

# MOLA HEADLAND INFRASTRUCTURE



## CONTEXT SHEET

|                  |                     |                             |                                                                                                                        |
|------------------|---------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------|
| Site code<br>A14 | Area/Field<br>TEA 7 | Sub-area/Trench<br>A        | Context number<br>(720 721)                                                                                            |
| ECB #            | Subgroup            | Parent context<br>[720 720] | Context type<br>cut <input type="checkbox"/> fill <input checked="" type="checkbox"/> deposit <input type="checkbox"/> |

### STRATIGRAPHIC MATRIX

### STRATIGRAPHY

|  |  |                                |  |                 |
|--|--|--------------------------------|--|-----------------|
|  |  | (720 722)                      |  | Same as context |
|  |  | (720 721)                      |  | Cuts context    |
|  |  | <del>(720 720)</del> (722 192) |  | 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 type="checkbox"/> square <input type="checkbox"/> circular <input type="checkbox"/> linear <input type="checkbox"/> curvilinear <input type="checkbox"/> irregular <input type="checkbox"/> other* <input 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 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 type="checkbox"/> NE-SW<br>I <input type="checkbox"/> NW-SE                                                                                                                               | <b>Sides</b><br>I <input type="checkbox"/> vertical<br>I <input type="checkbox"/> steep<br>I <input type="checkbox"/> moderate sloping<br>I <input type="checkbox"/> gentle<br>I <input type="checkbox"/> stepped<br>I <input type="checkbox"/> undercutting<br>I <input type="checkbox"/> complex* | <b>Base</b><br>I <input type="checkbox"/> flat<br>I <input type="checkbox"/> concave<br>I <input type="checkbox"/> V-shaped<br>I <input type="checkbox"/> sloping<br>I <input type="checkbox"/> uneven<br>I <input type="checkbox"/> complex* |              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Dimensions</b><br>in metres                                                                                                                                                                                                                                                               | <b>Length</b>                                                                                                                                                                                                                                                                                       | <b>Width</b>                                                                                                                                                                                                                                  | <b>Depth</b> | <b>Diameter</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Shape result of</b> (tick all that apply)<br>design <input 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 checked="" type="checkbox"/> moderately compact<br><input type="checkbox"/> loose<br><input type="checkbox"/> friable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Colour</b><br>light <input type="checkbox"/> mid <input checked="" type="checkbox"/> dark <input type="checkbox"/> mottled <input type="checkbox"/><br>brownish <input checked="" 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 checked="" type="checkbox"/><br>sandy <input checked="" type="checkbox"/> sand <input type="checkbox"/><br>gravelly <input type="checkbox"/> gravel <input type="checkbox"/><br>peaty <input type="checkbox"/> peat <input type="checkbox"/><br>other* <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 checked="" type="checkbox"/><br>deliberate backfill <input type="checkbox"/><br>destruction debris <input type="checkbox"/><br>bedding layer <input type="checkbox"/><br>natural infilling <input checked="" 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</b><br>0.25m+                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | black <input type="checkbox"/> white <input type="checkbox"/> other* <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Inclusions</b><br>use the following:<br>O: occasional<br>M: moderate<br>F: frequent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| stones* <input type="checkbox"/> chalk <input type="checkbox"/> iron pan <input type="checkbox"/> manganese <input type="checkbox"/> charcoal <input type="checkbox"/> plant remains* <input type="checkbox"/> wood <input type="checkbox"/> marine shell <input type="checkbox"/> bone* <input type="checkbox"/> pot <input type="checkbox"/> fired clay / CBM <input type="checkbox"/> CTP <input type="checkbox"/> mortar/plaster <input type="checkbox"/> leather/textile <input type="checkbox"/> glass <input type="checkbox"/> metal <input type="checkbox"/> industrial waste <input type="checkbox"/> lithics <input type="checkbox"/> coarse stone <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| frequency <input type="checkbox"/> bulk find <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

### CROSS REFERENCE

|                 |                                               |                               |                                                                                                                                                            |
|-----------------|-----------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sample nos<br>/ | Finds nos<br>F. 72062<br>F. 72104<br>F. 72079 | Photo nos<br>7210269-<br>0272 | Drawing nos<br>Surveyed: Sat 7216<br>plan <input type="checkbox"/> section <input checked="" type="checkbox"/> levels <input type="checkbox"/><br>D. 72140 |
|-----------------|-----------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Basic process

construction ☐ use ☐ disuse ☒

Date Sat 1/18

Initials KMU

Checked by L.B.L.

This form is incomplete if fields marked with \* are empty. PTO 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)

SECONDARY FILL OF WELL. DUG TO 1.0M, WELL CONTINUE  
THE REMAINING QUADRANTS DOWN. A STOP SO THE P27 CAN  
BE BOTTOMED. FOUND VARIOUS POTTERY WARE 1-2 CENT AD  
IN THE BOTTOM FILL. A LARGE AMOUNT OF BONE WAS ALSO  
RECOVERED INCLUDING A SCAPULA NEAR THE BOTTOM. AFTER  
DIGGING 50% A LARGE SCATTER OF BONES WAS DISCOVERED ON  
THE NORTHERN EDGE OF THE CUT. IT FOLLOWED THE EDGE DOWN  
AND LAYED OUT WITHIN THE CONTEXT. IT DID NOT  
SHOW IN THE LOWER FILL; THE SCATTER AND CONTEXT (72241), BOTH  
LAY ON TOP OF (722142)

\*Refer to context

## SKETCHES

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

SEE SHEET

(720719)