

# MOLA HEADLAND INFRASTRUCTURE



# CONTEXT SHEET

|                         |                             |                                 |                                                                                                                        |
|-------------------------|-----------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Site code<br><b>A14</b> | Area/Field<br><b>TEA 38</b> | Sub-area/Trench                 | Context number<br><b>383076</b>                                                                                        |
| ECB #                   | Subgroup                    | Parent context<br><b>383076</b> | Context type<br>cut <input checked="" type="checkbox"/> fill <input type="checkbox"/> deposit <input type="checkbox"/> |

## STRATIGRAPHIC MATRIX

## STRATIGRAPHY

|  |  |               |  |  |                            |
|--|--|---------------|--|--|----------------------------|
|  |  | <b>383075</b> |  |  | Same as context            |
|  |  | this context  |  |  | Cuts context <b>380003</b> |
|  |  | <b>380003</b> |  |  | Cut by context             |

## CUT

(if you are using this section score out section FILL/DEPOSIT below)

## DESCRIPTION

## INTERPRETATION

|                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Shape</b><br>sub- <input type="checkbox"/> rectangular <input checked="" type="checkbox"/> square <input type="checkbox"/> circular <input type="checkbox"/> linear <input type="checkbox"/> curvilinear <input type="checkbox"/> irregular <input type="checkbox"/> other* <input checked="" type="checkbox"/> |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                  |                     | pit <input type="checkbox"/><br>post-hole <input type="checkbox"/><br>stake-hole <input type="checkbox"/><br>ditch <input type="checkbox"/><br>ring-ditch <input type="checkbox"/><br>beam slot <input type="checkbox"/><br>construction cut <input type="checkbox"/><br>robber cut <input type="checkbox"/><br>gully <input type="checkbox"/><br>palaeochannel <input type="checkbox"/><br>furrow <input type="checkbox"/><br>field boundary <input type="checkbox"/><br>burial cut <input checked="" type="checkbox"/><br>other cut (describe below) <input type="checkbox"/> |
| <b>Orientation</b><br>I <input type="checkbox"/> N-S<br>I <input type="checkbox"/> E-W<br>I <input checked="" type="checkbox"/> NE-SW<br>I <input type="checkbox"/> NW-SE<br>N<br>                                                                                                                                 | <b>Sides</b><br>L <input type="checkbox"/> vertical<br>L <input checked="" type="checkbox"/> steep<br>L <input type="checkbox"/> moderate sloping<br>L <input type="checkbox"/> gentle<br>L <input type="checkbox"/> stepped<br>L <input type="checkbox"/> undercutting<br>L <input type="checkbox"/> complex* | <b>Base</b><br>— <input type="checkbox"/> flat<br>C <input type="checkbox"/> concave<br>V <input type="checkbox"/> v-shaped<br>/ <input type="checkbox"/> sloping<br>~ <input checked="" type="checkbox"/> uneven<br>X <input type="checkbox"/> complex* |                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Dimensions</b><br>in metres                                                                                                                                                                                                                                                                                     | <b>Length (L)</b><br><b>1.10m</b>                                                                                                                                                                                                                                                                              | <b>Width (W)</b><br><b>0.70m</b>                                                                                                                                                                                                                         | <b>Depth (D)</b><br><b>0.20m</b> | <b>Diameter (Ø)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Shape result of</b> (tick all that apply)<br>design <input checked="" type="checkbox"/> material cut into <input type="checkbox"/> natural processes <input type="checkbox"/> degree of truncation <input type="checkbox"/> uncertain <input type="checkbox"/>                                                  |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |                                  |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## FILL/DEPOSIT

(if you are using this section score out section CUT above)

