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| <b>Biotopname</b><br>Schönes Bruch bei Nevern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                  |   | <table border="1" style="width: 100%; height: 40px; text-align: center;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>X</td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |   |   |                                                            |                                                                                                                 |   |   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |                                                                                                                                 |   |   |                                                                                                                                          |   |   |   | X                                                                                                                                         |   |   |   |                                                                                                                                         |   |   |   |  |  |  |  |                                                                                                                                               |  |  |  |  | <b>TK10</b> |  |  |                                                                                                                                               | <b>Biotop-Nr.</b> |  |  |  |  |  |  |
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| <b>Standort / Geologie</b><br>Senke/Versumpfungsmoor/Grundmoräne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                  |   | <b>Anschluß in TK</b><br><table border="1" style="width: 100%; height: 40px; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>                                                                                                                                                                                                                               |   |   |                                                            |                                                                                                                 |   |   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   | <b>Film-Nr.</b><br><table border="1" style="width: 100%; text-align: center;"> <tr><td>2</td><td>2</td><td>7</td></tr> </table> |   |   |                                                                                                                                          | 2 | 2 | 7 | <b>Bild-Nr.</b><br><table border="1" style="width: 100%; text-align: center;"> <tr><td>0</td><td>1</td><td>0</td><td>7</td></tr> </table> |   |   |   | 0                                                                                                                                       | 1 | 0 | 7 |  |  |  |  |                                                                                                                                               |  |  |  |  |             |  |  |                                                                                                                                               |                   |  |  |  |  |  |  |
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| <b>Naturraum</b> Sternberger Seengebiet<br><table border="1" style="width: 100%; text-align: center;"> <tr><td>4</td><td>0</td><td>3</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                              |   |                  |   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0 | 3 | <b>Landkreis / Kreisfreie Stadt</b><br>Nordwestmecklenburg |                                                                                                                 |   |   | <b>Gemeinde / Stadt</b><br>Benz |                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   | <b>Luftbild-Nr.</b><br><table border="1" style="width: 100%; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |                                                                                                                                 |   |   | <b>Größe in ha</b><br><table border="1" style="width: 100%; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> </table> |   |   |   |                                                                                                                                           |   |   |   | <b>Länge in m</b><br><table border="1" style="width: 100%; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> </table> |   |   |   |  |  |  |  | <b>min. Breite in m</b><br><table border="1" style="width: 100%; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> </table> |  |  |  |  |             |  |  | <b>max. Breite in m</b><br><table border="1" style="width: 100%; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> </table> |                   |  |  |  |  |  |  |
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| <b>lfd. Nr. im Biotopverzeichnis</b><br>22249                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                  |   | <b>Schutzmerkmale</b><br>geschützt nach §20 LNatG M-V                                                                                                                                                                                                                                                                                                                                                                                                                               |   |   |                                                            | <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">X</div> |   |   |                                 | 1 - vollständig 2 - überwiegend 3 - zum geringen Teil                                                                                                                                                                                                                                                                                                                                                            |   |   |                                                                                                                                           | NLP <input type="checkbox"/> FND <input type="checkbox"/> NP <input type="checkbox"/> FiB <input type="checkbox"/><br>NSG <input type="checkbox"/> LSG <input type="checkbox"/> BR <input type="checkbox"/> FFH-Geb. <input type="checkbox"/><br>ND <input type="checkbox"/> GLB <input type="checkbox"/> FnB <input type="checkbox"/> Wald-Totalreservat <input type="checkbox"/> |   |   |   |                                                                                                                                 |   |   |                                                                                                                                          |   |   |   |                                                                                                                                           |   |   |   |                                                                                                                                         |   |   |   |  |  |  |  |                                                                                                                                               |  |  |  |  |             |  |  |                                                                                                                                               |                   |  |  |  |  |  |  |
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| Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   | W                | N | R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | W | N | E                                                          |                                                                                                                 |   |   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                    |   | U | M | S                                                                                                                               |   |   |                                                                                                                                          |   |   |   |                                                                                                                                           |   |   |   |                                                                                                                                         |   |   |   |  |  |  |  |                                                                                                                                               |  |  |  |  |             |  |  |                                                                                                                                               |                   |  |  |  |  |  |  |
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| <b>Vegetationseinheiten</b><br>Großseggen-Erlen-Bruchwald, Erlen-Eschen-Bruchwald                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |                                                            |                                                                                                                 |   |   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |                                                                                                                                 |   |   |                                                                                                                                          |   |   |   |                                                                                                                                           |   |   |   |                                                                                                                                         |   |   |   |  |  |  |  |                                                                                                                                               |  |  |  |  |             |  |  |                                                                                                                                               |                   |  |  |  |  |  |  |
