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| <b>Vegetationseinheiten</b><br>Nährstoffreiches Torfstichgewässer, Grauweidengebüsch, Schilfröhricht, Birken-Erlenumpf, Uferseggen- Birken-Erlenbruchwald, Rasenschmielen-Erlenbruchwald, Frauenfarn-Erlenbruchwald                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |   |                                                                                                           |                                                                                                           |                                           |                                                                                                          |                                                                                                                              |                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                |                                                                                                                                      |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                         |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                  |  |   |   |                                                                                                                                                         |  |   |   |   |   |
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| <b>Beschreibung / Besonderheiten</b><br>Der natürliche Birken-Erlen-Bruchwald befindet sich inmitten einer Ackerfläche. Das Bodensubstrat wird von wenig gestörtem Torf und degradiertem Torf bestimmt. Das Wasserregime ist sehr feucht und naß bis hin zu offenem Wasser und die Trophieverhältnisse sind eutroph. Die größte Fläche wird von einem nassen Erlen-Bruchwald eingenommen. Er besteht aus Birken-Erlenumpf, wobei kaum Bodenvegetation vorhanden ist. Hier kommt vereinzelt die Wasserfeder vor, die in der roten Liste M/V und Deutschlands eingetragen ist. Weiterhin breitet sich hier auch Uferseggen-Birken-Erlenbruchwald aus. Im Nordteil des Waldes sind Torfstiche vorhanden, die teilweise verlandet sind. Dort breitet sich entweder Grauweiden- gebüsch oder Schilfröhricht aus. Auf trockeneren Standorten findet man feuchten Birken-Erlenbruchwald mit dominanten Auftreten von Rasenschmiele oder Frauenfarn. |   |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |   |                                                                                                           |                                                                                                           |                                           |                                                                                                          |                                                                                                                              |                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                |                                                                                                                                      |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                         |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                  |  |   |   |                                                                                                                                                         |  |   |   |   |   |
| <b>Wertbestimmende Kriterien</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |   |                                                                                                           |                                                                                                           |                                           |                                                                                                          |                                                                                                                              |                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                |                                                                                                                                      |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                         |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                  |  |   |   |                                                                                                                                                         |  |   |   |   |   |
| Artenreichtum (Flora)<br>Vorkommen seltener / typischer Tierarten<br>X seltener / gefährdeter Pflanzenbestand<br>seltene / gefährdete Pflanzengesellschaft<br>X natürliche / naturnahe Ausprägung des Biotops<br>gute Ausbildung eines halbnatürlichen Biotops<br>typische Zonierung von Biotoptypen<br>Struktur- und Habitatreichtum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |   |                                                                                                           |                                                                                                           |                                           |                                                                                                          |                                                                                                                              | X vielfältige Standortverhältnisse<br>historische Nutzungsformen<br>aktuelle Nutzung<br>Flächengröße / Länge<br>Umgebung relativ störungsarm<br>X landschaftsprägender Charakter<br>X Trittsteinbiotop / Vernetzungsfunktion |                                                                                                           |                                                                                                                |                                                                                                                                      |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                         |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                  |  |   |   |                                                                                                                                                         |  |   |   |   |   |
| <b>Gefährdung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |   |                                                                                                           |                                                                                                           |                                           |                                                                                                          |                                                                                                                              |                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                |                                                                                                                                      |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                         |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                  |  |   |   |                                                                                                                                                         |  |   |   |   |   |
| Y W S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |   |                                                                                                           |                                                                                                           |                                           |                                                                                                          |                                                                                                                              | keine Gefährdung                                                                                                                                                                                                             |                                                                                                           |                                                                                                                |                                                                                                                                      |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                         |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                  |  |   |   |                                                                                                                                                         |  |   |   |   |   |
| <b>Empfehlung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |   |                                                                                                           |                                                                                                           |                                           |                                                                                                          |                                                                                                                              |                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                |                                                                                                                                      |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                         |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                  |  |   |   |                                                                                                                                                         |  |   |   |   |   |
| Z S X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           |   |                                                                                                           |                                                                                                           |                                           |                                                                                                          |                                                                                                                              |                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                |                                                                                                                                      |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                         |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                  |  |   |   |                                                                                                                                                         |  |   |   |   |   |

