

# MOLA HEADLAND INFRASTRUCTURE



# CONTEXT SHEET

|                         |                             |                                   |                                                                                                                        |
|-------------------------|-----------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Site code<br><b>A14</b> | Area/Field<br><b>TEA 28</b> | Sub-area/Trench<br><b>SC</b>      | Context number<br><b>(285050)</b>                                                                                      |
| ECB #                   | Subgroup                    | Parent context<br><b>(285048)</b> | Context type<br>cut <input type="checkbox"/> fill <input checked="" type="checkbox"/> deposit <input type="checkbox"/> |

## STRATIGRAPHIC MATRIX

## STRATIGRAPHY

|  |                 |                 |                 |                 |                                     |
|--|-----------------|-----------------|-----------------|-----------------|-------------------------------------|
|  | <b>(285050)</b> | <b>(285051)</b> | <b>(285052)</b> | Same as context | <input checked="" type="checkbox"/> |
|  |                 | <b>(285050)</b> |                 | Cuts context    | <input checked="" type="checkbox"/> |
|  |                 | <b>(285049)</b> | <b>(285053)</b> | Cut by context  | <input checked="" type="checkbox"/> |

## CUT

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

## DESCRIPTION

## INTERPRETATION

|                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Shape</b><br>sub- <input checked="" 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><input type="checkbox"/> N-S<br><input type="checkbox"/> E-W<br><input type="checkbox"/> NE-SW<br><input type="checkbox"/> NW-SE                                                                                                                                                  | <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><input type="checkbox"/> concave<br><input type="checkbox"/> v-shaped<br><input type="checkbox"/> sloping<br><input type="checkbox"/> uneven<br><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 type="checkbox"/> moderately compact<br><input checked="" type="checkbox"/> loose<br><input type="checkbox"/> friable | <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 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 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 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 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><b>0.23m</b>                                                                                                                                                      | black <input type="checkbox"/> white <input type="checkbox"/> other* <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | other* <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Inclusions</b><br>use the following:<br>O: occasional<br>M: moderate<br>F: frequent                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| frequency <b>0</b>                                                                                                                                                                    | bulk find <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | stones* <input type="checkbox"/><br>chalk <input type="checkbox"/><br>iron pan <input type="checkbox"/><br>manganese <input type="checkbox"/><br>charcoal <input type="checkbox"/><br>plant remains* <input type="checkbox"/><br>wood <input type="checkbox"/><br>marine shell <input type="checkbox"/><br>bone* <input type="checkbox"/><br>pot <input type="checkbox"/><br>fired clay / CBM <input type="checkbox"/><br>CTP <input type="checkbox"/><br>mortar/plaster <input type="checkbox"/><br>leather/textile <input type="checkbox"/><br>glass <input type="checkbox"/><br>metal <input type="checkbox"/><br>industrial waste <input type="checkbox"/><br>lithics <input type="checkbox"/><br>coarse stone <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## CROSS REFERENCE

|                          |                                        |                                                |                                                                                                                                                                         |
|--------------------------|----------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sample nos<br><b>N/A</b> | Finds nos<br><b>N/A</b><br><b>NONE</b> | Photo nos<br><b>2806043-</b><br><b>2806048</b> | Drawing nos<br>Surveyed:<br>plan <input type="checkbox"/> section <input checked="" type="checkbox"/> levels <input type="checkbox"/><br><b>D28608</b><br><b>D28609</b> |
|--------------------------|----------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Basic process

|                                                                                                               |
|---------------------------------------------------------------------------------------------------------------|
| construction <input type="checkbox"/> use <input type="checkbox"/> disuse <input checked="" type="checkbox"/> |
| Date<br><b>2/10/17</b>                                                                                        |
| Initials<br><b>M.D</b>                                                                                        |
| Checked by<br><b>MA</b>                                                                                       |

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)

- DARK BLACKISH GREY FILL WITH AN OCCASSIONAL AMOUNT OF SUB-ANGULAR, MEDIUM, SMALL ~~POORLY~~ SORTED STONES.
- THE FILL WAS DUMPED INTO THE DITCH AND ~~WHICH YOU IS VIS~~ THE PATCH OF DUMPED MATERIAL IS VISABLE ON THE SURFACE.
- THERE WERE NO FINDS SO NO DATING EVIDENCE.

Refer to context [285048], (285049)

## SKETCHES

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

