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| <b>Standort /Geologie</b><br>vermoorte Streckensenke/ Grundmoräne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   | <b>Anschluß in TK</b><br><table border="1" style="border-collapse: collapse; width: 100px; height: 100px;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>                                                                                                                   |   |                                                                                                                                                                                                                        |                                                       |                                                                                                                                      |                                                                                                               |   |                                                                                                                  |   |   |   |   |   |   | <b>Film-Nr.</b><br>Luftbild-Nr. |   | <b>Bild-Nr.</b><br><table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td>0</td><td>6</td><td>5</td><td>0</td></tr> </table> |  | 0 | 6 | 5 | 0 |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
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| <b>Hauptcod.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   | <b>Nebencode</b>                                                                                                                                                                                                                                                                                                                                                                 |   | <b>Überlagerungscode</b>                                                                                                                                                                                               |                                                       |                                                                                                                                      |                                                                                                               |   |                                                                                                                  |   |   |   |   |   |   |                                 |   |                                                                                                                                                         |  |   |   |   |   |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
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| <b>Vegetationseinheiten</b><br>Brennnessel-Sumpfschilf-Staudenflur, Brennnessel-Sumpfschilf-Erlen-Bruchwald, Schilf-Landröhricht, VE < 1%:<br>Rasenschmielen-Sumpfschilf-Grauweiden-Feuchtwald                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                                                                                                                                                                                                                                                                                                                                                                                  |   |                                                                                                                                                                                                                        |                                                       |                                                                                                                                      |                                                                                                               |   |                                                                                                                  |   |   |   |   |   |   |                                 |   |                                                                                                                                                         |  |   |   |   |   |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| <b>Habitate + Strukturen</b><br><table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td>H</td><td>S</td><td>E</td><td>H</td><td>Z</td><td>R</td><td>H</td><td>A</td><td>O</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                  |   |                                                                                                                                                                                                                        |                                                       |                                                                                                                                      |                                                                                                               | H | S                                                                                                                | E | H | Z | R | H | A | O                               |   |                                                                                                                                                         |  |   |   |   |   |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | S | E                                                                                                                                                                                                                                                                                                                                                                                | H | Z                                                                                                                                                                                                                      | R                                                     | H                                                                                                                                    | A                                                                                                             | O |                                                                                                                  |   |   |   |   |   |   |                                 |   |                                                                                                                                                         |  |   |   |   |   |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| <b>Beschreibung / Besonderheiten</b><br>In einer größeren vermoorten und überwiegend entwässerten Streckensenke in der Grundmoräne, die durch einen alten Bahndamm und eine Straße unterbrochen wird, hat sich im nördlichen Teil auf eutrophen feuchten degradierten Torfen ein kleiner Staudenflur-Bruchwald-Komplex erhalten. Der westliche Teil wird eingenommen von einer Brennnessel-Sumpfschilf-Staudenflur mit zahlreichem Mädesüß(am südwestliche Rand auch rohrgrasreich). Am Ostrand der Offenfläche(am Übergang zum Bruchwald) ist ein Schilf-Landröhricht sowie ein Rasenschmielen-Sumpfschilf-Grauweiden-Feuchtwald(VWN < 1%) entwickelt. Der den Ostteil einnehmende Brennnessel-Sumpfschilf-Erlen-Bruchwald ist mittelalt und überwiegend schilfreich ausgebildet. Auf Grund seiner geringen Größe(erreicht nicht die Mindestgröße zum Schutz nach § 20 LNatG) ist er über die Komplexregel durch die feuchte Staudenflur ebenfalls nach § 20 LNatG geschützt. Ruderalflur umgibt den Biotop großflächig(trennt ihn auch von dem angrenzenden Acker). Kleinfächig grenzt ein zur Zeit trockener Graben im Norden an und stärker entwässerter Erlenwald der als Feldgehölz geschützt ist(mittels Luftbildcode erfaßt). |   |                                                                                                                                                                                                                                                                                                                                                                                  |   |                                                                                                                                                                                                                        |                                                       |                                                                                                                                      |                                                                                                               |   |                                                                                                                  |   |   |   |   |   |   |                                 |   |                                                                                                                                                         |  |   |   |   |   |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| <b>Wertbestimmende Kriterien</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                                                                                                                                                                                                                  |   |                                                                                                                                                                                                                        |                                                       |                                                                                                                                      |                                                                                                               |   |                                                                                                                  |   |   |   |   |   |   |                                 |   |                                                                                                                                                         |  |   |   |   |   |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| Artenreichtum (Flora)<br>Vorkommen seltener / typischer Tierarten<br>seltener / gefährdeter Pflanzenbestand<br>seltene / gefährdete Pflanzengesellschaft<br>natürliche / naturnahe Ausprägung des Biotops<br>gute Ausbildung eines halbnatürlichen Biotops<br>typische Zonierung von Biotoptypen<br>Struktur- und Habitatreichtum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                  |   | vielfältige Standortverhältnisse<br>historische Nutzungsformen<br>aktuelle Nutzung<br>Flächengröße / Länge<br>Umgebung relativ störungsarm<br>landschaftsprägender Charakter<br>Trittsteinbiotop / Vernetzungsfunktion |                                                       |                                                                                                                                      |                                                                                                               |   |                                                                                                                  |   |   |   |   |   |   |                                 |   |                                                                                                                                                         |  |   |   |   |   |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| <b>Gefährdung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                  |   |                                                                                                                                                                                                                        |                                                       |                                                                                                                                      |                                                                                                               |   |                                                                                                                  |   |   |   |   |   |   |                                 |   |                                                                                                                                                         |  |   |   |   |   |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| keine Gefährdung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                                                                                                                                                                                                                                                                                                                                                                  |   |                                                                                                                                                                                                                        |                                                       |                                                                                                                                      | <table border="1" style="border-collapse: collapse; width: 50px; height: 50px;"> <tr><td>X</td></tr> </table> | X |                                                                                                                  |   |   |   |   |   |   |                                 |   |                                                                                                                                                         |  |   |   |   |   |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                  |   |                                                                                                                                                                                                                        |                                                       |                                                                                                                                      |                                                                                                               |   |                                                                                                                  |   |   |   |   |   |   |                                 |   |                                                                                                                                                         |  |   |   |   |   |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |
| <b>Empfehlung</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                  |   |                                                                                                                                                                                                                        |                                                       |                                                                                                                                      |                                                                                                               |   |                                                                                                                  |   |   |   |   |   |   |                                 |   |                                                                                                                                                         |  |   |   |   |   |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                |  |   |   |   |   |   |   |   |                                                                                                                                                           |  |   |   |   |   |

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                                                   |  |  |  | TK10                                                                 |  |   |  |                                                                  |  |   |  |                                                                            |  | Biotop-Nr. |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------|--|---|--|------------------------------------------------------------------|--|---|--|----------------------------------------------------------------------------|--|------------|--|------------------------------------------------------|--|---|--|---|--|---|--|-------------------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | 0                                                                    |  | 5 |  | 0                                                                |  | 7 |  | -                                                                          |  | 2          |  | 1                                                    |  | 2 |  | - |  | 4 |  | 0                                                                             |  | 1 |  | 9 |  |
