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| <table border="1" style="width:100%;"> <tr> <th colspan="2">Hauptcod.</th> <th colspan="8">Nebencode</th> <th colspan="4">Überlagerungscode</th> </tr> <tr> <th>Code</th> <th>W</th><th>F</th><th>R</th> <th>W</th><th>N</th><th>R</th> <th>W</th><th>F</th><th>D</th> <th></th><th></th><th></th><th></th> <th>U</th><th>M</th><th>D</th><th></th><th></th><th></th> </tr> <tr> <td>%</td> <td></td><td>5</td><td>0</td> <td></td><td>3</td><td>0</td> <td></td><td>2</td><td>0</td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |           |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                           |                                                                                                                                                                                                                              |                                                                                           | Hauptcod. |   | Nebencode                                                                                  |   |   |                                                                                                                                       |                                                                                                                                          |   |   |                  | Überlagerungscode |   |   |   | Code                                                                                                                                        | W | F | R | W | N | R | W | F | D                                                                                                                                           |  |  |  |  | U | M | D |  |                                                                                                                                                                                                                                                                                                                                                                            |  | % |  | 5 | 0 |   | 3 | 0 |   | 2 | 0 |   |   |   |  |  |  |  |  |  |  |
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| Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | W | F         | R                                                                                           | W                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | N                                                                                          | R                                                                                          | W                                                                                                                                                                                                                                                                   | F                                                                                                                                       | D                                                                                                         |                                                                                                                                                                                                                              |                                                                                           |           |   | U                                                                                          | M | D |                                                                                                                                       |                                                                                                                                          |   |   |                  |                   |   |   |   |                                                                                                                                             |   |   |   |   |   |   |   |   |                                                                                                                                             |  |  |  |  |   |   |   |  |                                                                                                                                                                                                                                                                                                                                                                            |  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   | 5         | 0                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3                                                                                          | 0                                                                                          |                                                                                                                                                                                                                                                                     | 2                                                                                                                                       | 0                                                                                                         |                                                                                                                                                                                                                              |                                                                                           |           |   |                                                                                            |   |   |                                                                                                                                       |                                                                                                                                          |   |   |                  |                   |   |   |   |                                                                                                                                             |   |   |   |   |   |   |   |   |                                                                                                                                             |  |  |  |  |   |   |   |  |                                                                                                                                                                                                                                                                                                                                                                            |  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| <b>Vegetationseinheiten</b><br>Sumpfreitgras- Erlenbruch, Sumpfsseggen- Erlenbruch, Brennessel- Erlenwald                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |           |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                           |                                                                                                                                                                                                                              |                                                                                           |           |   |                                                                                            |   |   |                                                                                                                                       |                                                                                                                                          |   |   |                  |                   |   |   |   |                                                                                                                                             |   |   |   |   |   |   |   |   |                                                                                                                                             |  |  |  |  |   |   |   |  |                                                                                                                                                                                                                                                                                                                                                                            |  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| <b>Habitate + Strukturen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |           |                                                                                             | H                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D                                                                                          | K                                                                                          | H                                                                                                                                                                                                                                                                   | D                                                                                                                                       | E                                                                                                         | H                                                                                                                                                                                                                            | S                                                                                         | E         | H | Z                                                                                          | I | H | A                                                                                                                                     | O                                                                                                                                        | H | N | N                | H                 | T | B | H | M                                                                                                                                           | S | H | T | A |   |   |   |   |                                                                                                                                             |  |  |  |  |   |   |   |  |                                                                                                                                                                                                                                                                                                                                                                            |  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | T | L         |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                           |                                                                                                                                                                                                                              |                                                                                           |           |   |                                                                                            |   |   |                                                                                                                                       |                                                                                                                                          |   |   |                  |                   |   |   |   |                                                                                                                                             |   |   |   |   |   |   |   |   |                                                                                                                                             |  |  |  |  |   |   |   |  |                                                                                                                                                                                                                                                                                                                                                                            |  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| <b>Beschreibung / Besonderheiten</b><br>Im Trebeltal westlich von Stubbendorf westlich des Musikantenbergs im Stubbendorfer Forst gelegener alter Erlenbruch, der sich in einer schmalen Senke entwickelt hat und in seinem südlichen Bereich in eine Jungpflanzung aus Schwarz- Erlen (Alnus glutinosa) übergeht. Die Baumschicht des Altbestandes wird überwiegend aus stielbeinigen Erlen gebildet. In der spärlichen Strauchschicht ist Eschenaufwuchs ausgebildet. Die üppige Krautschicht enthält u.a. zahlreich das Echte Springkraut (Impatiens noli-tangere), Wasserminze (Mentha aquatica), Sumpf- Pippau (Crepis paludosa, RL-3) und Gemeines Helmkraut (Scutellaria galericulata), während Sumpfssegge (Carex acutiformis), Wald-Engelwurz (Angelica sylvestris, RL-3), Echter Baldrian (Valeriana officinalis) und Wasser- Dost (Eupatorium cannabinum) vereinzelt auftreten. Der junge Erlenbestand wird aus engstehenden, reihig gepflanzten, gleichaltrigen Erlen gebildet, wobei eine Strauchschicht sich nicht ausbilden konnte. In der Krautschicht sind u.a. Flatterbinse (Juncus effusus) und Sumpfssegge (Carex acutiformis) zahlreich. Der nördlich angrenzende junge Erlenbestand erscheint erheblich trockener. Südlich des Bestandes ist eine Nadelforst eingerichtet worden. Der alte Erlenbruch geht randlich in Eschen- Buchen- Eichen- Mischwald über. Der Bestand ist durch direkte und großräumige Entwässerung gefährdet. Für seinen Erhalt wird eine Weiterführung der bisherigen Nutzung bei reduzierter Entwässerung empfohlen. |   |           |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                           |                                                                                                                                                                                                                              |                                                                                           |           |   |                                                                                            |   |   |                                                                                                                                       |                                                                                                                                          |   |   |                  |                   |   |   |   |                                                                                                                                             |   |   |   |   |   |   |   |   |                                                                                                                                             |  |  |  |  |   |   |   |  |                                                                                                                                                                                                                                                                                                                                                                            |  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| <b>Wertbestimmende Kriterien</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |           |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                           |                                                                                                                                                                                                                              |                                                                                           |           |   |                                                                                            |   |   |                                                                                                                                       |                                                                                                                                          |   |   |                  |                   |   |   |   |                                                                                                                                             |   |   |   |   |   |   |   |   |                                                                                                                                             |  |  |  |  |   |   |   |  |                                                                                                                                                                                                                                                                                                                                                                            |  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| Artenreichtum (Flora)<br>Vorkommen seltener / typischer Tierarten<br>X 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>X aktuelle Nutzung<br>X Flächengröße / Länge<br>X Umgebung relativ störungsarm<br>landschaftsprägender Charakter<br>Trittsteinbiotop / Vernetzungsfunktion |                                                                                           |           |   |                                                                                            |   |   |                                                                                                                                       |                                                                                                                                          |   |   |                  |                   |   |   |   |                                                                                                                                             |   |   |   |   |   |   |   |   |                                                                                                                                             |  |  |  |  |   |   |   |  |                                                                                                                                                                                                                                                                                                                                                                            |  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| <b>Gefährdung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |           |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                           |                                                                                                                                                                                                                              |                                                                                           |           |   |                                                                                            |   |   |                                                                                                                                       |                                                                                                                                          |   |   |                  |                   |   |   |   |                                                                                                                                             |   |   |   |   |   |   |   |   |                                                                                                                                             |  |  |  |  |   |   |   |  |                                                                                                                                                                                                                                                                                                                                                                            |  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | W | E         | Y                                                                                           | W                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G                                                                                          |                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                           |                                                                                                                                                                                                                              |                                                                                           |           |   |                                                                                            |   |   |                                                                                                                                       |                                                                                                                                          |   |   | keine Gefährdung |                   |   |   |   |                                                                                                                                             |   |   |   |   |   |   |   |   |                                                                                                                                             |  |  |  |  |   |   |   |  |                                                                                                                                                                                                                                                                                                                                                                            |  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| <b>Empfehlung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |           |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                           |                                                                                                                                                                                                                              |                                                                                           |           |   |                                                                                            |   |   |                                                                                                                                       |                                                                                                                                          |   |   |                  |                   |   |   |   |                                                                                                                                             |   |   |   |   |   |   |   |   |                                                                                                                                             |  |  |  |  |   |   |   |  |                                                                                                                                                                                                                                                                                                                                                                            |  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |
| Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S | E         | Z                                                                                           | W                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | E                                                                                          |                                                                                            |                                                                                                                                                                                                                                                                     |                                                                                                                                         |                                                                                                           |                                                                                                                                                                                                                              |                                                                                           |           |   |                                                                                            |   |   |                                                                                                                                       |                                                                                                                                          |   |   |                  |                   |   |   |   |                                                                                                                                             |   |   |   |   |   |   |   |   |                                                                                                                                             |  |  |  |  |   |   |   |  |                                                                                                                                                                                                                                                                                                                                                                            |  |   |  |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | TK10                                                                   |  |   |  |                                                                            |  |   |  |                                                                            |  | Biotop-Nr. |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------|--|---|--|----------------------------------------------------------------------------|--|---|--|----------------------------------------------------------------------------|--|------------|--|------------------------------------------------------|--|---|--|---|--|---|--|----------------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  | 0                                                                      |  | 3 |  | 0                                                                          |  | 7 |  | -                                                                          |  | 4          |  | 3                                                    |  | 1 |  | - |  | 4 |  | 0                                                                          |  | 0 |  | 9 |  |
| <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 checked="" 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"/> quellig                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Senke / Strecksenke      |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> gestörter Boden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kerbtal                  |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input checked="" type="checkbox"/> g 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"/> Grünanlage / Kleingarten |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erwerbsgartenbau         |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Weg                      |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ferienhäuser             |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Straße, Parkplatz        |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bahnanlage               |  |   |  |   |  |
| <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"/> Gewerbe / Industrie      |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ver- / Entsorgungsanlage |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Silo / Stallanlage       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Weide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung:        |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gebäude / Siedlung       |  |   |  |   |  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> g forstliche Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Spülfeld / Halde         |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |   |  |   |  |
| Pflanzenarten dominant ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;">Pflanzenarten ±zahlreich</div> <div style="width: 25%;">( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )</div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;">           Alnus glutinosa<br/>           Cirsium palustre<br/>           Impatiens noli-tangere         </div> <div style="width: 25%;">           Calamagrostis canescens<br/> <u>Crepis paludosa</u><br/>           Juncus effusus         </div> <div style="width: 25%;">           Carex acutiformis<br/>           Deschampsia cespitosa<br/>           Mentha aquatica         </div> <div style="width: 25%;">           Cirsium oleraceum<br/>           Geranium robertianum<br/>           Urtica dioica         </div> </div> |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;">Pflanzenarten vereinzelt</div> <div style="width: 25%;">( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )</div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <u>Angelica sylvestris</u><br/>           Fraxinus excelsior         </div> <div style="width: 25%;">           Athyrium filix-femina<br/>           Lycopodium europaeus         </div> <div style="width: 25%;">           Dryopteris filix-mas<br/>           Valeriana officinalis         </div> <div style="width: 25%;">           Eupatorium cannabinum         </div> </div>                                                                                                                                                     |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                            |  |            |  | Datum erste Begehung: 10.06.1998                     |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                            |  |            |  | Datum letzte Begehung:                               |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Bearbeiter/in: StAUNHST-Krüger/Münnich                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                        |  |   |  |                                                                            |  |   |  |                                                                            |  |            |  | Foto: 4                                              |  |   |  |   |  |   |  | Folgeseiten: 0                                                             |  |   |  |   |  |