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| <b>Schutzmerkmale</b><br>geschützt nach §20 LNatG M-V <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               | <div style="display: flex; justify-content: space-around;"> <div> NLP <input type="checkbox"/><br/> NSG <input type="checkbox"/><br/> ND <input type="checkbox"/> </div> <div> 1 - vollständig 2 - überwiegend 3 - zum geringen Teil<br/> FND <input type="checkbox"/><br/> LSG 1<br/> GLB <input type="checkbox"/> </div> </div>                                                                              |                                        | <div style="display: flex; justify-content: space-around;"> <div> NP 1<br/> BR <input type="checkbox"/><br/> FnB <input type="checkbox"/> </div> <div> FiB <input type="checkbox"/><br/> FFH-Geb. <input type="checkbox"/><br/> Wald-Totalreservat <input type="checkbox"/> </div> </div> |                                   |                          |                                                                                                                                            |                                                                                                                                              |                       |                          |                                                                                                                                                   |                          |                                          |                                                                                                                                                    |                            |                          |                                        |                          |                  |                          |                                           |                          |                      |                          |                                               |                          |                              |                          |                                               |                          |                                |   |                                    |                                                                                                                                                                                                                                                                                                                                                                    |                                        |                          |                               |                          |   |   |   |   |                                                                                                                                                     |  |   |   |   |   |
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| <b>Beschreibung / Besonderheiten</b><br><p>Am nordöstlichen Ortsrand von Katschow im Randbereich der Niederung des Kachliner Sees ist auf einer früher als Grünland genutzten und durch Gräben entwässerten Fläche ein Erlen-Eschen-Wald aufgewachsen. Der Wald stockt im östlichen Bereich auf starken Torfen, in der Randzone auf humosen Sanden. Die Torfe sind im Waldbereich stark vererdet. Außerdem ist ein Torfswund erkennbar. Eventuell unterliegen zumindest Teile der Waldfläche einem leichten Quellwassereinfluß. Das Erscheinungsbild des leicht zur Niederung hin abfallenden Standortes und insbesondere die Wasserverhältnisse lassen dies vermuten.</p> <p>Die Baumschicht mit Erlen und Eschen erreichen einen Kronenschluß von etwa 75 bis 90 %. Die Erlen besitzen starke und hohe Stämme. Auch eine Strauchschicht mit sehr viel Holunder und jungen Eschen sowie Vogelbeere, Rote Johannisbeere und Hasel ist gut ausgebildet. Die Deckungswerte liegen zwischen 10 und 15 %.</p> <p>Trotz der geschlossenen Baumschicht ist die Krautschicht gut ausgebildet. Zu den aspektbildenden Arten gehören vor allem Aegopodium podagraria und Urtica dioica. Stark entwickelt ist auch Galium aparine. Ansonsten haben sich die typischen Vertreter der Eschen-Wälder eingefunden.</p>                                                                                                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                                                                                                                                           |                                   |                          |                                                                                                                                            |                                                                                                                                              |                       |                          |                                                                                                                                                   |                          |                                          |                                                                                                                                                    |                            |                          |                                        |                          |                  |                          |                                           |                          |                      |                          |                                               |                          |                              |                          |                                               |                          |                                |   |                                    |                                                                                                                                                                                                                                                                                                                                                                    |                                        |                          |                               |                          |   |   |   |   |                                                                                                                                                     |  |   |   |   |   |
| <b>Wertbestimmende Kriterien</b> <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td><input type="checkbox"/></td> <td>Artenreichtum (Flora)</td> <td><input type="checkbox"/></td> <td>vielfältige Standortverhältnisse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Vorkommen seltener / typischer Tierarten</td> <td><input type="checkbox"/></td> <td>historische Nutzungsformen</td> </tr> <tr> <td><input type="checkbox"/></td> <td>seltener / gefährdeter Pflanzenbestand</td> <td><input type="checkbox"/></td> <td>aktuelle Nutzung</td> </tr> <tr> <td><input type="checkbox"/></td> <td>seltene / gefährdete Pflanzengesellschaft</td> <td><input type="checkbox"/></td> <td>Flächengröße / Länge</td> </tr> <tr> <td><input type="checkbox"/></td> <td>natürliche / naturnahe Ausprägung des Biotops</td> <td><input type="checkbox"/></td> <td>Umgebung relativ störungsarm</td> </tr> <tr> <td><input type="checkbox"/></td> <td>gute Ausbildung eines halbnatürlichen Biotops</td> <td><input type="checkbox"/></td> <td>landschaftsprägender Charakter</td> </tr> <tr> <td>X</td> <td>typische Zonierung von Biotoptypen</td> <td><input type="checkbox"/></td> <td>Trittsteinbiotop / Vernetzungsfunktion</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Struktur- und Habitatreichtum</td> <td><input type="checkbox"/></td> <td></td> </tr> </table> |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                                                                                                                                           |                                   |                          |                                                                                                                                            | <input type="checkbox"/>                                                                                                                     | Artenreichtum (Flora) | <input type="checkbox"/> | vielfältige Standortverhältnisse                                                                                                                  | <input type="checkbox"/> | Vorkommen seltener / typischer Tierarten | <input type="checkbox"/>                                                                                                                           | historische Nutzungsformen | <input type="checkbox"/> | seltener / gefährdeter Pflanzenbestand | <input type="checkbox"/> | aktuelle Nutzung | <input type="checkbox"/> | seltene / gefährdete Pflanzengesellschaft | <input type="checkbox"/> | Flächengröße / Länge | <input type="checkbox"/> | natürliche / naturnahe Ausprägung des Biotops | <input type="checkbox"/> | Umgebung relativ störungsarm | <input type="checkbox"/> | gute Ausbildung eines halbnatürlichen Biotops | <input type="checkbox"/> | landschaftsprägender Charakter | X | typische Zonierung von Biotoptypen | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                           | Trittsteinbiotop / Vernetzungsfunktion | <input type="checkbox"/> | Struktur- und Habitatreichtum | <input type="checkbox"/> |   |   |   |   |                                                                                                                                                     |  |   |   |   |   |
