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| <b>Vegetationseinheiten</b><br>Widertonmoos-Silbergras-Pionierflur, Silbergras-Rotstraußgras-Rasen, Tüpfelhartheu-Rotstraußgras-Silbergras-Rasen, Brombeergebüsch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| <b>Beschreibung / Besonderheiten</b><br>Im Bereich der ehemaligen Grenze ausgebildetes Mosaik aus Pionierflur und Sandmagerrasen auf mesotrophen, mäßig trockenen Sanden. Die durch Behaartes Widertonmoos und Silbergras bestimmte Pionierflur wird zunehmend durch Tüpfelhartheu und Drahtschmiele ruderalisiert. Im NW-Teil des Biotopes verläuft ein trockener durch Pionierflur und weiter nach Westen auch durch Brombeergebüsch besiedelter Sandgraben, in dem einzelne Birken stocken. An diesem schließt sich nördlich und nordwestlich ein silbergrasreicher Rotstraußgras-Rasen an. Weitere Arten sind hier Kleiner Sauerampfer und Jasione. Der Biotop grenzt an grasreiche Ruderalflur, Weg und Leinsamenfeld.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                        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| <b>Empfehlung</b><br><br><table border="1" style="width:100%; text-align: center;"> <tr> <td>Z</td><td>M</td><td>B</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | TK10                                                                 |  |   |  |                                                                   |  |   |  |                                                                            |  | Biotop-Nr. |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  | 0                                                                    |  | 5 |  | 0                                                                 |  | 3 |  | -                                                                          |  | 3          |  | 2                                                    |  | 3 |  | - |  | 4 |  | 0                                                                             |  | 0 |  | 9 |  |
| <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"/> k <input type="checkbox"/> trocken       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> g eben                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> N  |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Torf, degradiert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | <input type="checkbox"/> <input type="checkbox"/> oligotroph         |  |   |  | <input type="checkbox"/> <input type="checkbox"/> g 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"/> g 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"/> g Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  | <input type="checkbox"/> <input type="checkbox"/> 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"/> <input type="checkbox"/> 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"/> <input type="checkbox"/> Flachhang <= 9°          |  |            |  | <input type="checkbox"/> <input type="checkbox"/> W  |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Halbkalk / Kalk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> offenes Wasser  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Steilhang > 9°           |  |            |  | <input type="checkbox"/> <input type="checkbox"/> NW |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Schlamm / Faulschlamm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nische                   |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> quellig         |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Senke / Strecksenke      |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> gestörter Boden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kerbtal                  |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Sohlental                |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <b>NUTZUNGSMERKMALE ( k - kleinflächig, g - großflächig )</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <b>Nutzungsintensität</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <b>Umgebung</b>                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | k g                                                                        |  |            |  |                                                      |  |   |  |   |  |   |  | k g                                                                           |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> intensiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fischerei                |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fließgewässer               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> extensiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Angeln                   |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Stillgewässer               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> g aufgelassen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erholung                 |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Trockenbiotop               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> keine Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kleingartenbau           |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, intensiv          |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erwerbsgartenbau         |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, extensiv          |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ferienhäuser             |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> g Weg                       |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Straße, Parkplatz           |  |   |  |   |  |
| <b>Nutzungsart</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Verkehr                  |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nadelwald                   |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ver- / Entsorgungsanlage |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Feuchtwald / -gebüsch       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Weide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung:        |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gehölz                      |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> forstliche Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Röhricht / Feuchtrache      |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> g Hochstauden / Ruderalflur |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Graben                      |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme               |  |   |  |   |  |
| Pflanzenarten dominant ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br>Corynephorus canescens                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| Pflanzenarten ±zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br>Agrostis capillaris                      Polytrichum piliferum                      Rumex acetosella                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| Pflanzenarten vereinzelt ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br>Avenella flexuosa                      Betula pendula                      Calamagrostis epigejos                      Conyza canadensis<br>Filago arvensis                      Hieracium pilosella                      Holcus lanatus                      Hypericum perforatum<br>Jasione montana                      Linum usitatissimum                      Potentilla argentea                      Rubus fruticosus<br>Sarothamnus scoparius                      Trifolium arvense |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  | Datum erste Begehung: 01.10.1998                     |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  | Datum letzte Begehung:                               |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| Bearbeiter/in: IBS-Pries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  |                                                                   |  |   |  |                                                                            |  |            |  | Foto: 1                                              |  |   |  |   |  |   |  | Folgeseiten: 0                                                                |  |   |  |   |  |