| <b>Habitate + Strukturen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |                  |   | H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D | K | H                                                          | S                                                                                                               | E | H | Z                               | R                                                                                                                                                                                                                                                                                                                                                                                                                | H | T | A                                                                                                                                         | H                                                                                                                                                                                                                                                                                                                                                                                  | T | B | H | A                                                                                                                               | O | H | N                                                                                                                                        | N |   |   |                                                                                                                                           |   |   |   |                                                                                                                                         |   |   |   |  |  |  |  |                                                                                                                                               |  |  |  |  |             |  |  |                                                                                                                                               |                   |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |                                                            |                                                                                                                 |   |   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |                                                                                                                                 |   |   |                                                                                                                                          |   |   |   |                                                                                                                                           |   |   |   |                                                                                                                                         |   |   |   |  |  |  |  |                                                                                                                                               |  |  |  |  |             |  |  |                                                                                                                                               |                   |  |  |  |  |  |  |
| <b>Beschreibung / Besonderheiten</b><br>Meliorativ-beeinträchtigtes auf einem Versumpfungsmoor sekundär aufgewachsenes Kesselmoor in Senke innerhalb der bewaldeten Grundmoräne, Wasserabsenkung führte zum Schattenblumen-Moorbirken-Wald;<br>Umgebender ehemals als Niederwald genutzter Großseggen-Erlen-Bruchwald erscheint dagegen ungestört.<br>Die feuchten bis nassen Torfe sind wenig gestört bis mäßig degradiert.                                                                                                                         |   |                  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |                                                            |                                                                                                                 |   |   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |                                                                                                                                 |   |   |                                                                                                                                          |   |   |   |                                                                                                                                           |   |   |   |                                                                                                                                         |   |   |   |  |  |  |  |                                                                                                                                               |  |  |  |  |             |  |  |                                                                                                                                               |                   |  |  |  |  |  |  |
| <b>Wertbestimmende Kriterien</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |                                                            |                                                                                                                 |   |   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |                                                                                                                                 |   |   |                                                                                                                                          |   |   |   |                                                                                                                                           |   |   |   |                                                                                                                                         |   |   |   |  |  |  |  |                                                                                                                                               |  |  |  |  |             |  |  |                                                                                                                                               |                   |  |  |  |  |  |  |
| <input type="checkbox"/> Artenreichtum (Flora)<br><input type="checkbox"/> Vorkommen seltener / typischer Tierarten<br><input type="checkbox"/> seltener / gefährdeter Pflanzenbestand<br><input type="checkbox"/> seltene / gefährdete Pflanzengesellschaft<br><input checked="" type="checkbox"/> natürliche / naturnahe Ausprägung des Biotops<br><input type="checkbox"/> gute Ausbildung eines halbnatürlichen Biotops<br><input type="checkbox"/> typische Zonierung von Biotoptypen<br><input type="checkbox"/> Struktur- und Habitatreichtum |   |                  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |                                                            |                                                                                                                 |   |   |                                 | <input type="checkbox"/> vielfältige Standortverhältnisse<br><input type="checkbox"/> historische Nutzungsformen<br><input type="checkbox"/> aktuelle Nutzung<br><input type="checkbox"/> Flächengröße / Länge<br><input checked="" type="checkbox"/> Umgebung relativ störungsarm<br><input type="checkbox"/> landschaftsprägender Charakter<br><input type="checkbox"/> Trittsteinbiotop / Vernetzungsfunktion |   |   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |                                                                                                                                 |   |   |                                                                                                                                          |   |   |   |                                                                                                                                           |   |   |   |                                                                                                                                         |   |   |   |  |  |  |  |                                                                                                                                               |  |  |  |  |             |  |  |                                                                                                                                               |                   |  |  |  |  |  |  |
| <b>Gefährdung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |                                                            |                                                                                                                 |   |   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |                                                                                                                                 |   |   |                                                                                                                                          |   |   |   |                                                                                                                                           |   |   |   |                                                                                                                                         |   |   |   |  |  |  |  |                                                                                                                                               |  |  |  |  |             |  |  |                                                                                                                                               |                   |  |  |  |  |  |  |
| Y W S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                    |   |                  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |                                                            |                                                                                                                 |   |   |                                 | keine Gefährdung <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                        |   |   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |                                                                                                                                 |   |   |                                                                                                                                          |   |   |   |                                                                                                                                           |   |   |   |                                                                                                                                         |   |   |   |  |  |  |  |                                                                                                                                               |  |  |  |  |             |  |  |                                                                                                                                               |                   |  |  |  |  |  |  |
| <b>Empfehlung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |                                                            |                                                                                                                 |   |   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |                                                                                                                                 |   |   |                                                                                                                                          |   |   |   |                                                                                                                                           |   |   |   |                                                                                                                                         |   |   |   |  |  |  |  |                                                                                                                                               |  |  |  |  |             |  |  |                                                                                                                                               |                   |  |  |  |  |  |  |
