

[illegible]

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                            |  |  |  | TK10                                                                 |  |   |  |                                                                  |  |   |  |                                                                            |  | Biotop-Nr. |  |                                                      |  |   |  |   |  |   |  |                                                                       |  |   |  |   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------|--|---|--|------------------------------------------------------------------|--|---|--|----------------------------------------------------------------------------|--|------------|--|------------------------------------------------------|--|---|--|---|--|---|--|-----------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                                                                                   |  |  |  | 0                                                                    |  | 4 |  | 0                                                                |  | 5 |  | -                                                                          |  | 3          |  | 1                                                    |  | 2 |  | - |  | 4 |  | 0                                                                     |  | 3 |  | 6 |  |
| <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"/> 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                                                                   |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> intensiv                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fischerei                |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fließgewässer       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> extensiv                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Angeln                   |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Stillgewässer       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> aufgelassen                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erholung                 |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Trockenbiotop       |  |   |  |   |  |
| <input type="checkbox"/> g keine Nutzung                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kleingartenbau           |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, intensiv  |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erwerbsgartenbau         |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, extensiv  |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ferienhäuser             |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Laub- / Mischwald   |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> k Straße, Parkplatz                          |  |   |  |   |  |
| <b>Nutzungsart</b>                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bahnanlage          |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gewerbe / Industrie |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Verkehr                  |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Silo / Stallanlage  |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ver- / Entsorgungsanlage |  |            |  |                                                      |  |   |  |   |  |   |  | <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"/> Spülfeld / Halde    |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> forstliche Nutzung                                                                                                                                                                                                                                                                              |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme       |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                       |  |   |  |   |  |
| Pflanzenarten dominant ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br>Phalaris arundinacea Polygonum amphibium                                                                                                                                                                                                              |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                       |  |   |  |   |  |
| Pflanzenarten ±zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br>Calamagrostis canescens Carex elata Carex riparia <u>Carex vesicaria</u><br>Phragmites australis                                                                                                                                                    |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                       |  |   |  |   |  |
| Pflanzenarten vereinzelt ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br>Alnus glutinosa Carex acutiformis Cirsium oleraceum Cirsium palustre<br>Epilobium palustre Galium palustre <u>Hottonia palustris</u> Iris pseudacorus<br>Lycopus europaeus Lysimachia vulgaris Rorippa palustris Salix cinerea<br>Solanum dulcamara |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                       |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                       |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  | Datum erste Begehung: 08.07.1997                     |  |   |  |   |  |   |  |                                                                       |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  | Datum letzte Begehung:                               |  |   |  |   |  |   |  |                                                                       |  |   |  |   |  |
| Bearbeiter/in: IBS-Teppke                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  | Foto: 1                                              |  |   |  |   |  |   |  | Folgeseiten: 0                                                        |  |   |  |   |  |