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | TK10                                                                 |  |   |  |                                                                 |  |   |  |                                                                            |  | Biotop-Nr. |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------|--|---|--|-----------------------------------------------------------------|--|---|--|----------------------------------------------------------------------------|--|------------|--|------------------------------------------------------|--|---|--|---|--|---|--|-----------------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  | 0                                                                    |  | 4 |  | 0                                                               |  | 8 |  | -                                                                          |  | 3          |  | 1                                                    |  | 1 |  | - |  | 4 |  | 0                                                                           |  | 2 |  | 1 |  |
| <b>Substrat</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  | <b>Trophie</b>                                                       |  |   |  | <b>Wasserstufe</b>                                              |  |   |  | <b>Relief</b>                                                              |  |            |  | <b>Exposition</b>                                    |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  | k g                                                                  |  |   |  | k g                                                             |  |   |  | k g                                                                        |  |            |  | k g                                                  |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <input type="checkbox"/> g Torf, wenig gestört                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | <input type="checkbox"/> <input type="checkbox"/> dystroph           |  |   |  | <input type="checkbox"/> <input type="checkbox"/> trocken       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> eben                     |  |            |  | <input type="checkbox"/> <input type="checkbox"/> N  |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <input type="checkbox"/> k Torf, degradiert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  | <input type="checkbox"/> <input type="checkbox"/> oligotroph         |  |   |  | <input type="checkbox"/> <input type="checkbox"/> mäßig trocken |  |   |  | <input type="checkbox"/> <input type="checkbox"/> wellig                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> NO |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Antorf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  | <input type="checkbox"/> <input type="checkbox"/> mesotroph          |  |   |  | <input type="checkbox"/> <input type="checkbox"/> wechselfeucht |  |   |  | <input type="checkbox"/> <input type="checkbox"/> kuppig                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> O  |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | <input type="checkbox"/> g eutroph                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> frisch        |  |   |  | <input type="checkbox"/> <input type="checkbox"/> düinig                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> SO |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Kies / Steine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  | <input type="checkbox"/> <input type="checkbox"/> poly- / hypertroph |  |   |  | <input type="checkbox"/> <input type="checkbox"/> feucht        |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Berg / Rücken            |  |            |  | <input type="checkbox"/> <input type="checkbox"/> S  |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Lehm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> g sehr feucht                          |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Riedel                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> SW |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Ton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> g naß                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Flachhang <= 9°          |  |            |  | <input type="checkbox"/> <input type="checkbox"/> W  |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Halbkalk / Kalk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> g offenes Wasser                       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Steilhang > 9°           |  |            |  | <input type="checkbox"/> <input type="checkbox"/> NW |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Schlamm / Faulschlamm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nische                   |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> g Senke / Strecksenke                             |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kerbtal                  |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> gestörter Boden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Sohlental                |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <b>NUTZUNGSMERKMALE ( k - kleinflächig, g - großflächig )</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <b>Nutzungsintensität</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <b>Umgebung</b>                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | k g                                                                        |  |            |  |                                                      |  |   |  |   |  |   |  | k g                                                                         |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> intensiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fischerei                |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fließgewässer             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> extensiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Angeln                   |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> k Stillgewässer                                    |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> aufgelassen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erholung                 |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Trockenbiotop             |  |   |  |   |  |
| <input type="checkbox"/> g keine Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kleingartenbau           |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, intensiv        |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erwerbsgartenbau         |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, extensiv        |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ferienhäuser             |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Weg                       |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> k Straße, Parkplatz                                |  |   |  |   |  |
| <b>Nutzungsart</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Verkehr                  |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nadelwald                 |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ver- / Entsorgungsanlage |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> k Feuchtwald / -gebüsch                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Weide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung:        |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gehölz                    |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> forstliche Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Röhricht / Feuchtrache    |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Hochstauden / Ruderalflur |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> g Graben                                           |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme             |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Pflanzenarten dominant ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br><div style="display: flex; justify-content: space-between;"> <span><i>Alnus glutinosa</i></span> <span><i>Betula pubescens</i></span> <span><i>Phragmites australis</i></span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Pflanzenarten ±zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br><div style="display: flex; justify-content: space-between;"> <span><i>Corylus avellana</i></span> <span><i>Fraxinus excelsior</i></span> <span><i>Salix cinerea</i></span> <span><i>Athyrium filix-femina</i></span> </div> <div style="display: flex; justify-content: space-between;"> <span><i>Carex remota</i></span> <span><i>Deschampsia cespitosa</i></span> <span><i>Glyceria fluitans</i></span> <span><i>Molinia caerulea</i></span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Pflanzenarten vereinzelt ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br><div style="display: flex; justify-content: space-between;"> <span><i>Populus tremula</i></span> <span><i>Quercus robur</i></span> <span><i>Rubus idaeus</i></span> <span><i>Aegopodium podagraria</i></span> </div> <div style="display: flex; justify-content: space-between;"> <span><i>Cardamine amara</i></span> <span><i>Carex acutiformis</i></span> <span><i>Carex riparia</i></span> <span><i>Dryopteris carthusiana</i></span> </div> <div style="display: flex; justify-content: space-between;"> <span><i>Galium palustre</i></span> <span><u><b>Hottonia palustris</b></u></span> <span><b><i>Iris pseudacorus</i></b></span> <span><i>Lemna minor</i></span> </div> <div style="display: flex; justify-content: space-between;"> <span><i>Pteridium aquilinum</i></span> <span><i>Rorippa amphibia</i></span> <span><i>Solanum dulcamara</i></span> <span><i>Thelypteris palustris</i></span> </div> <div style="display: flex; justify-content: space-between;"> <span><b><i>Sphagnum fimbriatum</i></b></span> </div> |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  | Datum erste Begehung: 24.10.2002                     |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  | Datum letzte Begehung:                               |  |   |  |   |  |   |  |                                                                             |  |   |  |   |  |
| Bearbeiter/in: Planiver-Effenberger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                      |  |   |  |                                                                 |  |   |  |                                                                            |  |            |  | Foto: 3                                              |  |   |  |   |  |   |  | Folgeseiten: 0                                                              |  |   |  |   |  |