| Z S X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                                                                                                                                                    |   |                  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |   |                                                            |                                                                                                                 |   |   |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |                                                                                                                                 |   |   |                                                                                                                                          |   |   |   |                                                                                                                                           |   |   |   |                                                                                                                                         |   |   |   |  |  |  |  |                                                                                                                                               |  |  |  |  |             |  |  |                                                                                                                                               |                   |  |  |  |  |  |  |

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                        |  |  |  | TK10                                                                 |  |   |  |                                                                            |  |   |  |                                                                   |  | Biotop-Nr. |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------|--|---|--|----------------------------------------------------------------------------|--|---|--|-------------------------------------------------------------------|--|------------|--|-----------------------------------------------------------------------------|--|---|--|---|--|---|--|----------------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                               |  |  |  | 0                                                                    |  | 4 |  | 0                                                                          |  | 5 |  | -                                                                 |  | 1          |  | 4                                                                           |  | 1 |  | - |  | 4 |  | 0                                                                          |  | 4 |  | 5 |  |
| <b>Substrat</b>                                                                                                                                                                                                                                                                               |  |  |  | <b>Trophie</b>                                                       |  |   |  | <b>Wasserstufe</b>                                                         |  |   |  | <b>Relief</b>                                                     |  |            |  | <b>Exposition</b>                                                           |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                           |  |  |  | k g                                                                  |  |   |  | k g                                                                        |  |   |  | k g                                                               |  |            |  | k g                                                                         |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> g Torf, wenig gestört                                                                                                                                                                                                                                                |  |  |  | <input type="checkbox"/> <input type="checkbox"/> dystroph           |  |   |  | <input type="checkbox"/> <input type="checkbox"/> trocken                  |  |   |  | <input type="checkbox"/> g eben                                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> N                         |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <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"/> <input type="checkbox"/> Antorf                                                                                                                                                                                                                                      |  |  |  | <input type="checkbox"/> g 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"/> 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"/> 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"/> g sehr feucht                                     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Riedel          |  |            |  | <input type="checkbox"/> <input type="checkbox"/> SW                        |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Ton                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> g naß                                             |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Flachhang <= 9° |  |            |  | <input type="checkbox"/> <input type="checkbox"/> W                         |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Halbkalk / Kalk                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> offenes Wasser           |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Steilhang > 9°  |  |            |  | <input type="checkbox"/> <input type="checkbox"/> NW                        |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Schlamm / Faulschlamm                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nische          |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> quellig                  |  |   |  | <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>                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                   |  |            |  | <b>Umgebung</b>                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  | k g                                                                        |  |   |  |                                                                   |  |            |  | k g                                                                         |  |   |  |   |  |   |  | k g                                                                        |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> intensiv                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fischerei                |  |   |  |                                                                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Acker / Gartenbau         |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fließgewässer            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> extensiv                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Angeln                   |  |   |  |                                                                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Ackerbrache               |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Stillgewässer            |  |   |  |   |  |
| <input type="checkbox"/> <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"/> g keine Nutzung                                                                                                                                                                                                                                                      |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kleingartenbau           |  |   |  |                                                                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, extensiv        |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünanlage / Kleingarten |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erwerbsgartenbau         |  |   |  |                                                                   |  |            |  | <input type="checkbox"/> g Laub- / Mischwald                                |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Weg                      |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ferienhäuser             |  |   |  |                                                                   |  |            |  | <input type="checkbox"/> g Nadelwald                                        |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Straße, Parkplatz        |  |   |  |   |  |
| <b>Nutzungsart</b>                                                                                                                                                                                                                                                                            |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                   |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                   |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |   |  |                                                                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Feuchtwald / -gebüsch     |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bahnanlage               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  | <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"/> Weide                                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  | <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"/> forstliche Nutzung                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung:        |  |   |  |                                                                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Hochstauden / Ruderalflur |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gebäude / Siedlung       |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                   |  |            |  | <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>Alnus glutinosa Carex acutiformis                                                                                                                                                                 |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                   |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten ±zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br>Betula pubescens Dryopteris carthusiana Fraxinus excelsior Solanum dulcamara                                                                                                                    |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                   |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten vereinzelt ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br>Alnus incana Carex elata Carex elongata Carex remota<br>Crataegus monogyna Geranium robertianum Impatiens noli-tangere Iris pseudacorus<br>Maianthemum bifolium Oxalis acetosella Urtica dioica |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                   |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                   |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                   |  |            |  | Datum erste Begehung: 27.08.1996                                            |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                   |  |            |  | Datum letzte Begehung:                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Bearbeiter/in: IBS-Teppke                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                   |  |            |  | Foto: 2                                                                     |  |   |  |   |  |   |  | Folgeseiten: 0                                                             |  |   |  |   |  |