

[illegible]

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  | TK10                                                                 |  |   |  |                                                                     |  |   |  |                                                                   |  | Biotop-Nr. |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------|--|---|--|---------------------------------------------------------------------|--|---|--|-------------------------------------------------------------------|--|------------|--|-----------------------------------------------------------------------------|--|---|--|---|--|---|--|----------------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  | 0                                                                    |  | 4 |  | 0                                                                   |  | 5 |  | -                                                                 |  | 3          |  | 1                                                                           |  | 2 |  | - |  | 4 |  | 0                                                                          |  | 3 |  | 4 |  |
| <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"/> <input type="checkbox"/> Torf, degradiert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | <input type="checkbox"/> <input type="checkbox"/> oligotroph         |  |   |  | <input type="checkbox"/> <input type="checkbox"/> mäßig trocken     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> wellig          |  |            |  | <input type="checkbox"/> <input type="checkbox"/> NO                        |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <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"/> 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"/> 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"/> g 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"/> <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Feuchtwald / -gebüsch     |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bahnanlage               |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Gehölz                    |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gewerbe / Industrie      |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme     |  |   |  |                                                                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Röhricht / Feuchtrache    |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Silo / Stallanlage       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Verkehr           |  |   |  |                                                                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Hochstauden / Ruderalflur |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gebäude / Siedlung       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Weide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung: |  |   |  |                                                                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Graben                    |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Spülfeld / Halde         |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> forstliche Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |            |  |                                                                             |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> Pflanzenarten dominant<br/> <i>Carex acutiformis</i> </div> <div> ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br/> <i>Phragmites australis</i> </div> <div> <i>Salix cinerea</i> </div> </div>                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> Pflanzenarten ±zahlreich<br/> <i>Calamagrostis canescens</i> </div> <div> ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br/> <i>Carex elata</i> </div> <div> <i>Lemna minor</i> </div> <div> <i>Thelypteris palustris</i> </div> </div>                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> Pflanzenarten vereinzelt<br/> <i>Alnus glutinosa</i><br/> <b><i>Iris pseudacorus</i></b><br/> <i>Peucedanum palustre</i><br/> <i>Spirodela polyrhiza</i> </div> <div> ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br/> <i>Carex elongata</i><br/> <i>Lycopus europaeus</i><br/> <i>Phalaris arundinacea</i><br/> <i>Viola palustris</i> </div> <div> <i>Galium palustre</i><br/> <i>Lysimachia vulgaris</i><br/> <i>Salix pentandra</i> </div> <div> <b><u>Hottonia palustris</u></b><br/> <i>Myosotis palustris</i><br/> <i>Scutellaria galericulata</i> </div> </div> |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |            |  | Datum erste Begehung: 08.07.1997                                            |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |            |  | Datum letzte Begehung:                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Bearbeiter/in: IBS-Teppke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                   |  |            |  | Foto: 1                                                                     |  |   |  |   |  |   |  | Folgeseiten: 0                                                             |  |   |  |   |  |