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| <b>Biotopname</b><br>Hochstaudenflur NO von Groß Lantow |  |  |  | <div><div><div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div></div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div></div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div></div> <div><div><div><div>0</div><div>4</div><div>0</div><div>6</div></div><div>-</div><div><div><div>2</div><div>1</div><div>3</div></div></div></div><div><div><div><div>4</div><div>0</div><div>0</div><div>3</div></div></div></div></div> 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| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | TK10                                                                 |  |   |  |                                                                     |  |   |  |                                                                         |  | Biotop-Nr. |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------|--|---|--|---------------------------------------------------------------------|--|---|--|-------------------------------------------------------------------------|--|------------|--|-----------------------------------------------------------------------------|--|---|--|---|--|---|--|----------------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  | 0                                                                    |  | 4 |  | 0                                                                   |  | 6 |  | -                                                                       |  | 2          |  | 1                                                                           |  | 3 |  | - |  | 4 |  | 0                                                                          |  | 0 |  | 3 |  |
| <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"/> <input type="checkbox"/> Torf, wenig gestört                                                                                                                                                                                                                                                                                                                                                       |  |  |  | <input type="checkbox"/> <input type="checkbox"/> dystroph           |  |   |  | <input type="checkbox"/> <input type="checkbox"/> trocken           |  |   |  | <input type="checkbox"/> <input type="checkbox"/> g eben                |  |            |  | <input type="checkbox"/> <input type="checkbox"/> N                         |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> g Torf, degradiert                                                                                                                                                                                                                                                                                                                                                        |  |  |  | <input type="checkbox"/> <input type="checkbox"/> oligotroph         |  |   |  | <input type="checkbox"/> <input type="checkbox"/> mäßig trocken     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> wellig                |  |            |  | <input type="checkbox"/> <input type="checkbox"/> NO                        |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Antorf                                                                                                                                                                                                                                                                                                                                                                    |  |  |  | <input type="checkbox"/> <input type="checkbox"/> mesotroph          |  |   |  | <input type="checkbox"/> <input type="checkbox"/> wechselfeucht     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> kuppig                |  |            |  | <input type="checkbox"/> <input type="checkbox"/> O                         |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Sand                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | <input type="checkbox"/> <input type="checkbox"/> g eutroph          |  |   |  | <input type="checkbox"/> <input type="checkbox"/> frisch            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> düinig                |  |            |  | <input type="checkbox"/> <input type="checkbox"/> SO                        |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Kies / Steine                                                                                                                                                                                                                                                                                                                                                             |  |  |  | <input type="checkbox"/> <input type="checkbox"/> poly- / hypertroph |  |   |  | <input type="checkbox"/> <input type="checkbox"/> g feucht          |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Berg / Rücken         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> S                         |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Lehm                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <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"/> <input type="checkbox"/> k 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"/> k 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"/> g Senke / Strecksenke |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> gestörter Boden                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kerbtal               |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Sohlental             |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <b>NUTZUNGSMERKMALE ( k - kleinflächig, g - großflächig )</b>                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                         |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <b>Nutzungsintensität</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                         |  |            |  | <b>Umgebung</b>                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  | k g                                                                 |  |   |  |                                                                         |  |            |  | k g                                                                         |  |   |  |   |  |   |  | k g                                                                        |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> intensiv                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fischerei         |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Acker / Gartenbau         |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fließgewässer            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> extensiv                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Angeln            |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Ackerbrache               |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Stillgewässer            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> aufgelassen                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erholung          |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, intensiv        |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Trockenbiotop            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> g keine Nutzung                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kleingartenbau    |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, extensiv        |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünanlage / Kleingarten |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erwerbsgartenbau  |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Laub- / Mischwald         |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Weg                      |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ferienhäuser      |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Nadelwald                 |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Straße, Parkplatz        |  |   |  |   |  |
| <b>Nutzungsart</b>                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Feuchtwald / -gebüsch     |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bahnanlage               |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> k Gehölz                  |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gewerbe / Industrie      |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme     |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> g Röhricht / Feuchtrache  |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Silo / Stallanlage       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Verkehr           |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Hochstauden / Ruderalflur |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gebäude / Siedlung       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Weide                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung: |  |   |  |                                                                         |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Graben                    |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Spülfeld / Halde         |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> forstliche Nutzung                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                         |  |            |  |                                                                             |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |   |  |   |  |
| Pflanzenarten dominant ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br>Phalaris arundinacea                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                         |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten ±zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br>Calamagrostis canescens      Juncus effusus      Lysimachia thyrsoiflora                                                                                                                                                                                                                                                      |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                         |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten vereinzelt ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br>Agrostis canina      Alopecurus geniculatus      Deschampsia cespitosa      Galeopsis tetrahit<br>Galium palustre      Glyceria fluitans <b>Iris pseudacorus</b> Lemna minor<br>Lycopus europaeus      Lysimachia vulgaris      Lythrum salicaria      Scutellaria galericulata<br>Urtica dioica <u>Calliergon stramineum</u> |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                         |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                         |  |            |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                         |  |            |  | Datum erste Begehung: 22.08.2000                                            |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                         |  |            |  | Datum letzte Begehung:                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Bearbeiter/in: Grünspektrum-Helke                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                         |  |            |  | Foto: 2                                                                     |  |   |  |   |  |   |  | Folgeseiten: 0                                                             |  |   |  |   |  |