| <b>Substrat</b>                                                                                                                                                                                                                                                                                                                                                                          |  |  |  | <b>Trophie</b>                                                       |  |   |  | <b>Wasserstufe</b>                                               |  |   |  | <b>Relief</b>                                                              |  |            |  | <b>Exposition</b>                                    |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  | k g                                                                  |  |   |  | k g                                                              |  |   |  | k g                                                                        |  |            |  | k g                                                  |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Torf, wenig gestört                                                                                                                                                                                                                                                                                                                    |  |  |  | <input type="checkbox"/> <input type="checkbox"/> dystroph           |  |   |  | <input type="checkbox"/> <input type="checkbox"/> trocken        |  |   |  | <input type="checkbox"/> <input type="checkbox"/> g eben                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> N  |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> g Torf, degradiert                                                                                                                                                                                                                                                                                                                     |  |  |  | <input type="checkbox"/> <input type="checkbox"/> oligotroph         |  |   |  | <input type="checkbox"/> <input type="checkbox"/> mäßig trocken  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> wellig                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> NO |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Antorf                                                                                                                                                                                                                                                                                                                                 |  |  |  | <input type="checkbox"/> <input type="checkbox"/> mesotroph          |  |   |  | <input type="checkbox"/> <input type="checkbox"/> wechselfeucht  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> kuppig                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> O  |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Sand                                                                                                                                                                                                                                                                                                                                   |  |  |  | <input type="checkbox"/> <input type="checkbox"/> g eutroph          |  |   |  | <input type="checkbox"/> <input type="checkbox"/> frisch         |  |   |  | <input type="checkbox"/> <input type="checkbox"/> düinig                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> SO |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Kies / Steine                                                                                                                                                                                                                                                                                                                          |  |  |  | <input type="checkbox"/> <input type="checkbox"/> poly- / hypertroph |  |   |  | <input type="checkbox"/> <input type="checkbox"/> 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"/> <input type="checkbox"/> sehr feucht    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Riedel                   |  |            |  | <input type="checkbox"/> <input type="checkbox"/> SW |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Ton                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> naß            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Flachhang <= 9°          |  |            |  | <input type="checkbox"/> <input type="checkbox"/> W  |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Halbkalk / Kalk                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> offenes Wasser |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Steilhang > 9°           |  |            |  | <input type="checkbox"/> <input type="checkbox"/> NW |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Schlamm / Faulschlamm                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nische                   |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> quellig        |  |   |  | <input type="checkbox"/> <input type="checkbox"/> g Senke / Strecksenke    |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> gestörter Boden                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kerbtal                  |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Sohlental                |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <b>NUTZUNGSMERKMALE ( k - kleinflächig, g - großflächig )</b>                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <b>Nutzungsintensität</b>                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <b>Umgebung</b>                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | k g                                                                        |  |            |  |                                                      |  |   |  |   |  |   |  | k g                                                                           |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> intensiv                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fischerei                |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fließgewässer               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> g extensiv                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Angeln                   |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Stillgewässer               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> g aufgelassen                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erholung                 |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Trockenbiotop               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> keine Nutzung                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kleingartenbau           |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, intensiv          |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erwerbsgartenbau         |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, extensiv          |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ferienhäuser             |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Weg                         |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Straße, Parkplatz           |  |   |  |   |  |
| <b>Nutzungsart</b>                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Verkehr                  |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nadelwald                   |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ver- / Entsorgungsanlage |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Feuchtwald / -gebüsch       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Weide                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung:        |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gehölz                      |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> g forstliche Nutzung                                                                                                                                                                                                                                                                                                                   |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> k Gehölz                    |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> g Röhricht / Feuchtrache    |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> k Hochstauden / Ruderalflur |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> k Graben                    |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme               |  |   |  |   |  |
| Pflanzenarten dominant ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br>Alnus glutinosa                      Carex acutiformis                      Urtica dioica                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| Pflanzenarten ±zahlreich ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br>Deschampsia cespitosa                      Filipendula ulmaria                      Phalaris arundinacea                      Phragmites australis                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| Pflanzenarten vereinzelt ( unterstrichen: Art der Roten Liste MV, fett: Art der BArtSchV )<br>Cirsium arvense                      Cirsium oleraceum                      Galium aparine                      Lycopus europaeus<br>Lysimachia vulgaris                      Lythrum salicaria                      Poa trivialis                      Salix cinerea<br>Solanum dulcamara |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  |                                                      |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  | Datum erste Begehung: 08.11.2003                     |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  | Datum letzte Begehung:                               |  |   |  |   |  |   |  |                                                                               |  |   |  |   |  |
| Bearbeiter/in: IBS-Pries                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |                                                                      |  |   |  |                                                                  |  |   |  |                                                                            |  |            |  | Foto: 2                                              |  |   |  |   |  |   |  | Folgeseiten: 0                                                                |  |   |  |   |  |