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| <b>Naturraum</b> Oberes Warnow-Elde-Gebiet<br><table border="1" style="border-collapse: collapse; width: 100px;"> <tr><td>4</td><td>1</td><td>0</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 | 0                | <b>Landkreis / Kreisfreie Stadt</b><br>Parchim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | <b>Gemeinde / Stadt</b><br>Kritzow |      | Größe in ha |                                                                                                                                                                                                                        |   |   |   |   |   |                                 |   |                                                                                                                                         |   |                                           |   |   |   |  |  |  |  |   |                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |                                                                                                                                                     |   |   |   |   |   |  |  |  |  |
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| <b>lfd. Nr. im Biotopverzeichnis</b><br>14219                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   | min. Breite in m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   | max. Breite in m |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6 0 2 1 |                                    |      |             |                                                                                                                                                                                                                        |   |   |   |   |   |                                 |   |                                                                                                                                         |   |                                           |   |   |   |  |  |  |  |   |                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |                                                                                                                                                     |   |   |   |   |   |  |  |  |  |
| <b>Schutzmerkmale</b><br>geschützt nach §20 LNatG M-V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   | <table border="1" style="border-collapse: collapse; width: 100px;"> <tr><td>X</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                   |   | X                | 1 - vollständig 2 - überwiegend 3 - zum geringen Teil<br><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>           FND <input type="checkbox"/><br/>           LSG <input type="checkbox"/><br/>           GLB <input type="checkbox"/> </div> <div>           NP <input type="checkbox"/><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>Vegetationseinheiten</b><br>Sumpfschilfröhricht, Grauwiedengebüsch, Brennnessel-Sumpfschilfröhricht-Hochstaudenflur, Brennnessel-Kohldistel-Hochstaudenflur, Brennnessel-Schilfröhricht, Weißstraußgras-Zweizahn-Flutrasen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                    |      |             |                                                                                                                                                                                                                        |   |   |   |   |   |                                 |   |                                                                                                                                         |   |                                           |   |   |   |  |  |  |  |   |                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |                                                                                                                                                     |   |   |   |   |   |  |  |  |  |
| <b>Habitate + Strukturen</b><br><table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td>C</td><td>Z</td><td>V</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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                    |      |             |                                                                                                                                                                                                                        |   |   |   |   |   |                                 |   |                                                                                                                                         |   | C                                         | Z | V |   |  |  |  |  |   |                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |                                                                                                                                                     |   |   |   |   |   |  |  |  |  |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Z | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                    |      |             |                                                                                                                                                                                                                        |   |   |   |   |   |                                 |   |                                                                                                                                         |   |                                           |   |   |   |  |  |  |  |   |                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |                                                                                                                                                     |   |   |   |   |   |  |  |  |  |
| <b>Beschreibung / Besonderheiten</b><br>Der Feuchtvegetationskomplex befindet sich auf ebener Fläche leicht abgesenkt zu den umliegenden Ackerflächen. Es herrschen feuchte bis sehr feuchte Torfe vor. Dominierende Vegetationseinheiten sind das Sumpfschilfröhricht und die Brennnessel-Sumpfschilfröhricht-Hochstaudenflur. Letztere befindet sich eher im Biotoprandbereich. Im Norden des Biotopes befinden sich eng verzahnt das Brennnesselschilfröhricht und Grauwiedengebüsch. Etwas südwestlich davon befindet sich kleinflächig die Brennnessel-Kohldistel-Hochstaudenflur. Der Flutrasen liegt am östlichen Rand im südlichen Teil des Biotopes. Nach Süden hin nimmt die Feuchtigkeit des Biotopes tendenziell zu. Die geschützte Sumpfschilfarbe befindet sich im südlichen Teil in der Brennnessel-Sumpfschilfröhricht-Hochstaudenflur zahlreich. Im Norden droht das Biotop zu verbuschen. Dies ist auf Entwässerung zurückzuführen. Davon zeugen auch zahlreiche Entwässerungszeiger im offenen Teil des Biotopes. |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                    |      |             |                                                                                                                                                                                                                        |   |   |   |   |   |                                 |   |                                                                                                                                         |   |                                           |   |   |   |  |  |  |  |   |                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |                                                                                                                                                     |   |   |   |   |   |  |  |  |  |
| <b>Wertbestimmende Kriterien</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                    |      |             |                                                                                                                                                                                                                        |   |   |   |   |   |                                 |   |                                                                                                                                         |   |                                           |   |   |   |  |  |  |  |   |                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |                                                                                                                                                     |   |   |   |   |   |  |  |  |  |
| Artenreichtum (Flora)<br>Vorkommen seltener / typischer Tierarten<br>seltener / gefährdeter Pflanzenbestand<br>seltene / gefährdete Pflanzengesellschaft<br>natürliche / naturnahe Ausprägung des Biotops<br>gute Ausbildung eines halbnatürlichen Biotops<br>typische Zonierung von Biotoptypen<br>X Struktur- und Habitatreichtum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                    |      |             | vielfältige Standortverhältnisse<br>historische Nutzungsformen<br>aktuelle Nutzung<br>Flächengröße / Länge<br>Umgebung relativ störungsarm<br>landschaftsprägender Charakter<br>Trittsteinbiotop / Vernetzungsfunktion |   |   |   |   |   |                                 |   |                                                                                                                                         |   |                                           |   |   |   |  |  |  |  |   |                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |                                                                                                                                                     |   |   |   |   |   |  |  |  |  |
| <b>Gefährdung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                    |      |             |                                                                                                                                                                                                                        |   |   |   |   |   |                                 |   |                                                                                                                                         |   |                                           |   |   |   |  |  |  |  |   |                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |                                                                                                                                                     |   |   |   |   |   |  |  |  |  |
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| <b>Empfehlung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                    |      |             |                                                                                                                                                                                                                        |   |   |   |   |   |                                 |   |                                                                                                                                         |   |                                           |   |   |   |  |  |  |  |   |                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |                                                                                                                                                     |   |   |   |   |   |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                    |      |             |                                                                                                                                                                                                                        |   |   |   |   |   |                                 |   |                                                                                                                                         |   |                                           |   |   |   |  |  |  |  |   |                                                                                                                                                                                                                                                                                                                                                                    |   |   |   |   |   |   |   |   |                                                                                                                                                     |   |   |   |   |   |  |  |  |  |

