

## CONTEXT SHEET

|                                                                                                                                                                                                                                         |           |                           |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|-----------------------------------------------|
| Date <u>20.8.18</u>                                                                                                                                                                                                                     | Excavator | Excavation Area <u>A1</u> | Context: <u>1207</u>                          |
| Context Type: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cut <input type="checkbox"/> Fill <input type="checkbox"/> Layer <input type="checkbox"/> Wall <input checked="" type="checkbox"/> Oth-Deposit |           |                           | Complete? <input checked="" type="checkbox"/> |
| Description                                                                                                                                                                                                                             |           |                           |                                               |
| <b>Deposit / fill / layer (circle or fill in)</b>                                                                                                                                                                                       |           |                           |                                               |
| Compaction: compact medium compact friable crumbly loose                                                                                                                                                                                |           |                           |                                               |
| Colour: <u>Reddish</u>                                                                                                                                                                                                                  |           |                           |                                               |
| Composition: sand silty sand clayey sand silt sandy silt clayey silt clay sandy clay silty clay                                                                                                                                         |           |                           |                                               |
| Inclusions: <u>grit</u> gravel stones charcoal shell ash mud bricks plaster other: _____                                                                                                                                                |           |                           |                                               |
| Length: <u>1.90m</u> Width: _____ Thickness: <u>2-7cm</u>                                                                                                                                                                               |           |                           |                                               |
| <b>Cut (circle or fill in)</b>                                                                                                                                                                                                          |           |                           |                                               |
| Shape in plan: circular semi-circular oval square rectangular sub-rectangular linear                                                                                                                                                    |           |                           |                                               |
| Corners: _____ Dimensions: _____ Depth: _____                                                                                                                                                                                           |           |                           |                                               |
| Break of slope top: sharp gradual Sides: vertical convex concave stepped                                                                                                                                                                |           |                           |                                               |
| Break of slope base: sharp gradual Base: flat concave uneven pointed tapered                                                                                                                                                            |           |                           |                                               |
| <b>Walls / floors / other structural elements (circle or fill in)</b>                                                                                                                                                                   |           |                           |                                               |
| Shape in plan: _____ Orientation: _____                                                                                                                                                                                                 |           |                           |                                               |
| Length: _____ Width: _____ Height: _____                                                                                                                                                                                                |           |                           |                                               |
| Construction material: mud brick pisé stone mud plaster other: _____                                                                                                                                                                    |           |                           |                                               |
| Construction method: _____                                                                                                                                                                                                              |           |                           |                                               |
| <b>Stratigraphic Matrix</b>                                                                                                                                                                                                             |           |                           |                                               |
| Is cut/ filled by <u>(1056)</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                            |           |                           |                                               |
| This context is <u>(1207)</u> Abuts / same as: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                                               |           |                           |                                               |
| Cuts/ fills <u>(1208)</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                  |           |                           |                                               |
| <b>Boundary to context above is:</b>                                                                                                                                                                                                    |           |                           |                                               |
| <input type="checkbox"/> Sharp <input type="checkbox"/> Clear                                                                                                                                                                           |           |                           |                                               |
| <input type="checkbox"/> Diffuse/gradual                                                                                                                                                                                                |           |                           |                                               |
| <input type="checkbox"/> Unclear                                                                                                                                                                                                        |           |                           |                                               |
| <b>Boundary to context below is:</b>                                                                                                                                                                                                    |           |                           |                                               |
| <input type="checkbox"/> Sharp <input type="checkbox"/> Clear                                                                                                                                                                           |           |                           |                                               |
| <input type="checkbox"/> Diffuse/gradual                                                                                                                                                                                                |           |                           |                                               |
| <input type="checkbox"/> Unclear                                                                                                                                                                                                        |           |                           |                                               |
| <b>Interpretation</b>                                                                                                                                                                                                                   |           |                           |                                               |
| <u>Reddish deposit</u>                                                                                                                                                                                                                  |           |                           |                                               |
| <b>Finds frequency</b>                                                                                                                                                                                                                  |           |                           |                                               |
| <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                                                                                                                                            |           |                           |                                               |
| <b>Finds</b>                                                                                                                                                                                                                            |           |                           |                                               |
| <input type="checkbox"/> Ceramics <input type="checkbox"/> Chipped stone <input type="checkbox"/> Ground stone <input type="checkbox"/> Bone <input type="checkbox"/> Worked bone                                                       |           |                           |                                               |
| <input type="checkbox"/> Human bone <input type="checkbox"/> Other: _____                                                                                                                                                               |           |                           |                                               |
| <b>Finds associ-ation</b>                                                                                                                                                                                                               |           |                           |                                               |
| <input type="checkbox"/> Undisturbed since deposition (in situ) <input type="checkbox"/> Recently disturbed <input type="checkbox"/> other: _____                                                                                       |           |                           |                                               |
| <b>Photo #'s</b>                                                                                                                                                                                                                        |           |                           |                                               |