

# MOLA HEADLAND INFRASTRUCTURE



# CONTEXT SHEET

|                         |                              |                                 |                                                                                                                        |
|-------------------------|------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Site code<br><b>A14</b> | Area/Field<br><b>TEA 10A</b> | Sub-area/Trench                 | Context number<br><b>104467</b>                                                                                        |
| ECB #                   | Subgroup                     | Parent context<br><b>104466</b> | Context type<br>cut <input type="checkbox"/> fill <input checked="" type="checkbox"/> deposit <input type="checkbox"/> |

## STRATIGRAPHIC MATRIX

## STRATIGRAPHY

|  |  |              |               |  |                 |  |
|--|--|--------------|---------------|--|-----------------|--|
|  |  |              | <b>100002</b> |  | Same as context |  |
|  |  | this context | <b>104467</b> |  | Cuts context    |  |
|  |  |              | <b>104511</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 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>H <input type="checkbox"/> E-W<br>↗ <input type="checkbox"/> NE-SW<br>↘ <input type="checkbox"/> NW-SE<br>N<br>▲                                                                                                                     |  | <b>Sides</b><br>} <input type="checkbox"/> vertical<br>} <input type="checkbox"/> steep<br>} <input type="checkbox"/> moderate sloping<br>} <input type="checkbox"/> gentle<br>} <input type="checkbox"/> stepped<br>} <input type="checkbox"/> undercutting<br>} <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 type="checkbox"/> uneven<br>X <input type="checkbox"/> complex* |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| <b>Dimensions</b><br>in metres                                                                                                                                                                                                                                                               |  | <b>Length (L)</b>                                                                                                                                                                                                                                                                                   | <b>Width (W)</b> | <b>Depth (D)</b>                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Diameter (Ø)</b> |
| <b>Shape result of (tick all that apply)</b><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 type="checkbox"/> moderately compact<br><input type="checkbox"/> loose<br><input checked="" type="checkbox"/> friable & firm |         | <b>Colour</b><br>light <input type="checkbox"/> mid <input type="checkbox"/> dark <input checked="" type="checkbox"/> mottled <input type="checkbox"/><br>brownish <input type="checkbox"/> brown <input checked="" 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"/> |          | <b>Composition</b><br>clayey <input type="checkbox"/> clay <input checked="" type="checkbox"/><br>silty <input type="checkbox"/> silt <input 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"/> |          | 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 checked="" 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><br><b>0.35m</b>                                                                                                                                                       |         | black <input type="checkbox"/> white <input type="checkbox"/> other* <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          | other* <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |      |              |   |       |     |                  |     |                |                 |       |       |                  |         |              |
| <b>Inclusions</b><br>use the following:<br>O: occasional<br>M: moderate<br>F: frequent                                                                                                       |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                                                                                                                                                                                                                                                                                                                                                                                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |      |              |   |       |     |                  |     |                |                 |       |       |                  |         |              |
| frequency                                                                                                                                                                                    | stones* | chalk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | iron pan | manganese                                                                                                                                                                                                                                                                                                                                                                      | charcoal |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | plant remains* | wood | marine shell | M | bone* | pot | fired clay / CBM | CTP | mortar/plaster | leather/textile | glass | metal | industrial waste | lithics | coarse stone |
| bulk find                                                                                                                                                                                    | X       | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                                                                                                                                                                                                                                                                                                                                                                                | X        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |      |              |   | X     |     |                  |     |                |                 |       | X     |                  |         |              |

## CROSS REFERENCE

|                                                                                                                        |                                                                 |                                                               |                             |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|-----------------------------|
| Sample nos<br><b>X</b>                                                                                                 | Finds nos<br><b>F 10158</b><br><b>F 10159</b><br><b>F 10165</b> | Photo nos<br><b>6100615</b><br><b>- 616</b><br><b>6100614</b> | Drawing nos<br><b>61561</b> |
| Surveyed:<br>plan <input type="checkbox"/> section <input checked="" type="checkbox"/> levels <input type="checkbox"/> |                                                                 |                                                               |                             |

## Basic process

|                                                                                                               |
|---------------------------------------------------------------------------------------------------------------|
| construction <input type="checkbox"/> use <input type="checkbox"/> disuse <input checked="" type="checkbox"/> |
| Date <b>20/7/17</b>                                                                                           |
| Initials <b>TJB</b>                                                                                           |
| Checked by <b>DCB</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)

THIS TOP FILL PRODUCED 99% OF THE FINDS FROM THE FEATURE PARTLY DUE TO POOR CONDITIONS (PARCHED/DRIED) PREVENTING ID OF FILLS (104511 & 104512). POTTERY WAS 1st<sup>C</sup> AD OR LIA. PRODUCED 3 BRONZE OBJ; NAIL 10159 & BROOCH PIN 10158. THE SURFACE PRODUCED 10163. A ROMAN HARNESS RING. THESE IMPLY HIGH STATUS WHEREAS THE POTTERY IMPLIES LOW STATUS IMPLYING AN EARLY DATE. HOWEVER THE POOR CONDITION OF THIS BOUNDARY MEANS PEACEFUL REPLACEMENT RATHER THAN MILITARY DESTRUCTION IS THE MORE LIKELY INTERPRETATION AS THE DEMOLITION OF DESTRUCTION OF THE BANK PREDATES THIS EVENT. HOWEVER ER IS A DEFINITE TERMINUS POST QUEM FOR THIS FEATURE.

Refer to context 104466

## SKETCHES

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

