

Gewässerbogen

Standgewässer (für Standgewässer < 1 ha fakultativ)

Nr. DTK 10 [] [] [] [] [] - [] []

Geb.-nr. [] [] [] [] []

Gewässerkennzahl [] [] [] [] [] [] [] [] [] []

Gewässername: _____

hydrologisch-genetischer Typ: _____

Gewässerstruktur: maximale Tiefe: [] [] m Größe: [] [] [] [] ha

Aktuelle Trophie: _____

Primäre Trophie: _____

Zuflüsse:

	1	2	3	4	5	6	7	8	9	10
Uferseite										
Art										
Wassermenge aktuell										
Wassermenge vermutet										

Abflüsse:

	1	2	3
Uferseite			
Art			
Wassermenge aktuell			
Wassermenge vermutet			
Anlage Regulierung			

Uferneigung (anteilig):

flach	[] [] [] []	%
geneigt	[] [] [] []	%
steil	[] [] [] []	%

Flachwasserzonen (<2m Wassertiefe): [] [] [] [] ha

Lage: _____

Ufersediment:

% der Uferlinie mineralisch
% der Uferlinie organisch

	N	NO	O	SO	S	SW	W	NW

Vegetationsstruktur:

% Seefläche

Grundrasen	[] [] [] []
Tauchfluren	[] [] [] []
Schwembematten	[] [] [] []
Schwimmdecken	[] [] [] []
Schwimblattvegetation	[] [] [] []
Schwingried/-röhricht	[] [] [] []
Wasserried/-röhricht	[] [] [] []

untere Makrophytengrenze: [] [] m

nat. Ufervegetation

ungestört:

>90% Uferlänge	[] [] [] []
50-90% Uferlänge	[] [] [] []
50-25% Uferlänge	[] [] [] []
<25% Uferlänge	[] [] [] []

Sichttiefe:

Datum	[] [] [] [] [] [] [] [] [] []	m	[] [] [] []
	[] [] [] [] [] [] [] [] [] []		[] [] [] []
	[] [] [] [] [] [] [] [] [] []		[] [] [] []
	[] [] [] [] [] [] [] [] [] []		[] [] [] []
	[] [] [] [] [] [] [] [] [] []		[] [] [] []
	[] [] [] [] [] [] [] [] [] []		[] [] [] []
	[] [] [] [] [] [] [] [] [] []		[] [] [] []
	[] [] [] [] [] [] [] [] [] []		[] [] [] []

Gewässerchemische Daten:

	Datum	[] [] [] [] [] [] [] [] [] []
ph	[] [] [] []	[] [] [] [] [] [] [] [] [] []
KH °dH	[] [] [] []	[] [] [] [] [] [] [] [] [] []
GH °dH	[] [] [] []	[] [] [] [] [] [] [] [] [] []
LF µS/cm	[] [] [] [] [] [] [] [] [] []	[] [] [] [] [] [] [] [] [] []

Wasserfarbe:

farblos	[] [] [] []
grünlich	[] [] [] []
blaugrün	[] [] [] []
bräunlich	[] [] [] []

Bemerkungen: _____

Kürzel

[] [] [] []
[] [] [] []

Name Kartiererin

Datum

[] [] [] [] [] [] [] [] [] []
[] [] [] [] [] [] [] [] [] []

Erstaufnahme

Folgeuntersuchung

[] [] [] []

EDV

[] [] [] []