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| <b>lfd. Nr. im Biotopverzeichnis</b><br>10279                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   | 1 - vollständig 2 - überwiegend 3 - zum geringen Teil<br>NLP <input type="checkbox"/> FND <input type="checkbox"/> NP <input type="checkbox"/> FiB <input type="checkbox"/><br>NSG <input type="checkbox"/> LSG <input type="checkbox"/> BR <input type="checkbox"/> FFH-Geb. <input type="checkbox"/><br>ND <input type="checkbox"/> GLB <input type="checkbox"/> FnB <input type="checkbox"/> Wald-Totalreservat <input type="checkbox"/> |   | <b>Schutzmerkmale</b><br>geschützt nach §20 LNatG M-V <input checked="" type="checkbox"/> |                                               |   |                                    |                          |                                                                                                                                               |                                                                                                                                                                                                                        |   |   |   |   |                                                                                                                                      |                                                                                                                                                  |   |                  |                          |                                                                                                                                                         |  |   |   |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
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| <b>Vegetationseinheiten</b><br>Schilf-Schwertlilien-Erlenbruchwald                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                                                                                           |                                               |   |                                    |                          |                                                                                                                                               |                                                                                                                                                                                                                        |   |   |   |   |                                                                                                                                      |                                                                                                                                                  |   |                  |                          |                                                                                                                                                         |  |   |   |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
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| <b>Beschreibung / Besonderheiten</b><br>Der sehr kleine relativ gut erhaltene Erlenbruchwaldrest liegt in einer Senke in einem entwässerten Erlenwald südöstlich von Tutow. Der nasse bis sehr feuchte degradierte Torf ist eutroph. Der Torfswund beträgt etwa 40 cm. Innerhalb des Biotopes tritt nur eine Vegetationseinheit auf. Der Schilf-Schwertlilien-Erlenbruchwald ist durch eine stark ausgebildete (Deckung 80 %) Krautschicht gekennzeichnet, Schilf dominiert. Wichtige Begleiter sind die Rispen-, Walzen-, Sumpf-, Grau-, Steifsegge, der Sumpffaarstrang, der Sumpffarn, der Kammfarn sowie der Bittersüße Nachtschatten. An Gehölzen treten sehr selten der Faulbaum und die Eberesche auf. Auf Bulten sind die Brennessel und das Kleinblütige Springkraut häufig. Die Erlen sind etwa 10 m hoch. Einmal wurde die Fadensegge als Relikt vergangener nährstoffarmer Verhältnisse entdeckt. Der Bestand ist jedoch zu gering, um als gesichert zu gelten. Unweit verläuft im N ein Meliorationsgraben. Im Westen befindet sich das Biotop 2 etwa 100 m entfernt. Eine Gefährdung durch Entwässerung ist festzustellen. |   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                                                                                           |                                               |   |                                    |                          |                                                                                                                                               |                                                                                                                                                                                                                        |   |   |   |   |                                                                                                                                      |                                                                                                                                                  |   |                  |                          |                                                                                                                                                         |  |   |   |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| <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>Umgebung relativ störungsarm<br>landschaftsprägender Charakter<br>Trittsteinbiotop / Vernetzungsfunktion |   |   |   |   |                                                                                                                                      |                                                                                                                                                  |   |                  |                          |                                                                                                                                                         |  |   |   |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| <b>Gefährdung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                                                                                           |                                               |   |                                    |                          |                                                                                                                                               |                                                                                                                                                                                                                        |   |   |   |   |                                                                                                                                      |                                                                                                                                                  |   |                  |                          |                                                                                                                                                         |  |   |   |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | W | G                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |                                                                                           |                                               |   |                                    |                          |                                                                                                                                               |                                                                                                                                                                                                                        |   |   |   |   |                                                                                                                                      |                                                                                                                                                  |   | keine Gefährdung | <input type="checkbox"/> |                                                                                                                                                         |  |   |   |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| <b>Empfehlung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                                                                                           |                                               |   |                                    |                          |                                                                                                                                               |                                                                                                                                                                                                                        |   |   |   |   |                                                                                                                                      |                                                                                                                                                  |   |                  |                          |                                                                                                                                                         |  |   |   |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S | E                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |                                                                                           |                                               |   |                                    |                          |                                                                                                                                               |                                                                                                                                                                                                                        |   |   |   |   |                                                                                                                                      |                                                                                                                                                  |   |                  |                          |                                                                                                                                                         |  |   |   |   |   |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  | TK10                                                                   |  |   |  |                                                                    |  |   |  |                                                                                    |  | Biotop-Nr. |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------|--|---|--|--------------------------------------------------------------------|--|---|--|------------------------------------------------------------------------------------|--|------------|--|------------------------------------------------------|--|---|--|---|--|---|--|----------------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  | 0                                                                      |  | 4 |  | 0                                                                  |  | 8 |  | -                                                                                  |  | 2          |  | 3                                                    |  | 1 |  | - |  | 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"/> eben                             |  |            |  | <input type="checkbox"/> <input type="checkbox"/> N  |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> g naß |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Flachhang <= 9°                  |  |            |  | <input type="checkbox"/> <input type="checkbox"/> W  |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Halbkalk / Kalk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                        |  |   |  | <input type="checkbox"/> <input type="checkbox"/> offenes Wasser   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Steilhang > 9°                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> NW |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Schlamm / Faulschlamm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nische                           |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                        |  |   |  | <input type="checkbox"/> <input type="checkbox"/> quellig          |  |   |  | <input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> g extensiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Angeln                           |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Stillgewässer            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> aufgelassen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erholung                         |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Trockenbiotop            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> keine Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kleingartenbau                   |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünanlage / Kleingarten |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erwerbsgartenbau                 |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Weg                      |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ferienhäuser                     |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Straße, Parkplatz        |  |   |  |   |  |
| <b>Nutzungsart</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme                    |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bahnanlage               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Verkehr                          |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gewerbe / Industrie      |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Weide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ver- / Entsorgungsanlage         |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Silo / Stallanlage       |  |   |  |   |  |
| <input type="checkbox"/> <input checked="" type="checkbox"/> g forstliche Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung:                |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gebäude / Siedlung       |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Spülfeld / Halde         |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |   |  |   |  |
| Pflanzenarten dominant ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br>Alnus glutinosa Phragmites australis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten ±zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten vereinzelt ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> Carex acutiformis<br/> <u>Carex lasiocarpa</u><br/> Impatiens parviflora<br/> Sium latifolium<br/> Urtica dioica </div> <div style="width: 50%;"> Carex canescens<br/> Carex paniculata<br/> <b>Iris pseudacorus</b><br/> Solanum dulcamara </div> <div style="width: 50%;"> Carex elata<br/> <b>Dryopteris cristata</b><br/> Peucedanum palustre<br/> Sorbus aucuparia </div> <div style="width: 50%;"> Carex elongata<br/> Frangula alnus<br/> Poa trivialis<br/> Thelypteris palustris </div> </div> |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  |                                                                                    |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  |                                                                                    |  |            |  | Datum erste Begehung: 14.05.2003                     |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  |                                                                                    |  |            |  | Datum letzte Begehung:                               |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Bearbeiter/in: IBS-Kocksch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                        |  |   |  |                                                                    |  |   |  |                                                                                    |  |            |  | Foto: 1                                              |  |   |  |   |  |   |  | Folgeseiten: 0                                                             |  |   |  |   |  |