

# CONTEXT SHEET

Date 23, 8, 17

Excavator 14.G

Excavation Area TP3

Context: 201

Context Type:  Cut  Fill  Layer  Wall  Other: \_\_\_\_\_

Complete?

	Description
<u>Deposit:</u> Compaction, colour, composition, particle size, inclusions, thickness and extent, comments, method & conditions	<i>at top soil, dark brown, silty clay. <del>at</del> 207. / ceramics, dry angular</i>
<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	
<u>Layers:</u> Compaction, colour, composition, particle size, inclusions, thickness and extent, comments, method and conditions	
<u>Walls:</u> Shape in plan, dimensions, orientation, construction method, construction material further description	

Stratigraphic Matrix							
Is cut/ filled by	<input type="checkbox"/>						
This context is	<u>201</u>	Abuts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Boundary to context above is:
Cuts/ fills	<input type="checkbox"/> Sharp <input type="checkbox"/> Clear <input type="checkbox"/> Diffuse/gradual <input type="checkbox"/> Unclear						
							Boundary to context below is:
							<input type="checkbox"/> Sharp <input type="checkbox"/> Clear <input type="checkbox"/> Diffuse/gradual <input type="checkbox"/> Unclear

Interpretation	

<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
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<b>Finds</b>	<input checked="" 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: _____
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<b>Finds association</b>	<input type="checkbox"/> Undisturbed since deposition (in situ) <input type="checkbox"/> Recently disturbed <input type="checkbox"/> other: _____
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Photo #'s	