |  |   |  |
| Pflanzenarten dominant ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Pflanzenarten ±zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> Pflanzenarten vereinzelt<br/> Ajuga reptans<br/> Cirsium oleraceum<br/> Juncus effusus<br/> Ranunculus repens </div> <div style="width: 20%;"> ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br/> Alnus glutinosa<br/> Deschampsia cespitosa<br/> Lysimachia vulgaris<br/> Rubus spec. </div> <div style="width: 20%;"> Carex acutiformis<br/> Glyceria fluitans<br/> Mentha aquatica<br/> Scutellaria galericulata </div> <div style="width: 20%;"> Carex remota<br/> <b>Iris pseudacorus</b><br/> Phragmites australis </div> </div> |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                                    |  |            |  | Datum erste Begehung: 13.09.1999                     |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                                    |  |            |  | Datum letzte Begehung:                               |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Bearbeiter/in: StAUNHST-Krüger/Münnich                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                                    |  |            |  | Foto: 0                                              |  |   |  |   |  |   |  | Folgeseiten: 0                                                              |  |   |  |   |  |