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| <b>Ild. Nr. im Biotopverzeichnis</b><br>12146                                                                                                                                                                                                                                                                                                                     |   |                  |   | NLP <table border="1" style="width:100%; text-align: center;"><tr><td></td></tr></table><br>NSG <table border="1" style="width:100%; text-align: center;"><tr><td></td></tr></table><br>ND <table border="1" style="width:100%; text-align: center;"><tr><td></td></tr></table>                                                                    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |   |   | FND <table border="1" style="width:100%; text-align: center;"><tr><td></td></tr></table><br>LSG <table border="1" style="width:100%; text-align: center;"><tr><td></td></tr></table><br>GLB <table border="1" style="width:100%; text-align: center;"><tr><td></td></tr></table> |                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                                                               |  | NP <table border="1" style="width:100%; text-align: center;"><tr><td></td></tr></table><br>BR <table border="1" style="width:100%; text-align: center;"><tr><td></td></tr></table><br>FnB <table border="1" style="width:100%; text-align: center;"><tr><td></td></tr></table> |  |  |  |  |  |                                                                                                       | FiB <table border="1" style="width:100%; text-align: center;"><tr><td></td></tr></table><br>FFH-Geb. <table border="1" style="width:100%; text-align: center;"><tr><td></td></tr></table><br>Wald-Totalreservat <table border="1" style="width:100%; text-align: center;"><tr><td></td></tr></table> |  |                                                                                                                         |  |  |   |   |                                                                                                                                                                                                                                      |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                            |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| <b>Vegetationseinheiten</b><br>Rotstraußgras-Schafschwingel-Magerrasen, Habichtskraut-Schafschwingel-Magerrasen, Flechten-Silbergrasflur                                                                                                                                                                                                                          |   |                  |   |                                                                                                                                                                                                                                                                                                                                                    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |   |   |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                |  |  |  |  |  |                                                                                                       |                                                                                                                                                                                                                                                                                                      |  |                                                                                                                         |  |  |   |   |                                                                                                                                                                                                                                      |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                            |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Habitate + Strukturen</b>                                                                                                                                                                                                                                                                                                                                      |   |                  |   | D                                                                                                                                                                                                                                                                                                                                                  | H | M | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | H                                                     | F |   |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                |  |  |  |  |  |                                                                                                       |                                                                                                                                                                                                                                                                                                      |  |                                                                                                                         |  |  |   |   |                                                                                                                                                                                                                                      |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                            |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Beschreibung / Besonderheiten</b><br>Auf trockenen Sanden hat sich ein Rotstraußgras-Schafschwingelrasen gebildet. Er ist eng verzahnt mit einem Habichtskraut-Schafschwingelrasen und einer flechtenreichen Silbergrasflur.<br>Das Biotop befindet sich auf einem ehemaligen Betriebsgelände. Es ist von ruderalisierten Bereichen und Birkengruppen umgeben. |   |                  |   |                                                                                                                                                                                                                                                                                                                                                    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |   |   |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                |  |  |  |  |  |                                                                                                       |                                                                                                                                                                                                                                                                                                      |  |                                                                                                                         |  |  |   |   |                                                                                                                                                                                                                                      |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                            |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <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>X 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>                                                                                                                                                                                                                                                                                                                                                 |   |                  |   |                                                                                                                                                                                                                                                                                                                                                    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |   |   |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                |  |  |  |  |  |                                                                                                       |                                                                                                                                                                                                                                                                                                      |  |                                                                                                                         |  |  |   |   |                                                                                                                                                                                                                                      |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                            |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