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| <b>Empfehlung</b><br>ohne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                                                                                                                                           |                                   |                          |                                                                                                                                            |                                                                                                                                              |                       |                          |                                                                                                                                                   |                          |                                          |                                                                                                                                                    |                            |                          |                                        |                          |                  |                          |                                           |                          |                      |                          |                                               |                          |                              |                          |                                               |                          |                                |   |                                    |                                                                                                                                                                                                                                                                                                                                                                    |                                        |                          |                               |                          |   |   |   |   |                                                                                                                                                     |  |   |   |   |   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                                                                                                                                           |                                   |                          |                                                                                                                                            |                                                                                                                                              |                       |                          |                                                                                                                                                   |                          |                                          |                                                                                                                                                    |                            |                          |                                        |                          |                  |                          |                                           |                          |                      |                          |                                               |                          |                              |                          |                                               |                          |                                |   |                                    |                                                                                                                                                                                                                                                                                                                                                                    |                                        |                          |                               |                          |   |   |   |   |                                                                                                                                                     |  |   |   |   |   |

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                         |  |  |  | TK10                                                                 |  |   |  |                                                                            |  | Biotop-Nr. |  |                                                                       |  |   |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------|--|---|--|----------------------------------------------------------------------------|--|------------|--|-----------------------------------------------------------------------|--|---|--|-----------------------------------------------------------------------------|--|---|--|---|--|---|--|----------------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                                                                                                |  |  |  | 0                                                                    |  | 4 |  | 1                                                                          |  | 0          |  | -                                                                     |  | 1 |  | 3                                                                           |  | 1 |  | - |  | 4 |  | 0                                                                          |  | 0 |  | 2 |  |
| <b>Substrat</b>                                                                                                                                                                                                                                                                                                                                                |  |  |  | <b>Trophie</b>                                                       |  |   |  | <b>Wasserstufe</b>                                                         |  |            |  | <b>Relief</b>                                                         |  |   |  | <b>Exposition</b>                                                           |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                            |  |  |  | k g                                                                  |  |   |  | k g                                                                        |  |            |  | k g                                                                   |  |   |  | k g                                                                         |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Torf, wenig gestört                                                                                                                                                                                                                                                                                          |  |  |  | <input type="checkbox"/> <input type="checkbox"/> dystroph           |  |   |  | <input type="checkbox"/> <input type="checkbox"/> trocken                  |  |            |  | <input type="checkbox"/> <input type="checkbox"/> eben                |  |   |  | <input type="checkbox"/> <input type="checkbox"/> N                         |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> g Torf, degradiert                                                                                                                                                                                                                                                                                                                    |  |  |  | <input type="checkbox"/> <input type="checkbox"/> oligotroph         |  |   |  | <input type="checkbox"/> <input type="checkbox"/> mäßig trocken            |  |            |  | <input type="checkbox"/> <input type="checkbox"/> wellig              |  |   |  | <input type="checkbox"/> <input type="checkbox"/> NO                        |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> k 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"/> g O                       |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> g Sand                                                                                                                                                                                                                                                                                                                                |  |  |  | <input type="checkbox"/> g eutroph                                   |  |   |  | <input type="checkbox"/> g 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"/> g feucht                                          |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Berg / Rücken       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> S                         |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Lehm                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> k sehr feucht                                     |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Riedel              |  |   |  | <input type="checkbox"/> <input type="checkbox"/> SW                        |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Ton                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> naß                      |  |            |  | <input type="checkbox"/> g Flachhang <= 9°                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> W                         |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Halbkalk / Kalk                                                                                                                                                                                                                                                                                              |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> offenes Wasser           |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Steilhang > 9°      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> NW                        |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Schlamm / Faulschlamm                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Nische              |  |   |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  | <input type="checkbox"/> <input type="checkbox"/> 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                                                                         |  |   |  |   |  |   |  | k g                                                                        |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> intensiv                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fischerei                |  |            |  |                                                                       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Acker / Gartenbau         |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fließgewässer            |  |   |  |   |  |
| <input type="checkbox"/> g extensiv                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Angeln                   |  |            |  |                                                                       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ackerbrache               |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Stillgewässer            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> aufgelassen                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erholung                 |  |            |  |                                                                       |  |   |  | <input type="checkbox"/> g Grünland. intensiv                               |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Trockenbiotop            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> keine Nutzung                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kleingartenbau           |  |            |  |                                                                       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, extensiv        |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünanlage / Kleingarten |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erwerbsgartenbau         |  |            |  |                                                                       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Laub- / Mischwald         |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Weg                      |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ferienhäuser             |  |            |  |                                                                       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nadelwald                 |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Straße, Parkplatz        |  |   |  |   |  |
| <b>Nutzungsart</b>                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Feuchtwald / -gebüsch     |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bahnanlage               |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gehölz                    |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gewerbe / Industrie      |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |            |  |                                                                       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Röhricht / Feuchtrache    |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Silo / Stallanlage       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Verkehr                  |  |            |  |                                                                       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Hochstauden / Ruderalflur |  |   |  |   |  |   |  | <input type="checkbox"/> g Gebäude / Siedlung                              |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Weide                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ver- / Entsorgungsanlage |  |            |  |                                                                       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Graben                    |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Spülfeld / Halde         |  |   |  |   |  |
| <input type="checkbox"/> g forstliche Nutzung                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung:        |  |            |  |                                                                       |  |   |  |                                                                             |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten dominant ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br>Aegopodium podagraria <u>Alnus glutinosa</u> Fraxinus excelsior      Galium aparine<br>Urtica dioica                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten ±zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br>Chrysosplenium alternifolium      Corylus avellana      Deschampsia cespitosa      Geranium robertianum<br>Geum urbanum      Humulus lupulus      Polygonatum multiflorum      Ranunculus lanuginosus<br>Ranunculus repens      Rubus idaeus      Sambucus nigra |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten vereinzelt ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br>Carex acutiformis      Crataegus monogyna      Ribes rubrum      Sorbus aucuparia                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  |                                                                             |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  | Datum erste Begehung: 04.09.2003                                            |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  | Datum letzte Begehung:                                                      |  |   |  |   |  |   |  |                                                                            |  |   |  |   |  |
| Bearbeiter/in: plan4-Voigtländer                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                            |  |            |  |                                                                       |  |   |  | Foto: 1                                                                     |  |   |  |   |  |   |  | Folgeseiten: 0                                                             |  |   |  |   |  |