

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Biotopname</b><br>Verlandungsmoor südlich von Wendorf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | <div><div><div><div><div></div><div></div><div></div><div></div></div><div><div><div>X</div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div></div></div></div></div></div></div>                                                                                                                                                                                                                          |  |  |  | <div><div><div>TK10</div><div><div><div>0</div><div>3</div><div>0</div><div>8</div></div><div>-</div><div><div><div>1</div><div>3</div><div>2</div></div></div><div>-</div><div><div><div>4</div><div>0</div><div>1</div><div>9</div></div></div></div></div></div>                                                                                                                                                                                                                                                  |  |  |  | <div><div><div>Biotop-Nr.</div><div><div><div>4</div><div>0</div><div>1</div><div>9</div></div></div></div></div>                                                                                                                                                               |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>Standort /Geologie</b><br>vermoorte Strecksenke in der welligen Grundmoräne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | <div><div><div>Anschluß in TK</div><div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div></div><div>-</div><div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div></div><div>-</div><div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div></div></div></div></div></div></div></div></div></div> |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>Naturraum</b> Lehmplatten nördlich der Peene<br><div><div><div>2</div><div>0</div><div>0</div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | <div><div><div>Film-Nr.</div><div><div><div>1</div><div>2</div><div>2</div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div></div></div></div>                                                                                                                                                                                                                                                      |  |  |  | <div><div><div>Bild-Nr.</div><div><div><div>0</div><div>1</div><div>8</div><div>4</div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div><div>-</div><div><div><div>6</div><div>2</div><div>6</div><div>8</div></div></div></div></div></div> |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>Landkreis / Kreisfreie Stadt</b><br>Nordvorpommern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | <b>Gemeinde / Stadt</b><br>Wendorf<br>Zarrendorf                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  | <div><div><div>Luftbild-Nr.</div><div><div><div></div><div></div><div></div><div></div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div></div></div></div>                                                                                                                                                                                                                                          |  |  |  | <div><div><div>Größe in ha</div><div><div><div></div><div></div><div></div><div></div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div></div></div></div>      |  |  |  | <div><div><div>Länge in m</div><div><div><div></div><div></div><div></div><div></div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div></div></div></div> |  |  |  | <div><div><div>min. Breite in m</div><div><div><div></div><div></div><div></div><div></div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div></div></div></div> |  |  |  | <div><div><div>max. Breite in m</div><div><div><div></div><div></div><div></div><div></div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div></div></div></div> |  |  |  |
| <b>lfd. Nr. im Biotopverzeichnis</b><br>13884                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | <div><div><div>1 - vollständig</div><div>2 - überwiegend</div><div>3 - zum geringen Teil</div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>Schutzmerkmale</b><br>geschützt nach §20 LNatG M-V <div><div><div>X</div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | <div><div><div>NLP</div><div></div></div><div><div>FND</div><div></div></div><div><div>NP</div><div></div></div><div><div>Nsg</div><div></div></div><div><div>LSG</div><div></div></div><div><div>BR</div><div></div></div><div><div>ND</div><div></div></div><div><div>GLB</div><div></div></div><div><div>Fnb</div><div></div></div><div><div>FiB</div><div></div></div><div><div>FFH-Geb.</div><div></div></div><div><div>Wald-Totalreservat</div><div></div></div></div>                                             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <div><div><div>Hauptcod.</div><div><div><div>V</div><div>W</div><div>N</div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div></div></div></div></div></div></div></div></div></div> |  |  |  | <div><div><div>Nebencode</div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div></div></div></div></div></div></div></div></div></div> |  |  |  | <div><div><div>Überlagerungscode</div><div><div><div>U</div><div>M</div><div>V</div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div></div></div></div></div></div></div></div>                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>Vegetationseinheiten</b><br>Grauweiden-Gebüsch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>Habitate + Strukturen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>Beschreibung / Besonderheiten</b><br>Verlandungsmoor südlich von Wendorf mit einem Grauweiden-Gebüsch<br>Die Baumschicht des Verlandungsmoores besteht deckend aus ca. 20 Jahre alten Grau-Weiden mit vereinzelt jungen Schwarz-Erlen und Moor-Birken.<br>In der entwickelten Krautschicht wurden u.a. vereinzelt Sumpf-Seggen, Sumpf-Reitgras, Wald-Zwenke, Wasser-Minze und Brennessel gefunden.<br>Das Substrat besteht aus nassem, eutrophem, degradierten Torf. In der Umgebung liegt eine extensiv bewirtschaftete Wiese auf entwässertem Moor- und Sumpf-Standort.       |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>Wertbestimmende Kriterien</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <div><div><div>Artenreichtum (Flora)</div><div>Vorkommen seltener / typischer Tierarten</div><div>seltener / gefährdeter Pflanzenbestand</div><div>seltene / gefährdete Pflanzengesellschaft</div><div>X natürliche / naturnahe Ausprägung des Biotops</div><div>gute Ausbildung eines halbnatürlichen Biotops</div><div>typische Zonierung von Biotoptypen</div><div>Struktur- und Habitatreichtum</div></div></div>                                                                                                                                                              |  |  |  | <div><div><div>vielfältige Standortverhältnisse</div><div>historische Nutzungsformen</div><div>aktuelle Nutzung</div><div>Flächengröße / Länge</div><div>Umgebung relativ störungsarm</div><div>landschaftsprägender Charakter</div><div>Trittsteinbiotop / Vernetzungsfunktion</div></div></div>                                                                                                                                                                                                                        |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>Gefährdung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <div><div><div>Y</div><div>A</div><div>W</div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div></div></div></div></div></div></div></div>                                                                                                             |  |  |  | <div><div><div>keine Gefährdung</div><div></div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>Empfehlung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |
| <div><div><div>Z</div><div>M</div><div>S</div></div><div><div><div>Z</div><div>S</div><div>A</div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div><div><div><div></div><div></div><div></div><div></div></div></div></div></div></div></div></div>                                                                                                                                                                                       |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                           |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |                                                                                                                                                                                                                                                                                 |  |  |  |