## DESCRIPTION

## INTERPRETATION

|                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |              |                  |         |              |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|------------------|---------|--------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Compaction</b><br><input type="checkbox"/> compact<br><input type="checkbox"/> moderately compact<br><input type="checkbox"/> loose<br><input type="checkbox"/> friable | <b>Colour</b><br>light <input type="checkbox"/> mid <input type="checkbox"/> dark <input type="checkbox"/> mottled <input type="checkbox"/><br>brownish <input type="checkbox"/> brown <input type="checkbox"/><br>greyish <input type="checkbox"/> grey <input type="checkbox"/><br>orangeish <input type="checkbox"/> orange <input type="checkbox"/><br>yellowish <input type="checkbox"/> yellow <input type="checkbox"/><br>reddish <input type="checkbox"/> red <input type="checkbox"/><br>blueish <input type="checkbox"/> blue <input type="checkbox"/><br>black <input type="checkbox"/> white <input type="checkbox"/> other* <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Composition</b><br>clayey <input type="checkbox"/> clay <input type="checkbox"/><br>silty <input type="checkbox"/> silt <input type="checkbox"/><br>sandy <input type="checkbox"/> sand <input type="checkbox"/><br>gravelly <input type="checkbox"/> gravel <input type="checkbox"/><br>peaty <input type="checkbox"/> peat <input type="checkbox"/> | topsoil <input type="checkbox"/><br>subsoil <input type="checkbox"/><br>geological subsoil <input type="checkbox"/><br>remnant topsoil <input type="checkbox"/><br>surface <input type="checkbox"/><br>occupation layer <input type="checkbox"/><br>dumped layer <input type="checkbox"/><br>deliberate backfill <input type="checkbox"/><br>destruction debris <input type="checkbox"/><br>bedding layer <input type="checkbox"/><br>natural infilling <input type="checkbox"/><br>colluvial layer <input type="checkbox"/><br>in situ burning <input type="checkbox"/><br>post-pipe <input type="checkbox"/><br>packing <input type="checkbox"/><br>cremation <input type="checkbox"/><br>other fill/deposit (describe below) <input type="checkbox"/> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |              |                  |         |              |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Thickness (max)</b>                                                                                                                                                     | other* <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |              |                  |         |              |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Inclusions</b><br>use the following:<br>O: occasional<br>M: moderate<br>F: frequent                                                                                     | <table border="1"> <tr> <td>stones*</td> <td>chalk</td> <td>iron pan</td> <td>manganese</td> <td>charcoal</td> <td>plant remains*</td> <td>wood</td> <td>marine shell</td> <td>bone*</td> <td>pot</td> <td>fired clay / CBM</td> <td>CTP</td> <td>mortar/plaster</td> <td>leather/textile</td> <td>glass</td> <td>metal</td> <td>industrial waste</td> <td>lithics</td> <td>coarse stone</td> </tr> <tr> <td>frequency</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>bulk find</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | stones*                  | chalk                    | iron pan                 | manganese                | charcoal                 | plant remains*           | wood                     | marine shell             | bone*                    | pot                      | fired clay / CBM         | CTP                      | mortar/plaster           | leather/textile          | glass                    | metal        | industrial waste | lithics | coarse stone | frequency |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | bulk find | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| stones*                                                                                                                                                                    | chalk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | iron pan                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | manganese                | charcoal                 | plant remains*           | wood                     | marine shell             | bone*                    | pot                      | fired clay / CBM         | CTP                      | mortar/plaster           | leather/textile          | glass                    | metal                    | industrial waste         | lithics                  | coarse stone |                  |         |              |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| frequency                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |              |                  |         |              |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| bulk find                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |                  |         |              |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

## CROSS REFERENCE

|            |           |                                                                        |                                                                                                                                                     |
|------------|-----------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Sample nos | Finds nos | Photo nos<br>- PRECK<br>3802897/99<br>3820762<br>3820763<br>PHOTOGRAPH | Drawing nos<br>Surveyed:<br>plan <input type="checkbox"/> section <input type="checkbox"/> levels <input type="checkbox"/><br>D 38684<br>PHOTOGRAPH |
|------------|-----------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|
| Basic process<br>construction <input checked="" type="checkbox"/> use <input type="checkbox"/> disuse <input type="checkbox"/> |
| Date <b>06/04/17</b>                                                                                                           |
| Initials <b>MD</b>                                                                                                             |
| Checked by <b>O</b>                                                                                                            |

This form is incomplete if fields marked with \* are empty. Please turn over for additional information (and describing all items marked with \*) and sketches.

# ADDITIONAL INFORMATION

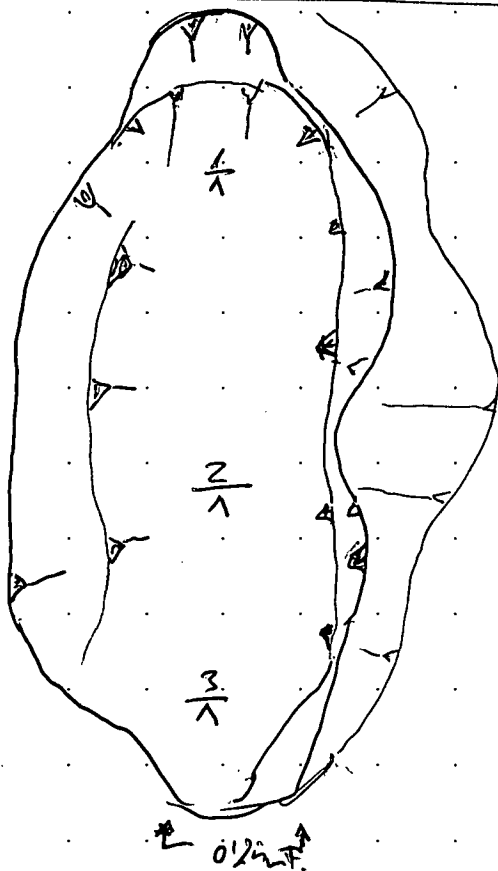
(any further details that may be important for understanding the context, including items marked \* overleaf)

- CUT OF GRAVE WITH 1'10" LT OF LENGTH AND 0'70" LT OF WIDTH, THE BASE IS UNEVEN, THE THE ~~SHAPES~~ CUT'S SHAPE IS ELONGATED AS ELLIPSE OR ROUNDED RECTANGLE FROM SW (HEAD) TO NE (FEET) THE DEEPER POINT OF THE BASE IS 0'90" LT. WHERE \* THE PELVIS OF THE BODY WAS. THE SHALLOWEST WAS FOR THE FEET 0'07" LT ALMOST ON THE TOP.
- \* THE WIDEST POINT IS 0'70" LT WHERE THE KNEES, ARMS AND RIB CAGE WERE. THE NARROWEST POINT IS 0'25" FOR THE FEET AND 0'30" FOR THE HEAD.

Refer to context

## SKETCHES

(consider: location plan, detailed plan showing relationships, section showing fills/deposits as appropriate)



### BASE LEVELS

- 1/2 HEAD 17.156 m OSL  
2/2 PELVIS 17.111 m OSL  
3/1 FEET 17.119 m OSL  
(meters over sea level)

0'70" LT