

# MOLA HEADLAND INFRASTRUCTURE



# CONTEXT SHEET

|                         |                            |                                   |                                                                                                                        |
|-------------------------|----------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Site code<br><b>A14</b> | Area/Field<br><b>TEA32</b> | Sub-area/Trench                   | Context number<br><b>(323872)</b>                                                                                      |
| ECB #                   | Subgroup                   | Parent context<br><b>(323872)</b> | Context type<br>cut <input type="checkbox"/> fill <input checked="" type="checkbox"/> deposit <input type="checkbox"/> |

## STRATIGRAPHIC MATRIX

## STRATIGRAPHY

|  |  |                 |  |  |                 |   |
|--|--|-----------------|--|--|-----------------|---|
|  |  | <b>SUB</b>      |  |  | Same as context | — |
|  |  | <b>(323872)</b> |  |  | Cuts context    | — |
|  |  | <b>(323873)</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>I <input type="checkbox"/> E-W<br>I <input type="checkbox"/> NE-SW<br>I <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>S <input type="checkbox"/> uneven<br>X <input type="checkbox"/> complex* |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Dimensions</b><br>in metres                                                                                                                                                                                                                                                               | <b>Length</b> | <b>Width</b>                                                                                                                                                                                                                                                                                        | <b>Depth</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 type="checkbox"/> moderately compact<br><input type="checkbox"/> loose<br><input checked="" 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 type="checkbox"/> brown <input checked="" type="checkbox"/><br>greyish <input type="checkbox"/> grey <input type="checkbox"/><br>orangeish <input checked="" 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 checked="" type="checkbox"/> clay <input type="checkbox"/><br>silty <input type="checkbox"/> silt <input checked="" 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 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>                                                                                                                                                                      |                          | 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             | bone*                    | pot                                 | fired clay / CBM         | CTP                      | mortar/plaster           | leather/textile          | glass                    | metal                    | industrial waste         | lithics                             | coarse stone             |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## CROSS REFERENCE

|                                                            |                |                                                                   |                                                                                                                                 |
|------------------------------------------------------------|----------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Sample nos<br><b>32646</b><br><b>32647</b><br><b>32648</b> | Finds nos<br>— | Photo nos<br><b>3203491 →</b><br><b>3203492</b><br><b>3203598</b> | Drawing nos<br>—<br>Surveyed:<br>plan <input type="checkbox"/> section <input type="checkbox"/> levels <input type="checkbox"/> |
|------------------------------------------------------------|----------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|

## Basic process

construction ☐ use ☐ disuse ☒

Date **24/4/18**

Initials **MAH**

Checked by

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)

Fill of pit [323871].

Due to colour + compaction, likely filled due to natural deposit infilling, due to silting.

Inclusions - occasional stone (irregular) + charcoal.

finds - pot sherds - non-diagnostic dating as Neolithic + worked flint.

Fill of; [323871]

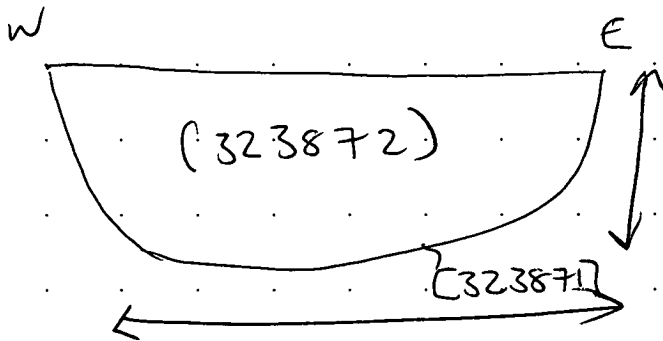
Covers; NAT

Covered by; SUB

Refer to context

## SKETCHES

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



South  
facing section  
of pit  
[323871]

N.T.S.