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|                                                                                                                                                                                                                                                                                                                                                                   |   |                  |   |                                                                                                                                                                                                                                                                                                                                                    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |   |   |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                |  |  |  |  |  |                                                                                                       |                                                                                                                                                                                                                                                                                                      |  |                                                                                                                         |  |  |   |   |                                                                                                                                                                                                                                      |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                            |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                   |   |                  |   |                                                                                                                                                                                                                                                                                                                                                    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |   |   |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                |  |  |  |  |  |                                                                                                       |                                                                                                                                                                                                                                                                                                      |  |                                                                                                                         |  |  |   |   |                                                                                                                                                                                                                                      |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                            |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Empfehlung</b>                                                                                                                                                                                                                                                                                                                                                 |   |                  |   |                                                                                                                                                                                                                                                                                                                                                    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |   |   |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                |  |  |  |  |  |                                                                                                       |                                                                                                                                                                                                                                                                                                      |  |                                                                                                                         |  |  |   |   |                                                                                                                                                                                                                                      |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                            |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Z M B <table border="1" style="width:100%; text-align: center;"><tr><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>                                                                                                                                                                     |   |                  |   |                                                                                                                                                                                                                                                                                                                                                    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |   |   |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                |  |  |  |  |  |                                                                                                       |                                                                                                                                                                                                                                                                                                      |  |                                                                                                                         |  |  |   |   |                                                                                                                                                                                                                                      |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                            |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                   |   |                  |   |                                                                                                                                                                                                                                                                                                                                                    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |   |   |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |  |                          |  |                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                |  |  |  |  |  |                                                                                                       |                                                                                                                                                                                                                                                                                                      |  |                                                                                                                         |  |  |   |   |                                                                                                                                                                                                                                      |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |                                                                                                                                                                                                                                            |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |

| STANDORTMERKMALE ( k - kleinflächig, g - großflächig )                                                                                                                                                                                                                                                                                                                                           |  |  |  | TK10                                                                 |  |   |  |                                                                     |  |   |  |                                                                       |  | Biotop-Nr. |  |                                                                               |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------|--|---|--|---------------------------------------------------------------------|--|---|--|-----------------------------------------------------------------------|--|------------|--|-------------------------------------------------------------------------------|--|---|--|----------------|--|---|--|----------------------------------------------------------------------------|--|---|--|---|--|
|                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  | 0                                                                    |  | 6 |  | 0                                                                   |  | 4 |  | -                                                                     |  | 2          |  | 1                                                                             |  | 2 |  | -              |  | 4 |  | 0                                                                          |  | 0 |  | 6 |  |
| <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"/> g trocken         |  |   |  | <input type="checkbox"/> <input type="checkbox"/> g eben              |  |            |  | <input type="checkbox"/> <input type="checkbox"/> N                           |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Torf, degradiert                                                                                                                                                                                                                                                                                                                               |  |  |  | <input type="checkbox"/> <input type="checkbox"/> k 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"/> g mesotroph        |  |   |  | <input type="checkbox"/> <input type="checkbox"/> wechselfeucht     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> kuppig              |  |            |  | <input type="checkbox"/> <input type="checkbox"/> O                           |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> g Sand                                                                                                                                                                                                                                                                                                                                         |  |  |  | <input type="checkbox"/> <input type="checkbox"/> eutroph            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> frisch            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> düinig              |  |            |  | <input type="checkbox"/> <input type="checkbox"/> SO                          |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Kies / Steine                                                                                                                                                                                                                                                                                                                                  |  |  |  | <input type="checkbox"/> <input type="checkbox"/> poly- / hypertroph |  |   |  | <input type="checkbox"/> <input type="checkbox"/> feucht            |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Berg / Rücken       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> S                           |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Lehm                                                                                                                                                                                                                                                                                                                                           |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sehr feucht       |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Riedel              |  |            |  | <input type="checkbox"/> <input type="checkbox"/> SW                          |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Ton                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> naß               |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Flachhang <= 9°     |  |            |  | <input type="checkbox"/> <input type="checkbox"/> W                           |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Halbkalk / Kalk                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> offenes Wasser    |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Steilhang > 9°      |  |            |  | <input type="checkbox"/> <input type="checkbox"/> NW                          |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Schlamm / Faulschlamm                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Nische              |  |            |  |                                                                               |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> quellig           |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Senke / Strecksenke |  |            |  |                                                                               |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> gestörter Boden                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kerbtal             |  |            |  |                                                                               |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Sohlental           |  |            |  |                                                                               |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| <b>NUTZUNGSMERKMALE ( k - kleinflächig, g - großflächig )</b>                                                                                                                                                                                                                                                                                                                                    |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                       |  |            |  |                                                                               |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| <b>Nutzungsintensität</b>                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                       |  |            |  | <b>Umgebung</b>                                                               |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                      |  |   |  | k g                                                                 |  |   |  |                                                                       |  |            |  | k g                                                                           |  |   |  |                |  |   |  | k g                                                                        |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> intensiv                                                                                                                                                                                                                                                                                                                                       |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fischerei         |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Acker / Gartenbau           |  |   |  |                |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Fließgewässer            |  |   |  |   |  |
| <input type="checkbox"/> <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"/> g 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"/> <input type="checkbox"/> keine Nutzung                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Kleingartenbau    |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Grünland, extensiv          |  |   |  |                |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Grünanlage / Kleingarten |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Erwerbsgartenbau  |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Laub- / Mischwald           |  |   |  |                |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Weg                      |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Ferienhäuser      |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Nadelwald                   |  |   |  |                |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Straße, Parkplatz        |  |   |  |   |  |
| <b>Nutzungsart</b>                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Feuchtwald / -gebüsch       |  |   |  |                |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bahnanlage               |  |   |  |   |  |
| k g                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Gehölz                      |  |   |  |                |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gewerbe / Industrie      |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Acker                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme     |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Röhricht / Feuchtrache      |  |   |  |                |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Silo / Stallanlage       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Wiese                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Verkehr           |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> g Hochstauden / Ruderalflur |  |   |  |                |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Gebäude / Siedlung       |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Weide                                                                                                                                                                                                                                                                                                                                          |  |  |  |                                                                      |  |   |  | <input type="checkbox"/> <input type="checkbox"/> sonstige Nutzung: |  |   |  |                                                                       |  |            |  | <input type="checkbox"/> <input type="checkbox"/> Graben                      |  |   |  |                |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Spülfeld / Halde         |  |   |  |   |  |
| <input type="checkbox"/> <input type="checkbox"/> forstliche Nutzung                                                                                                                                                                                                                                                                                                                             |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                       |  |            |  |                                                                               |  |   |  |                |  |   |  | <input type="checkbox"/> <input type="checkbox"/> Bodenentnahme            |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> Pflanzenarten dominant<br/> <i>Agrostis capillaris</i> </div> <div> ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br/> <i>Corynephorus canescens</i> </div> <div> <i>Festuca ovina</i> agg. </div> </div>                                                                                                 |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                       |  |            |  |                                                                               |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> Pflanzenarten ±zahlreich<br/> <i>Avenella flexuosa</i><br/> <i>Jasione montana</i> </div> <div> ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br/> <i>Cladonia spec.</i><br/> <i>Polytrichum piliferum</i> </div> <div> <i>Hieracium pilosella</i> </div> <div> <i>Hypochaeris radicata</i> </div> </div> |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                       |  |            |  |                                                                               |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> Pflanzenarten vereinzelt<br/> <i>Scleranthus perennis</i> </div> <div> ( unterstrichen: Art der Roten Liste MV, fett: Art der BARTSchV )<br/> <i>Trifolium arvense</i> </div> </div>                                                                                                                                          |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                       |  |            |  |                                                                               |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| Angaben zur Fauna                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                       |  |            |  |                                                                               |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| Verwendete Unterlagen                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                       |  |            |  | Datum erste Begehung: 11.10.1997                                              |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
| Bearbeiter/in: IBS-Hönes                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                       |  |            |  | Datum letzte Begehung:                                                        |  |   |  |                |  |   |  |                                                                            |  |   |  |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |                                                                      |  |   |  |                                                                     |  |   |  |                                                                       |  |            |  | Foto: 1                                                                       |  |   |  | Folgeseiten: 0 |  |   |  |                                                                            |  |   |  |   |  |