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | TK10                                                                 |  |   |  |                                                                            |  |   |  |                                                                       |  | Biotop-Nr. |  |                                                                             |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------|--|---|--|----------------------------------------------------------------------------|--|---|--|-----------------------------------------------------------------------|--|------------|--|-----------------------------------------------------------------------------|--|---|--|----------------------------------|--|---|--|----------------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  | 0                                                                    |  | 5 |  | 0                                                                          |  | 6 |  | -                                                                     |  | 3          |  | 2                                                                           |  | 3 |  | -                                |  | 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"/> g Torf, wenig gestört                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  | <input type="checkbox"/> <input type="checkbox"/> dystroph           |  |   |  | <input type="checkbox"/> <input type="checkbox"/> trocken                  |  |   |  | <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"/> mäßig trocken            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> wellig              |  |            |  | <input type="checkbox"/> <input type="checkbox"/> NO                        |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> k <input type="checkbox"/> Antorf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  | <input type="checkbox"/> <input type="checkbox"/> mesotroph          |  |   |  | <input type="checkbox"/> <input type="checkbox"/> wechselfeucht            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> kuppig              |  |            |  | <input type="checkbox"/> <input type="checkbox"/> O                         |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | <input type="checkbox"/> g eutroph                                   |  |   |  | <input type="checkbox"/> k <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"/> 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"/> g sehr feucht                                     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Riedel              |  |            |  | <input type="checkbox"/> <input type="checkbox"/> SW                        |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Ton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> k naß                                             |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Flachhang <= 9°     |  |            |  | <input type="checkbox"/> <input type="checkbox"/> W                         |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Halbkalk / Kalk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> 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"/> gestörter Boden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kerbtal             |  |            |  |                                                                             |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Sohlental           |  |            |  |                                                                             |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
| <b>NUTZUNGSMERKMALE ( k - kleinflächig, g - großflächig )</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                       |  |            |  |                                                                             |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
| <b>Nutzungsintensität</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                       |  |            |  | <b>Umgebung</b>                                                             |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  | k g                                                                        |  |   |  |                                                                       |  |            |  | k g                                                                         |  |   |  |                                  |  |   |  | k g                                                                        |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> intensiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fischerei                |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> g Acker / Gartenbau                                |  |   |  |                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fließgewässer            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> extensiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Angeln                   |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Ackerbrache               |  |   |  |                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Stillgewässer            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> aufgelassen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erholung                 |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, intensiv        |  |   |  |                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Trockenbiotop            |  |   |  |   |  |
| <input type="checkbox"/> g keine Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kleingartenbau           |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> g 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                       |  |            |  |                                                                             |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                       |  |            |  |                                                                             |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> k Feuchtwald / -gebüsch                            |  |   |  |                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bahnanlage               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Verkehr                  |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Gehölz                    |  |   |  |                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gewerbe / Industrie      |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Weide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ver- / Entsorgungsanlage |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Röhricht / Feuchtrache    |  |   |  |                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Silo / Stallanlage       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> forstliche Nutzung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung:        |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Hochstauden / Ruderalflur |  |   |  |                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gebäude / Siedlung       |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Graben                    |  |   |  |                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Spülfeld / Halde         |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                       |  |            |  |                                                                             |  |   |  |                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |   |  |   |  |
| Pflanzenarten dominant ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br>Carex acutiformis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                       |  |            |  |                                                                             |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten ±zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br>Lythrum salicaria                      Solanum dulcamara                      Urtica dioica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                       |  |            |  |                                                                             |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
| Pflanzenarten vereinzelt ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br><u>Achillea ptarmica</u> Aegopodium podagraria                      Agrostis stolonifera                      Alisma plantago-aquatica<br>Alopecurus geniculatus                      Bidens tripartita                      Cirsium arvense                      Cirsium oleraceum<br>Galeopsis tetrahit                      Galium palustre                      Juncus effusus                      Lotus uliginosus<br>Lysimachia vulgaris                      Phalaris arundinacea                      Phragmites australis                      Polygonum amphibium<br>Rorippa palustris                      Rubus caesius                      Salix cinerea                      Scutellaria galericulata<br>Sparganium erectum                      Vicia cracca |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                       |  |            |  |                                                                             |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                       |  |            |  |                                                                             |  |   |  |                                  |  |   |  |                                                                            |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                       |  |            |  |                                                                             |  |   |  | Datum erste Begehung: 31.08.2000 |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                       |  |            |  |                                                                             |  |   |  | Datum letzte Begehung:           |  |   |  |                                                                            |  |   |  |   |  |
| Bearbeiter/in: IBS-Effenberger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                      |  |   |  |                                                                            |  |   |  |                                                                       |  |            |  |                                                                             |  |   |  | Foto: 1                          |  |   |  | Folgeseiten: 0                                                             |  |   |  |   |  |