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | TK10                                                                 |  |   |  |                                                                            |  |   |  |                                                                         |  | Biotop-Nr. |  |                                                                               |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------|--|---|--|----------------------------------------------------------------------------|--|---|--|-------------------------------------------------------------------------|--|------------|--|-------------------------------------------------------------------------------|--|---|--|---|--|---|--|----------------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | 0                                                                    |  | 3 |  | 0                                                                          |  | 8 |  | -                                                                       |  | 1          |  | 3                                                                             |  | 2 |  | - |  | 4 |  | 0                                                                          |  | 1 |  | 9 |  |
| <b>Substrat</b><br>k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | <b>Trophie</b><br>k g                                                |  |   |  | <b>Wasserstufe</b><br>k g                                                  |  |   |  | <b>Relief</b><br>k g                                                    |  |            |  | <b>Exposition</b><br>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 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"/> k <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 type="checkbox"/> g eutroph          |  |   |  | <input type="checkbox"/> <input type="checkbox"/> frisch                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> düinig                |  |            |  | <input type="checkbox"/> <input type="checkbox"/> SO                          |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Kies / Steine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | <input type="checkbox"/> <input type="checkbox"/> poly- / hypertroph |  |   |  | <input type="checkbox"/> <input type="checkbox"/> feucht                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Berg / Rücken         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> S                           |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Lehm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> g sehr feucht            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Riedel                |  |            |  | <input type="checkbox"/> <input type="checkbox"/> SW                          |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Ton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> g naß                    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Flachhang <= 9°       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> W                           |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Halbkalk / Kalk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> offenes Wasser           |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Steilhang > 9°        |  |            |  | <input type="checkbox"/> <input type="checkbox"/> NW                          |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Schlamm / Faulschlamm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nische                |  |            |  |                                                                               |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> quellig                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> g Senke / Strecksenke |  |            |  |                                                                               |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> gestörter Boden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kerbtal               |  |            |  |                                                                               |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Sohlental             |  |            |  |                                                                               |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <b>NUTZUNGSMERKMALE ( k - kleinflächig, g - großflächig )</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                         |  |            |  |                                                                               |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <b>Nutzungsintensität</b><br>k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                         |  |            |  | <b>Umgebung</b><br>k g                                                        |  |   |  |   |  |   |  | k g                                                                        |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> intensiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fischerei                |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Acker / Gartenbau           |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fließgewässer            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> extensiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Angeln                   |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Ackerbrache                 |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Stillgewässer            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> aufgelassen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erholung                 |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Grünland. intensiv          |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Trockenbiotop            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> g keine Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kleingartenbau           |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> g Grünland, extensiv        |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünanlage / Kleingarten |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erwerbsgartenbau         |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Laub- / Mischwald           |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Weg                      |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ferienhäuser             |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Nadelwald                   |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Straße, Parkplatz        |  |   |  |   |  |
| <b>Nutzungsart</b><br>k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Feuchtwald / -gebüsch       |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bahnanlage               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Verkehr                  |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Gehölz                      |  |   |  |   |  |   |  | <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"/> Röhricht / Feuchtrache      |  |   |  |   |  |   |  | <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"/> k Hochstauden / Ruderalflur |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gebäude / Siedlung       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> forstliche Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Graben                      |  |   |  |   |  |   |  | <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 )<br>Salix cinerea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                         |  |            |  |                                                                               |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten ±zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br>Phragmites australis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                         |  |            |  |                                                                               |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten vereinzelt ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> Alnus glutinosa<br/> Carex acutiformis<br/> Filipendula ulmaria<br/> Mentha aquatica </div> <div style="width: 50%;"> Betula pubescens<br/> Cirsium oleraceum<br/> Geum urbanum<br/> Ranunculus repens </div> <div style="width: 50%;"> Brachypodium sylvaticum<br/> Deschampsia cespitosa<br/> Glecoma hederacea<br/> Sambucus nigra </div> <div style="width: 50%;"> Calamagrostis canescens<br/> Epilobium hirsutum<br/> Lycopus europaeus<br/> Urtica dioica </div> </div> |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                         |  |            |  |                                                                               |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Angaben zur Fauna<br>keine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                         |  |            |  |                                                                               |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                         |  |            |  | Datum erste Begehung: 18.10.1996                                              |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                         |  |            |  | Datum letzte Begehung:                                                        |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Bearbeiter/in: LAUN-Walther                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                         |  |            |  | Foto: 2                                                                       |  |   |  |   |  |   |  | Folgeseiten: 0                                                             |  |   |  |   |  |