

CONTEXT SHEET

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Date <u>21/7 '18</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Excavator <u>SFP</u> | Excavation Area <u>Q</u>                                                                                                                                                                                                                                                                                                                                                                                                        | Context: <u>5037</u>                          |
| Context Type: <input type="checkbox"/> Cut <input checked="" type="checkbox"/> Fill <input checked="" type="checkbox"/> Layer <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Complete? <input checked="" type="checkbox"/> |
| <p><b>Description</b> <u>Fill layer under collapsed section</u></p> <p><b>Deposit:</b> <u>Length: 180cm width: 60cm Thickness: 8</u><br/> <u>crumbly clayish silt. Grey (Gley 1/5)</u><br/> <u>with apx. 1-2% pebbles, few smaller stones</u><br/> <u>and <del>few</del> bigger stones → apx. 10x2 cm.</u></p> <p><b>Cut:</b> _____</p> <p><b>Layers:</b> _____</p> <p><b>Walls:</b> _____</p>                                                                                                                                                      |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |
| <p><b>Stratigraphic Matrix</b> <u>5020-25 + 5033 + 5036 (collapsed section)</u></p> <p>Is cut/ filled by <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>This context is <u>5037</u> Abuts: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Cuts/ fills <u>5042</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |                      | <p><b>Boundary to context above is:</b></p> <p><input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Clear<br/> <input type="checkbox"/> Diffuse/gradual<br/> <input type="checkbox"/> Unclear</p> <p><b>Boundary to context below is:</b></p> <p><input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Clear<br/> <input type="checkbox"/> Diffuse/gradual<br/> <input type="checkbox"/> Unclear</p> |                                               |
| <p><b>Interpretation</b> <u>Disturbed layer (backfill ??) under collapsed section</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |
| <p><b>Finds frequency</b></p> <p><input type="checkbox"/> Very frequent <input type="checkbox"/> Frequent (every trowel/brush) <input checked="" type="checkbox"/> Average (every 2nd trowel/ brush)<br/> <input type="checkbox"/> rare (ca. every 5th trowel/ brush) <input type="checkbox"/> Sterile</p>                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |
| <p><b>Finds</b></p> <p><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<br/> <input type="checkbox"/> Human bone <input type="checkbox"/> Other: _____</p>                                                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |
| <p><b>Finds association</b></p> <p><input type="checkbox"/> Undisturbed since deposition (in situ) <input checked="" type="checkbox"/> Recently disturbed <input type="checkbox"/> other: _____</p>                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |
| <p><b>Photo #'s</b> <u>GST 0114 + 0116 + 0117 + 0118</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |