

[illegible]

|                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Finds: None <input checked="" type="checkbox"/> Pot <input type="checkbox"/> Bone <input type="checkbox"/> Glass <input type="checkbox"/> Metal <input type="checkbox"/> CBM <input type="checkbox"/> Flint <input type="checkbox"/> Wood <input type="checkbox"/> Leather <input type="checkbox"/><br>Other (specify): |                                                                                                                         |
| Sample No(s):                                                                                                                                                                                                                                                                                                           | Drawing No(s): 2575 (x 2)                                                                                               |
| Photo No(s):                                                                                                                                                                                                                                                                                                            | Sketch/levels overleaf: <input checked="" type="checkbox"/><br>Transferred to plan: <input checked="" type="checkbox"/> |

Context Number:

(2575)

Level No.s

TBM 11.86 11.50

B/S 0.05 0.05

IH 11.85 11.55

Level No.s

TBM

B/S

IH

Level No.s

TBM

B/S

IH

Level No.s

TBM

B/S

IH

| No. | F/S  | R/L (m OD) | No.       | F/S | R/L (m OD) | No. | F/S | R/L (m OD) | No. | F/S | R/L (m OD) |
|-----|------|------------|-----------|-----|------------|-----|-----|------------|-----|-----|------------|
| 1   | 1.11 | 10.74      | (R) 10.44 |     |            |     |     |            |     |     |            |
| 2   | 1.32 | 10.53      | 10.23     |     |            |     |     |            |     |     |            |
| 3   | 1.66 | 10.19      | 9.89      |     |            |     |     |            |     |     |            |
|     |      |            |           |     |            |     |     |            |     |     |            |
|     |      |            |           |     |            |     |     |            |     |     |            |

