

CONTEXT SHEET

Date <u>7/9-2017</u>	Excavator <u>EF</u>	Excavation Area <u>B</u>	Context: <u>(3022)</u>
Context Type: <input type="checkbox"/> Cut <input type="checkbox"/> Fill <input checked="" type="checkbox"/> Layer <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____			Complete? <input checked="" type="checkbox"/>

Description	
<p><u>Deposit:</u> Compaction, colour, composition, particle size, inclusions, thickness and extent, comments, method & conditions</p>	<p>1 Hard 2 (10 x R) yellowish brown S/4 3 Silty Clay 4 Very coarse 5 Very few coarse charcoals. 5% fired stones 6 thickness 4cm in E and 8cm in W. 7 no comments Soil sieved 8 Pickaxe and trowel used</p>
<p><u>Cut:</u> Shape in plan, corners, dimensions/ depth, break of slope at top, sides, break of slope at base, base, orientation, inclination of axis, truncated (if known), fill #'s, comments</p>	
<p><u>Layers:</u> Compaction, colour, composition, particle size, inclusions, thickness and extent, comments, method and conditions</p>	
<p><u>Walls:</u> Shape in plan, dimensions, orientation, construction method, construction material further description</p>	

Stratigraphic Matrix		Boundary to context above is:
Is cut/ filled by <u>(3018)</u>	<input type="checkbox"/>	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Clear
This context is <u>(3022)</u> Abuts:	<input type="checkbox"/>	<input type="checkbox"/> Diffuse/gradual
Cuts/ fills <u>(3023)</u>	<input type="checkbox"/>	<input type="checkbox"/> Unclear
		Boundary to context below is:
		<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Clear
		<input type="checkbox"/> Diffuse/gradual
		<input type="checkbox"/> Unclear

Interpretation	
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Finds frequency	<input type="checkbox"/> Very frequent <input type="checkbox"/> Frequent (every trowel/brush) <input type="checkbox"/> Average (every 2nd trowel/ brush) <input type="checkbox"/> rare (ca. every 5th trowel/ brush) <input type="checkbox"/> Sterile
Finds	<input type="checkbox"/> Ceramics <input checked="" type="checkbox"/> Chipped stone <input type="checkbox"/> Ground stone <input checked="" type="checkbox"/> Bone <input type="checkbox"/> Worked bone <input type="checkbox"/> Human bone <input type="checkbox"/> Other: _____
Finds association	<input checked="" type="checkbox"/> Undisturbed since deposition (in situ) <input type="checkbox"/> Recently disturbed <input type="checkbox"/> other: _____

Photo #'s <u>7675-76</u>
