

# MOLA HEADLAND INFRASTRUCTURE



# CONTEXT SHEET

|                         |                             |                                      |                                                                                                                        |
|-------------------------|-----------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Site code<br><b>A14</b> | Area/Field<br><b>TEA 28</b> | Sub-area/Trench<br><b>South cell</b> | Context number<br><b>(285637)</b>                                                                                      |
| ECB #                   | Subgroup<br><b>/</b>        | Parent context<br><b>[285615]</b>    | Context type<br>cut <input type="checkbox"/> fill <input checked="" type="checkbox"/> deposit <input type="checkbox"/> |

## STRATIGRAPHIC MATRIX

## STRATIGRAPHY

|  |  |                 |  |  |                 |
|--|--|-----------------|--|--|-----------------|
|  |  | <b>(285616)</b> |  |  | Same as context |
|  |  | <b>(285637)</b> |  |  | Cuts context    |
|  |  | <b>(285650)</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>(N)                                                                                                                   | <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 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"/><br>black <input checked="" type="checkbox"/> white <input type="checkbox"/> other* <input type="checkbox"/>                                                     | <b>Composition</b><br>clayey <input type="checkbox"/> <input checked="" type="checkbox"/> clay<br>silty <input checked="" type="checkbox"/> <input type="checkbox"/> silt<br>sandy <input type="checkbox"/> <input type="checkbox"/> sand<br>gravelly <input type="checkbox"/> <input type="checkbox"/> gravel<br>peaty <input type="checkbox"/> <input type="checkbox"/> peat<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 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 checked="" type="checkbox"/> |
| <b>Thickness</b>                                                                                                                                                                      | black <input checked="" 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                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| frequency<br>bulk find                                                                                                                                                                | 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"/> |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| other fill/deposit (describe below) <input checked="" type="checkbox"/>                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## CROSS REFERENCE

|                                                                |                                                      |                                                                                    |                                                                                                                                       |
|----------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sample nos</b><br>28672 (30L)<br>28672 (30L)<br>28672 (30L) | <b>Finds nos</b><br>28550-52<br>28547-49<br>28541-42 | <b>Photo nos</b><br>2806738-41<br>2306776-8<br>Photogrammetry<br>280664<br>2806742 | <b>Drawing nos</b> w/a<br>Surveyed:<br>plan <input type="checkbox"/> section <input type="checkbox"/> levels <input type="checkbox"/> |
|----------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

## Basic process

construction ☐ use ☒ disuse ☐

Date **21/12/17**

Initials **DJG/vA**

Checked by **AM**

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

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

Possibly the reason SKIS sinks deeper in the area.

8 copper coins found within the deposit which might suggest that the box (possibly) contained more grave goods possibly organic material which hasn't survived. Small amount of burnt bone and charcoal within the deposit.

Refer to context [ 2856 15]

(285616)

## SKETCHES

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