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| <b>Biotopname</b><br>Großseggenried am Oetteliner See                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   | <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td>X</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></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><br><table border="1"> <tr> <td>0</td><td>4</td><td>0</td><td>6</td> <td>-</td> <td>1</td><td>3</td><td>3</td> <td>-</td> <td>4</td><td>0</td><td>5</td><td>1</td> </tr> </table> |  | 0 | 4 | 0 | 6 | - | 1 | 3 | 3 | - | 4 | 0 | 5 | 1 | <b>Biotop-Nr.</b> |  |
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| <b>Standort /Geologie</b><br>flache Waldsenke, Flußtal, Durchströmungsmoor                                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   | <b>Anschluß in TK</b><br><table border="1"> <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
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| <b>Naturraum</b><br>3 0 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   | Warnow- und Recknitztal mit Güstrower und Bützower Becken                                                                                                                                                                                                                                                                                                                                                                    |   | <b>Film-Nr.</b><br>Luftbild-Nr. <table border="1"><tr><td>2</td><td>2</td><td>7</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   | 2 | 2                                                              | 7 | <b>Bild-Nr.</b><br><table border="1"><tr><td>0</td><td>0</td><td>4</td><td>6</td></tr></table> |   | 0 | 0 | 4 | 6 |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
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| <b>Landkreis / Kreisfreie Stadt</b><br>Güstrow                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   | <b>Gemeinde / Stadt</b><br>Bützow, Stadt                                                                                                                                                                                                                                                                                                                                                                                     |   | Größe in ha <table border="1"><tr><td></td><td></td><td></td><td>0</td></tr></table><br>Länge in m <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table><br>min. Breite in m <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table><br>max. Breite in m <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                          |   |   |                                                                |   | 0                                                                                              |   |   |   |   |   |  |  |  |  |  |  |  | <table border="1"><tr><td>1</td><td>5</td><td>1</td><td>6</td></tr></table> |  | 1 | 5 | 1 | 6 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
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| <b>lfd. Nr. im Biotopverzeichnis</b><br>06209                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   | 1 - vollständig 2 - überwiegend 3 - zum geringen Teil<br>NLP <table border="1"><tr><td></td></tr></table> FND <table border="1"><tr><td></td></tr></table> NP <table border="1"><tr><td></td></tr></table> FiB <table border="1"><tr><td></td></tr></table><br>NSG <table border="1"><tr><td></td></tr></table> LSG <table border="1"><tr><td></td></tr></table> BR <table border="1"><tr><td></td></tr></table> FFH-Geb. <table border="1"><tr><td></td></tr></table><br>ND <table border="1"><tr><td></td></tr></table> GLB <table border="1"><tr><td></td></tr></table> FnB <table border="1"><tr><td></td></tr></table> Wald-Totalreservat <table border="1"><tr><td></td></tr></table> |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
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| <b>Schutzmerkmale</b><br>geschützt nach §20 LNatG M-V <table border="1"><tr><td>X</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                        |   | X                                                                                                                                                                                                                                                                                                                                                                                                                            |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
| <b>Hauptcod.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   | <b>Nebencode</b>                                                                                                                                                                                                                                                                                                                                                                                                             |   | <b>Überlagerungscode</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
| Code V G R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   | V R W                                                                                                                                                                                                                                                                                                                                                                                                                        |   | U M D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
| %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
| 8 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   | 2 0                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
| <b>Vegetationseinheiten</b><br>Walzenseggen-Uferseggen-Ried, Wasserschwaden-Röhricht                                                                                                                                                                                                                                                                                                                                                                                                                       |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
| <b>Habitate + Strukturen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
| <b>Beschreibung / Besonderheiten</b><br>- Ein Walzenseggen-Uferseggen-Ried hat sich aus einem ehem. Kleingewässer entwickelt am Waldrand<br>100 m südwestlich des Oetteliner Sees,<br>- fast geschlossen bedeckt die Ufersegge die flach überstaute Senke; Wasserschwaden ist an einigen Stellen eingestreut,<br>- mittelalte Erlen wachsen am Rand; zur Mitte hin Grauweiden,<br>- Walzensegge wächst vereinzelt am nördlichen Rand,<br>- 2 Alteichen und Buchen- und Eichenmischwald umgeben den Biotop. |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
| <b>Wertbestimmende Kriterien</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
| Artenreichtum (Flora)<br>Vorkommen seltener / typischer Tierarten<br>seltener / gefährdeter Pflanzenbestand<br>seltene / gefährdete Pflanzengesellschaft<br>natürliche / naturnahe Ausprägung des Biotops<br>gute Ausbildung eines halbnatürlichen Biotops<br>typische Zonierung von Biotoptypen<br>Struktur- und Habitatreichtum                                                                                                                                                                          |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   | vielfältige Standortverhältnisse<br>historische Nutzungsformen<br>aktuelle Nutzung<br>Flächengröße / Länge<br>X Umgebung relativ störungsarm<br>landschaftsprägender Charakter<br>Trittsteinbiotop / Vernetzungsfunktion                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
| <b>Gefährdung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   | keine Gefährdung <table border="1"><tr><td>X</td></tr></table> | X |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
| <b>Empfehlung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |   |                                                                |   |                                                                                                |   |   |   |   |   |  |  |  |  |  |  |  |                                                                             |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                              |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                   |  |

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  | TK10                                                                 |  |   |  |                                                                  |  |   |  |                                                                            |  | Biotop-Nr. |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------|--|---|--|------------------------------------------------------------------|--|---|--|----------------------------------------------------------------------------|--|------------|--|------------------------------------------------------|--|---|--|---|--|---|--|-----------------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  | 0                                                                    |  | 4 |  | 0                                                                |  | 6 |  | -                                                                          |  | 1          |  | 3                                                    |  | 3 |  | - |  | 4 |  | 0                                                                           |  | 5 |  | 1 |  |
| <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"/> k 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"/> 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"/> g aufgelassen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erholung                 |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Trockenbiotop             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> keine Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kleingartenbau           |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> 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"/> Weg                       |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |            |  |                                                      |  |   |  |   |  |   |  | <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"/> Verkehr                  |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nadelwald                 |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ver- / Entsorgungsanlage |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Feuchtwald / -gebüsch     |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Weide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung:        |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gehölz                    |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> forstliche Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Röhricht / Feuchtrache    |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Hochstauden / Ruderalflur |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Graben                    |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme             |  |   |  |   |  |
| Pflanzenarten dominant ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br>Carex riparia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Pflanzenarten ±zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br>Alnus glutinosa                      Glyceria maxima                      Salix cinerea                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Pflanzenarten vereinzelt ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br>Carex elata                      Carex elongata                      Dryopteris carthusiana                      Impatiens noli-tangere<br>Iris pseudacorus                      Juncus effusus                      Lonicera periclymenum                      Lycopus europaeus<br>Lysimachia thyrsoflora                      Lysimachia vulgaris                      Phalaris arundinacea                      Rubus fruticosus<br>Rubus idaeus                      Scutellaria galericulata                      Solanum dulcamara |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  | Datum erste Begehung: 18.06.1998                     |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  | Datum letzte Begehung:                               |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Bearbeiter/in: StAUNHRO-Radtke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  | Foto: 1                                              |  |   |  |   |  |   |  | Folgeseiten: 0                                                              |  |   |  |   |  |